

# PRIVACY PRACTICES

ERIE COUNTY GENERAL HEALTH DISTRICT  
420 Superior Street, Sandusky, Ohio 44870 - 419-626-5623

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **DUTIES OF THE DEPARTMENT**

The Erie County Health Department (Department) is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Department is required to abide by the terms of this Notice as may be amended from time to time. The Department reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Department changes its Notice, the Department will provide a copy of the revised Notice to you or your appointed representative upon request. You or your personal representative(s) have the right to express complaints to the Department and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated.

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

The Department may use your health information, information that constitutes Protected Health Information (PHI) as defined in the Privacy rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Department has established policies to guard against unnecessary disclosure of your health information.

## **THE FOLLOWING ARE WAYS YOUR HEALTH INFORMATION MAY BE USED AND RELEASED:**

**To Provide Treatment.** The Department may use your health information to coordinate care within the Department and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Department in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Department also may disclose your health care information to individuals outside of the Department involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals. The Department may also release your health information to an agency authorized by law to assist in disaster relief efforts.

**To Obtain Payment.** The Department may include your health information in invoices to collect payment from third parties for the care you receive from the Department. For example, the Department may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Department. The Department also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for services and what services will be provided to you.

**To Conduct Health Care Operations.** The Department may use and disclose health information for its own operations in order to perform its duties and, as necessary, to provide quality care to all of the Department's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

For Appointment Reminders. The Department may use and disclose your health information to contact you as a reminder that you have appointment.

For Treatment Alternatives. The Department may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.**

When Legally Required. The Department will disclose your health information when it is required to do so by any Federal, State or Local law.

When There Are Risks to Public Health. The Department may disclose your health information for public health activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease or injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events due to product defects and comply with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease including sexually transmitted diseases or who may be at risk of contracting or spreading a communicable disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence. The Department is required to notify government authorities if the Department believes a patient is the victim of abuse, neglect or domestic violence. The Department will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. The Department may disclose your health information to a health oversight agency for activities including audits, grant administration, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Department, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Department may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Department makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. The Department may release information to a law enforcement official subject to applicable federal and state law and regulations for purposes that are required by law or in response to a court order or subpoena.

Relating To Decedents. The Department may disclose your health information to coroners, medical examiners or funeral directors and to organ procurement organizations relating to organ, eye, or tissue donations or transplants, as authorized by law.

For Research Purposes. The Department may release your health information for research projects that have been reviewed and approved by an institutional review or privacy board to ensure the continued privacy and protection of the health information.

In The Event Of A Serious Threat To Health Or Safety. The Department may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Department, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specific Government Functions. The Department may disclose your information to military personnel and veterans in certain situations, to correctional facilities in certain situation, to government benefits programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President investigations as authorized by law.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the Department will not disclose your health information other than with your original signed authorization/release. If you or your representative authorizes the Department to use or disclose your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

The Department has designated the Nursing Director of the Erie County Health Department as the Privacy Officer and Contact Person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact the Nursing Director at the Erie County Health Department, 420 Superior Street, Sandusky, Ohio 44870 – Phone: 419-626-5623. You have the following rights regarding your health information that the Department maintains:

**Right To Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Department's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Department is not required to agree to your request.

**Right To Receive Confidential Communications.** You have the right to request that the Department communicate with you in a certain way. For example, you may ask that the Department only conduct communications pertaining to your health information with you privately with no other family members present. The Department will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right To Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information must be made in writing. If you request a copy of your health information, the Department may charge a reasonable fee for copying and assembling costs associated with your request.

**Right To Amend Health Care Information.** You or your representative(s) have the right to request that the Department amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Department. An original signed authorization/request for an amendment of records must be made in writing.

The Department may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Department, if the records you are requesting are not part of the Department's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if in the opinion of the Department, the records containing your health information are accurate and complete.

**Right To An Accounting of Health Information Releases.** You have the right to request a list of information releases that the Department has made of your health information. The list will not include:

- (1) Health information requests made for purposes of providing treatment or services to you, obtaining a payment for services or releases made for administrative or operational purposes;
- (2) Health information releases made for national security;
- (3) Health information releases made to correctional institutions and other law enforcement custodial situations;
- (4) Health information releases the Department has made based on your written authorization;
- (5) Health information releases to persons involved in your care; and,
- (6) Health information requests made prior to April 14, 2003.

**Right To A Paper Copy of This Notice.** You have the right to request a paper copy of this notice from this Department at any time. The patient or a patient's representative may also obtain a copy of the current version of the Department's Notice of Privacy Practices at its website, [www.eriecohealthohio.org](http://www.eriecohealthohio.org).

## **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

Any complaints to the Department should be made in writing to the Director of Nursing, Privacy Officer, Erie County Health Department, 420 Superior Street, Sandusky, Ohio 44870. The Department encourages you to express any concerns you may have regarding the privacy of your information.

**EFFECTIVE DATE:** This Notice is effective April 14, 2003.

The Department reserves the right to change/update policies and procedures without prior notification. Any changes in this form will be posed on the Website for your review.