



Tuscarawas County Health Department Medical Clinic Notice of Privacy Practices

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

This Notice applies to all the health information that identifies you and the care you receive at the Tuscarawas County Health Department's Medical Clinic. Your health information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment.

Federal and state laws require the Tuscarawas County Health Department to protect your health information and federal law requires us to describe to you how we handle that information.

When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of the Tuscarawas County Medical Clinic, we will use your health information within our Clinic and only disclose your health information outside our Clinic for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at the Tuscarawas County Health Department who need the information to take care of you.

Payment. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party.

Clinic Operations. We may use your health information and disclose it outside of the Medical Clinic setting for improvements to our health care operations. These uses and disclosures help us operate our Clinic to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other persons in our Department for learning and quality improvement purposes. We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may

allow access to your health information through the Health Information Exchange for treatment, payment, or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Bureau Health Information Services.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Public Health and Safety. We will disclose health information about you outside the Tuscarawas County Medical Clinic when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside of the Tuscarawas County Health Department Medical Clinic for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization.

Ohio laws, as well as federal law, may require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, genetic test results, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom the Tuscarawas County Health Department has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time of the disclosures. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Health Information Department of the Tuscarawas County Health Department: 897 East Iron Avenue Dover, Ohio 44622

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an

amendment must be in writing, signed, and dated. It must specify the records you wish to amend and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options. You must address your request to the Health Information Department of the Health Department at 897 East Iron Avenue Dover, Ohio 44622.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed, and dated, to the Health Information Department of the Health Department. We may charge a fee for processing your request.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree in most circumstances. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the Health Information Department at the Tuscarawas County Health Department at 897 East Iron Avenue Dover, Ohio 44622.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Health Information Department at the Tuscarawas County Health Department at 897 East Iron Avenue Dover, Ohio 44622.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice in person at 897 East Iron Avenue Dover, Ohio 44622 or by calling (330) 343-5555. You can also view this notice on our website at www.tchdnow.org.

If you believe your privacy rights have been violated, you may file a complaint with the Tuscarawas County Health Department's Compliance Office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Health Department, you must submit your complaint in writing to the Compliance Office at 897 East Iron Avenue Dover, Ohio 44622. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

The Tuscarawas County Health Department Medical Clinic may change this Notice at any time. Any change in the Notice could apply to health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on our website, at www.tchdnow.org.