



Delaware General Health District
NOTICE OF PRIVACY PRACTICES

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

(45 CFR Parts 160 and 164)

PLEASE READ IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until it is replaced.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, you may request a copy of the new notice from lvitka@rohio.com

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare providers providing treatment to you. For example, we may contact other doctors with information regarding your health care if we feel that a specialist may provide us with information that will benefit you. We may contact a doctor who provides you with care regarding the immunizations that you received at our office. We may share information with other departments and programs within the Health Department which may be able to provide you with additional program services and supports. You may always decide you do not want these referral services.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may need to give your health plan information about the services you received here at the Health Department. This may include: immunizations you or your child received, prenatal care visits and other services available at the Health Department

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. These uses and disclosures are necessary to run our facility and make sure that all clients receive quality care. Healthcare operations include all quality assessment and improvement activities, for example, review of your health care record by our management staff to make sure you got the services you needed when you came to our facility. We may also disclose information to doctors, nurses, technicians, medical and other students for review and learning

purposes. We may, at times, remove information that identifies you for inclusion in statistical reports. We may also use and disclose information for accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination of our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Public Health Risk: We may disclose personal health information for the purpose of carrying out public health activities which include:

Prevention and control of diseases or injuries.

To report births and deaths

To conduct public health investigations including notification of individuals who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Surveillance activities including monitoring diseases and their prevalence within our community

To notify the proper authorities regarding recalls of products they may be using; the Ohio Department of Health and/or Centers for Disease Control and Prevention regarding vaccine adverse events; or other entities as required by law.

To report child abuse or neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of

others.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may occur in order to assist in the determination of cause of death or to assist a funeral director as necessary in order that they may carry out their duties

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you or your minor child to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you or your minor child with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Appointment Reminders: Unless you provide us with alternative instructions, we may send postcard appointment reminders and other similar materials to your home and/or notify you by telephone, voice mail and/ or e-mail.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to inspect and copy: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (We will release your or your minor child's health information if you have previously provided us with your consent and/or after we have received a completed record release form.) We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business

associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request your records, and we have determined that there is a cost associated with the release of this information, you will be notified of that fee in advance.

Restriction: You have the right to request that we place additional restrictions on health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request restrictions, you must make your request in writing to the Privacy Officer. You must tell us (1) What information you want to limit, (2) Whether you want to limit use, disclosure, or both, and (3) To whom you want the limits to apply, for example, disclosures to your spouse.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. For example, you may request that we only contact you at work or by mail. **(You must make your request in writing).** Your request must specify the alternative means or location. We will not ask you the reason for your request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form by your request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may register your complaint using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Lucille Rich Vitka
Telephone: 740-368-1700 Fax: 740-203-2011
E-mail: lvitka@rrohio.com
Address: 1 W. Winter Street
P. O. Box 570
Delaware, Ohio 43015
Website: www.delawarehealth.org