SENECA COUNTY GENERAL HEALTH DISTRICT NOTICE OF PRIVACY PRACTICES (NPP) (HIPAA)

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

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PLEASE REVIEW IT CAREFULLY.

I. WHO WILL FOLLOW THIS NOTICE

The Seneca County General Health District (SCHD) shall abide by this notice unless superseded by a new Notice and/or policy of the SCHD. This Notice describes SCHD practices and that of:

- Any health care professional authorized to enter information into your records;
- Any member of a volunteer group we allow to assist in the receipt of services;
- All employees, staff and other personnel.

SCHD will follow this privacy notice. In addition, these programs may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from SCHD. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all medical records of your care generated by SCHD, whether made by health district personnel or contracted professionals. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU GENERAL USE

1. For Treatment: *Treatment* generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with third party, consultation between health care providers regarding a client, or the referral of a client from one health care provider to another. For example, we may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other professionals who are involved in your care.

2. For Payment: *Payment* encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the health district so your health plan will pay for the service. We may use your information to prepare a bill to send to you or the person responsible for your payments. Common payment activities include, but are not limited to:

- Determining eligibility or coverage under a plan and adjudicating claims;
- Risk adjustments;
- Billing and collection activities;

- Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- Utilization review activities, including pre-certification and preauthorization and;
- Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the department.

3. For Health Care Operations: *Health Care Operations* are certain administrative, financial, legal, and quality improvement activities of SCHD that are necessary to run its business and to support the core function of treatment and payment. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that all of our clients receive quality care. For example, we may use medical information to review services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many health department clients to decide what additional services the health department should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technicians, medical students and other health department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health departments to compare how we are doing and see where we can make improvements in the services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health services delivery without learning who the specific clients are. We may also use and disclose information for accreditation, licensing, and case management. These activities include, but are not limited to:

- Conducting quality assessment and improvement activities, population based activities relating to improving health or reducing health care costs, and case management and care coordination;
- Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care, and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and coding, securing, or placing a contract for reinsurance of risk relating to health care claims;
- Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity and;
- Business management and general administrative activities, including those related to implementing and complying with the privacy rule and other administrative simplification rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or limited data set, and fundraising for the benefit of the health department.

4. Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment at the health district.

5. Fundraising: We may contact you to raise funds for the health district. For example, we may contact you to support a health district levy.

6. Phone Contacts: We may also contact you by phone to return your call, answer questions, obtain additional information on billing, or other related issues. If you are not in, we will only leave our name, the name of the health district, and our phone number for confidentiality reasons.

7. Email: We may respond or contact you with email if you have consented to such (contacting us via email first constitutes consent).

8. Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

9. Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

10. Family and Friends Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends that you are in the health department or health and wellness center. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

11. Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, laboratory, etc. At times it may be necessary for us to provide certain health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information. Business associates are also required by law to protect your confidentiality and privacy and they sign a contract to this effect.

12. To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

13. As Required By Law: We will disclose medical information about a client when required to do so by federal, state or local law. For example, ifwe receive a grand jury subpoena from a prosecutor's office we may be required to provide the information.

SPECIAL SITUATIONS

1. Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

2. Worker's Compensation: We may release medical information about you for workers' compensation or similar programs, if necessary, for your benefit determination for work-related injuries or illness.

3. Public Health Risk: We may disclose medical information about you for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths, injury, cancer surveillance, immunizations, and for required public health investigations;
- To report child abuse or neglect, elder abuse or neglect, domestic violence if serious physical injury is present;
- To report reactions to medications or immunizations;
- To the Victims of Crime Division at the State Attorney General's Office, to help you get financial
- assistance if you have been the victim of a crime or sexual assault;

- To notify people ofrecalls of products they may be using, and to the Food and Drug Administration (FDA);
- to report adverse events or product defects;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To report gunshot wounds, knife stabbing, suspicious injury and bums, as required by law;
- To release information to your employer when we have provided health care to you at the request of your employer.

4. 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.

5. Administration of Government Programs: We may disclose personal health information (PHI) relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single or combined data system accessible to all such agencies is required or expressly authorized by statute or regulation. We may also disclose PHI relating to the program to another government program providing public benefits if the programs serve the same or similar populations and management relating to the covered functions.

6. Lawsuits and Disputes: If you are involved in a lawsuit or a 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.

7. Law Enforcement: We may release medical information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at an organization;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

8. Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

9. National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
10. 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.

11. 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 to the correctional institution or law enforcement official. This release would be necessary: 1) for the institution to provide you 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.

12. Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU
You have the following rights regarding medical information about you:

A. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer on our designated form. In your request, 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.

B. Right to receive confidential communications and right to reasonable accommodation:
You have the right to receive confidential communications of protected health information. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted

C. Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This usually includes medical billing and records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. This fee is set by Ohio law. 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.

D. Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be in writing and submitted to the Privacy Officer on our designated forms. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the health department;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

E. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

F. 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 of this Notice. To obtain a paper copy of this Notice, contact a member of the Nursing Division or the Health District Privacy Officer.

V. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical 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 within the health district. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the health district for treatment or health care services, we will offer you a copy of the current Notice in effect.

VI. CONTACT

Contact the Privacy Officer at (419) 447-3691 if you have any questions about the Notice or for further information.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health district or with the Secretary of the Department of Health and Human Services. To file a complaint with the health district, contact the Health Commissioner or the Privacy Officer at (419) 447-3691. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VIII. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

ACKNOWLEDGMENT OF RECEIPT

I, _____acknowledge that I have received the Notice of Privacy Practices issued by the Seneca County General Health District.

I, _____authorize the Seneca County General Health District to discuss my protected health information with the following person(s):

Spouse _____

Children _____

_____

_____

Parent _____

Other _____

_____ _____

Date Signature of Patient

*Included on the Consent for Services form

Seneca County General Health District
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HIPAA RECORDS PROTECTION DURING MOVE

- Any electronic media, including workstations and devices, that contain PHI or e-PHI must be backed up before we move them.
- No medical records may be left in an unlocked room or unsecured area. Only authorized personnel should have access to them.
- Any boxes containing medical records must be numbered and clearly labeled to eliminate the possibility of misplacing them during the move. Contents of each and every box must be inventoried. All boxes must be taped closed. Each box must include a label identifying contents without jeopardizing privacy. (i.e. use numbers, etc. instead of names).
- No records should ever be left unattended. During a move, people sometimes leave items on a sidewalk or in front of a building. You may not do that with PHI - someone must be with the records if they are not locked up.
- An administrator will be appointed to oversee the move to ensure that the movers know what needs to be moved and how to properly handle sensitive records during the transition. The administrator must accompany all HIPAA records during the transport, from one locked office to the final locked office.
- The administrator's first responsibility upon arrival at our new destination is to check to make sure that all PHI and e-PHI are accounted for and then get them stored properly and securely.
- Each departmental director will maintain a binder with all the contents and tracking information.
- Steps must be taken to protect records from environmental damage.
- Any vehicle that transports records must be covered, locked, and always attended.
- Records are to be protected, during transportation, from any materials that could damage them.