



Notice of Privacy Practices Summary Effective October 1, 2013

Who Will Follow These Practices?

The Licking County Health Department provides health care to our patients and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this information sheet will be followed by:

- Any healthcare professional from the Licking County Health Department
- All divisions of the Licking County Health Department
- All employed staff or volunteers of the Licking County Health Department
- Any associate or partner of the Licking County Health Department with whom we share health information.

Your Medical Information is Personal

We understand that your medical information is personal; and we are committed to protecting it. To provide quality care and to comply with legal requirements, we create a record (chart) of the care and services you receive from our staff. These privacy practices apply to all your records of care that we maintain, whether created by our staff or your personal physician. By law we are required to:

- Keep medical information about you private
- Give you this notice of our legal duties and privacy practices with respect to medical information we have obtained about you
- Follow the terms of the privacy practices currently in effect

Changes in the Privacy Policy

We may change our privacy policies at any time. Changes will be posted in a prominent place in our facility or satellite site before any significant ones are made. You have the right to a paper copy of this policy. You may request a copy of our most current policy at any time. The effective date is listed above, just below the title. You will be offered a copy of our privacy policy when you are first admitted to our facility or clinic site for medical services. At that time, you will be asked to acknowledge in writing your receipt of this notice.

Use and Disclosure of Your Medical Information

We may use or disclose medical information about you if you are referred elsewhere for treatment, such as sending medical information about you to a specialist as part of your referral. Your information may be sent when billing your insurance company or Medicare to obtain payment for treatment. We may also use information about you to support our health care operations by comparing patient data to improve treatment methods.

In addition, we may use or disclose medical information about you, without your prior authorization, for other reasons. Subject to certain requirements, we may give out your medical information for the following reasons:

- Public health purposes such as community health surveillance, investigation and tracking
- Abuse or neglect reporting
- Health oversight audits or inspections
- Research studies
- Funeral arrangements and organ donation
- Workers' compensation purposes
- Emergencies

We also disclose medical information when required by law. For example, we must respond to request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. We may also contact you to remind you of an appointment or to tell you about possible treatment options, alternatives, health-related benefits or services that may interest you. We may disclose your medical information to a friend or family member who is involved in your medical care. To assure that your family can be notified of your location and condition in case of an emergency, your information may be given to disaster relief authorities.

Other Uses of Medical Information

We will ask you for your written authorization to disclose medical information about you in any situation not covered by this agreement.

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If you choose to authorize use or disclosure, but change your mind later, you can revoke your authorization by notifying us in writing of your decision.

Your Rights Regarding Your Medical Information

In most cases, if you submit a request in writing, you have the right to see, or get a copy of your medical information that we use to make decisions about your care. A nominal fee may be charged for the cost of copying and mailing the information to you. If we deny your request to review, or obtain a copy, you may submit a written request for a review of that decision. If you believe that information in your record is incorrect, or that important information is missing, you have the right to requisition request that we correct the records. You will need to submit your request in writing and give your reason for requesting the change.

We can deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that a record is accurate. You may appeal, in writing, our decision not to amend the record.

Other than for treatment, payment, health care operations or where you, in writing, authorized a disclosure, you have the right to list of those instances where we have disclosed medical information about you. In your request you must state the time period desired, which must start after February 1, 2005 and be less than a 6-year period. The first disclosure list requested in a 12- month period is free; other request will be charged according to our costs of producing the list. We will inform you of the cost before providing the list to you.

You have the right to request that medical information be communicated to you in a confidential manner. You may notify us in writing how you wish us to communicate with you, i.e., requesting that we send your mail to an address other than your home.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment of healthcare operations, or to persons involved in your care except when specifically authorized by you, when it is required by law, or in an emergency. Your request will be considered; however, we are not legally required to accept it. We will inform you of our decision on your request. It is your right to appeal our decision, in writing, to our Director of Nursing or Health Commissioner.

If your protected health information was disclosed to an unauthorized person, you will be notified in writing.

Director of Community & Personal Health
Kari Kennedy B.S.N., M.B.A., R.N.
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Health Commissioner
Chad Brown, MPH, REHS
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675 Price Road
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Phone: 740-349-6535
Fax: 740-349-6510

If you have any questions regarding this information sheet, please contact the Director of Nursing or the Health Commissioner listed above.

Finally, if you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may send a written complaint to the following:

Office of Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

Under no circumstance will you be penalized or retaliated against for filing a complaint. Please be aware that mail sent to the Washington D.C. area office takes an additional 3-4 working days to process due to changes in mail handling results from Anthrax crisis of October 2001.

This information sheet has been provided to explain how medical information that we gather about you may be used and disclosed. It also explains how you can access your medical information.