

## **Alliance City Health Department 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. PLEASE REVIEW IT CAREFULLY.**

The privacy of your health information is important to us. We are required by law, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) to maintain the privacy of your protected health information and to provide you with the notice of our legal duties and privacy practices. The same law gives you, the patient, rights in understanding and controlling how your protected health information (PHI) is used. The Notice of Privacy Practices (NPP) describes how the Alliance City Health Department (ACHD) may use and disclose your PHI in order to carry out treatment, payment, and health care operations and for other purposes permitted or required by law. The ACHD and the programs directed by the Department of Health, including but not limited to, Immunization, Newborn Visitation, Bureau of Children with Medical Handicaps, Medicaid Outreach, TB testing and follow-up, Lead program, Well Child Clinic, STD / HIV counseling and testing will abide by the terms of this notice which becomes effective 4-14-03. These programs, sites, and locations may share medical information with each other for treatment, payment or health care operations as described in this notice. This NPP describes your rights to access and control your protected health information.

We reserve the right to change our policy practices and the terms in this Notice, provided such changes are legally permitted. The new terms will be effective for all health information that we maintain, including health information we created or received before we made the changes, and any received thereafter. Upon request, a revised Notice will be given to you.

You may request a copy of our Notice at any time. Please contact us at the information listed at the end of this Notice. You may review our Notice by accessing our website at [www.cityofalliance.com/health](http://www.cityofalliance.com/health). If you have any questions about our Privacy Practices or regarding your rights and your concerns, please contact our Privacy Officer at 330-821-7373.

### **Uses and Disclosures of Health Information**

HIPPA allows our agency to use and disclose PHI for treatment, payment and healthcare operations. You may refuse to sign the authorization.

**Treatment:** Our doctor and nurses will use your PHI to treat or counsel you. Sometimes a medical or nursing student will be present to observe. We may disclose health information to other health departments, doctors, hospitals, or health agencies (ie. Planned Parenthood) that are treating you. We may use your health information to arrange other services or refer you to other programs within our health department (WIC).

Your record may contain health information that we received from other sources, such as a hospital. If a doctor treating you asks for your treatment record, our policy is to send the whole record. We believe this is in the best interest for your treatment and care. Please let us know if you have concerns about our sending the whole record.

**Payment:** We may use or disclose your health information to obtain payment for services we provide to you. For example, we may disclose to Medicare that you received a flu shot at our clinic so that we may be reimbursed for our nursing services. When applicable, we bill Medicaid for reimbursement of nursing services or lab fees. An individual may restrict certain disclosures of protected health information if they pay out of pocket for the services.

**Health Care Operations:** We may use or disclose your health information in connection with our health care operations. Examples would include conducting quality assessment and improvement activities, reviewing competency or qualifications of healthcare professionals, evaluating practitioner or provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may also create and distribute de-identified health information by removing all references to individually identifiable information for purposes related to medical or clinical research.

We may contact you by letter, postcard or phone call to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. If we send test results or other health information we will use a sealed envelope.

Upon request of your child's school or WIC we will provide your child's immunization record and results of your child's lead screening.

When applicable, your child's immunization record will be entered into the statewide immunization information system, IMPACT SIIS.

**To Your Family, Friends or Personal Caretaker:** We may disclose health information to family members or to others assisting with your care to the extent necessary to help with your health care. In an emergency we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will use our professional judgment to make reasonable inferences of your best interest in allowing a person to pick up copies of shot records, educational health information, test kits, medical supplies, prescriptions and so forth. Please let us know in writing if you do not want us to discuss your health information with family members.

**Use and Disclosure of Information Without Written Authorization As Permitted or Required by Law**

We may use or disclose your health information, without written authorization as permitted or required by law in the following ways:

**Public Health Risks:** Ohio law requires us to disclose health information to public health agencies to help control and track diseases, injury or disability. The law requires us to report cases of suspected abuse, neglect, and domestic violence. 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.

**Regulatory Agencies:** Health information may be released to Federal agencies such as OSHA or the FDA to report adverse events, product problems, and biological product deviations. We are required to report suspected Medicaid or Medicare fraud.

**Organ Procurement / Coroner and Funeral Directors:** We may release health information necessary for organ donations or to coroners and funeral directors to allow them to perform legally authorized responsibilities.

**Law Enforcement:** We may release health information to law enforcement officials provided the information is for identification purposes, applies to victims of abuse, involves a suspicion that injury or death occurred due to criminal conduct, is needed for a criminal investigation, is necessary to prevent or lessen a threat to the health and safety of a person or the public, or is required by law (warrant, court order, subpoena). Under certain circumstances we may disclose health information to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient.

**National Security:** Under certain circumstances we may disclose health information of Armed Service Personnel to military authorities. For lawful intelligence, counterintelligence, and other national security activities we may disclose health information to authorized federal officials.

**Workers' Compensation and Benefit Programs:** We may release your health information for Workers' Compensation, Social Security Disability or other similar programs.

**Fundraising:** An individual may opt out of receiving fundraising communications if the ACHD intends to make such communications.

**Use and Disclosure of Health Information You Authorize and Your Rights to Revoke Authorization**

Any other uses and disclosures not described in the Notice of Privacy Practices will only be made with prior authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the privacy officer:

-**The right** to request restrictions on certain uses and disclosures of protected health information, including those related to the disclosures to family members, other relatives, close personal friends or any other person identified by you. We are not required to agree to requested restrictions. However, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in an emergency situation).

-**The right** to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. This request must be in writing and include the alternative means or location.

-**The right** to inspect and copy your protected health information with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this Notice. We reserve the right to charge a reasonable fee to cover the cost of copies, staff time and postage if applicable.

-**The right** to amend your protected health information. Your request must be in writing explaining why the information should be amended. We may deny your request under certain circumstances.

-**The right** to receive an accounting of disclosures of protected health information for purposes other than for treatment, payment, or other healthcare operations and certain other legal disclosures for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable fee for responding to these additional requests.

-**The right** to obtain a paper copy of this Notice from us upon request.

-**The right** by affected individuals to be notified of a breach.

Disclosure of protected health information that is genetic information for underwriting purposes is prohibited.

Any request for restriction, inspection and copying, amending and accounting of health information must be made in writing using an authorized form. Please contact our privacy officer for the appropriate form.

If you feel that your privacy protections have been violated you have the right to file a formal written complaint with our office or with the U.S. Department of Health and Human Services about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

You may contact us by calling and asking to speak to our Privacy Officer or for written inquiries please note "Attention Privacy Officer."

Alliance City Health Department  
537 E. Market St.  
Alliance, Ohio 44601  
330-821-7373

For more information about The Health Insurance Portability and Accountability Act of 1996 (HIPAA) or to file a complaint:  
The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

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