

Your Notice of Health Information Practices of the Miami County Health District

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Understanding Record/Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations

• Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information
 - Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
 - Abide by the terms of this notice
 - Notify you if we are unable to agree to a requested restriction
 - Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Disclosures for Treatment, Payment and Health Operation

We may use and disclose your health information in the following ways. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office.

We will use your health information for treatment.

For example: We may disclose your health information as necessary to a pharmacy when we order a prescription for you. Many of the people who work for the Health Dept. — including, but not limited to, our doctor and nurses—may use or disclose your health information in order to treat you or to assist others in your treatment. We will also disclose your health information to another physician, health care provider (specialist or laboratory), or home health agency who at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment. We may disclose or use your health information to the schools relating to immunizations.

Payment

We will use your health information to obtain payment for your health care services. For example: We may contact your health insurer or Medicaid through Department of Jobs and Family Services to determine eligibility for benefits or to obtain approval for services prior to rendering them. We may also send a bill to a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: We may disclose your health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the front desk where you will be asked to sign your name. We may also call you by name in the reception area when your

physician or health care provider is ready to see you.

Business Associates: We may share your health information with third party "business associates" that perform various activities (radiology, laboratory, transcription services, etc.) for the practice so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

Uses and Disclosures That May Be Made With Your Opportunity to Agree or Object We may use and disclose your health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or able to agree or object to the use or disclosure of the health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your health care will be disclosed.

Communication with family: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are not present or are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Uses and Disclosure for Which an Authorization or Opportunity to Object is not Required We may use or disclose your health information in the following situations without your consent or authorization.

Required by Law: We may disclose health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: As required by law, we may disclose your health information to the Ohio Dept of Health or another public health or legal authority charged with preventing or controlling disease, injury, or disability.

Communicable Diseases: We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. This may include, but is not limited to: TB, STDs, HIV, Hepatitis B & C.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Abuse or Neglect: We may disclose your health information to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, surveys, licensure, disciplinary actions and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Legal Proceedings: We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Serious Threats to Health or Safety: Consistent with applicable federal and state laws, we may disclose your health information if we believe that the use or disclosure is necessary to report a crime or prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Coroners and Medical Examiners: We may disclose health information to a coroner or medical examiner to identify a deceased person or to identify the cause of death or for the medical examiner or coroner to perform other duties consistent with applicable law.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Military Activity and National Security: When the appropriate conditions apply we may use or disclose health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans affairs of your eligibility for benefits, or (3) to foreign military authority if you are member of that foreign military services. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents there of health information necessary for your health and the health and safety of other individuals.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Uses and Disclosures of Health Information Based Upon Your Written Authorization

Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law or as described in this Notice. You may revoke this authorization at any time in writing, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization.

Effective Date: April 14, 2003

The terms of this notice apply to all records containing your health information that are created or retained by our practice. *We may change the terms of our notice at any time.* The new notice will be effective for all health information that we maintain at that time or may create in the future. *A copy of our current Notice will be posted in our offices.* You may request a copy of our most current Notice at any time by calling our office.

For More Information or to Report a Problem
If you have questions and would like additional information, you may contact the Privacy Officer of the Miami County Health District at 937-440-5432. If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer of Miami County Health District or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

(03/18/03)