



Miami County Public Health
Health Insurance Portability and Accountability Act (HIPAA)
Notice of Privacy Practices (NPP)

Appendix A

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

Protected health information, about you, is maintained as a record of your contacts or visits for healthcare services with the health district. Specifically, “protected health information” is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

We are required to follow specific rules on maintaining the confidentiality of your protected health information, using your information and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow applicable rules, use, and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law. If you have any questions about this Notice, please contact our HIPAA Compliance Officer, Deb French at 937-573-3521 or dfrench@miamicountyhealth.net.

YOUR RIGHTS

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly either through the mail or provided to you at your next appointment.

You have the right to receive a copy of your paper or electronic medical record.

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.

You have the right to request a change to your paper or electronic medical record.

You can ask us to correct health information about you that you think is incorrect or incomplete; simply ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.

You have the right to request confidential communications.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

You have the right to choose someone to act on your behalf.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.

You have the right to ask us to limit the information we use or share.



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You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You have the right to request an accounting of disclosures.

You can ask for a list (accounting) of the times we have shared your health information for five years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You have the right to file a complaint if you believe your privacy rights have been violated.

You can complain if you feel we have violated your rights by contacting us using the health district contact information on page 4. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory

If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

We may also contact you to provide appointment reminders or information about condition, treatment options, or services.



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OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

Treatment

We can use your health information and share it with other professionals who are involved in providing you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

Run our Organization

We can use and share your health information to run our clinics, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or to other entities for services that you receive at the health district. The Health district is required to agree to a request to restrict disclosure of public health information to a health plan if the disclosure is for payment or healthcare operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Other Uses or Disclosures of your Health Information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing or controlling disease
- To report births/deaths
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research projects that are subject to a special approval process.

Comply with the Law

We will share information about you if federal, state or local laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



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Address Worker's Compensation, Law Enforcement, and Other Government Requests

- We can use or share health information about you
- For worker's compensation claims
- For law enforcement purposes or with law enforcement officials
- For special government functions such as military, national security presidential protective services, etc

Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Health Oversight Activities

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Psychotherapy notes will only be used and disclosed with your authorization.
- The Health District is prohibited from using or disclosing genetic information for underwriting purposes.
- The Health District may have business associates that have access to your public health information, but we have a Business Associate Agreement with them and they must also follow the HIPAA rules.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we already have about you and any information we receive in the future. The new notice will be available upon request, in our office, and on our website.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

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