

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.

Our Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future Health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, you may request a copy of the new notice from Holmes County Health Department Health Commissioner/HIPAA Coordinator, 85 N Grant Street Suite B, Millersburg, OH, 44654 or see it at: www.holmeshealth.org

How We May Use and Disclose Your Protected Health Information.

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make such use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use or disclose your PHI as follows:

For Service: We may disclose your PHI to doctors, nurses, and other health care personnel, who are involved in providing you health care services in one of the programs, offered at the Holmes County Health Department. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work, x-rays, or for consultation purposes.

To obtain payment: We may use/disclose your PHI in order to process bills for your services received at one of the clinics provided at the Holmes County Health Department.

Appointment Reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and health care operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Holmes County Health Department Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from your records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires us to do so. We are required to report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For Public Health Activities: We may disclose PHI when we are required to collect information about diseases or injury, or to report vital statistics to the public health authorities. We may use and disclose your PHI to prevent or control disease, injury, or disability, to report births and deaths, to notify individuals you have been exposed to a disease (with efforts to de-identify the information), to report reactions to medicines or medical devices.

For Health Oversight Activities: We may disclose PHI to our State Health Department, or other agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our State Health Department Research Staff and their designees in order to assist medical research.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures requiring you to have an Opportunity to Object: In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends, or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information.

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 21 days if the record is on site, and 30 days if the record is off site. If we deny your access, we will give you a written reason for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request, if we determine that the PHI is: (1) correct and complete; (2) not created by us and or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you and your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years but not earlier than April 14, 2003. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. 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 in the health department. The notice will contain the effective date. In addition, each time you register at or are admitted to the health department for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

How to Complain about our Privacy Practices If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services, c/o HHS Privacy Advocate, HHH Bldg, Room 440-D, Washington, DC 20201; Phone: 202-690-5896. We will take no retaliatory action against you if you make such complaints.

Contact Person for Information, or to Submit a Complaint.

If you have questions about this Notice or any complaints about our privacy practices, please contact: Health Commissioner, Holmes County Health Department, 85 N Grant Street Suite B, Millersburg, OH 44654.

Effective Date The effective date for this document is August 19, 2016.