

## Fairfield Department of Health

### NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you as a patient may be used or disclosed and how you can obtain access to this information. Please read and review it carefully.

If you have any questions about our Privacy Practices, including your rights and ability to voice your concerns, please contact our office at (740) 652-2800.

The confidentiality of your health information is important to us. We rely on you to give us complete and accurate information about your condition, symptoms, and health history to diagnose and treat you. We appreciate how you trust us with this information. We want you to know about our privacy practices that are intended to safeguard the proper use and disclosure of your health information. Our efforts, in part, also depend on you. Please respect the privacy of other patients' health information as you would like them to respect yours.

#### **We Want you to Know About HIPAA's Privacy Rule and Why You Are Receiving this Notice**

A law called HIPAA protects the use and disclosure of patient health information. Doctors are required by law to keep medical records confidential. We may use or disclose your health information in ways the law permits, or as you authorize us to in writing. HIPAA requires us to give all patients this notice, which explains our legal obligations and how we may use or disclose health information. It also describes our privacy practices and your legal rights.

We are pleased to give you this notice, so you may understand how we protect your health information. We may amend our practices in the future. If we amend our practices, the changes will apply to all of your records. We will post any changes to our notice at the reception window. You may request a copy of our most current notice.

If a patient is under the age of 18, we will give the notice to the minor's responsible person (e.g. parent or guardian). We will give one notice per household, unless you request more. The responsible person can sign the acknowledgment on behalf of all minors who are seen as patients by our office. If the minors are 14 or older, we encourage you to share this notice with them. If the patient is over the age of 18, we will give him or her separate Notice of Privacy Acts. This notice refers to "your" health information and "your" rights. The use of "your" applies to the patient and his or her responsible person, who may exercise rights on the patient's behalf.

#### **How We Use and Disclose Health Information for Treatment, Payment, and Health Care Operations.**

Our office may disclose your health care information for treatment, payment, and health care operations.

**Treatment:** For example, doctors and nurses will use your health information to treat you in our office. We may ask the hospital or other providers to send us x-rays or laboratory results. We may disclose health information to other doctors, hospitals or nursing homes that are involved in treating you. We may send information to your pharmacy to fill your prescription.

Your medical record may contain information we receive from other services, such as the hospital. If another doctor or provider treating you asks for your medical records, our policy is to send the requested information.

**Payment:** For example when we check with your health plan or insurance about eligibility or coverage. We also need to disclose certain health information when we send a claim to your health insurance for payment of treatment that we provided.

**Operations:** For example we may evaluate our own performance in providing your treatment and service.

**Business Associates:** we may use outside persons called "Business Associates" to perform services (such as transcript, billing, or collection services) on our behalf. We will enter into contracts with these Business Associates to assure they protect the privacy of your health information.

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

We may use or disclose of your health information, without authorization, as permitted or required by law, for: Worker's Compensation, Public Health Agencies, FDA, OSHA, Regulatory Agencies, Organ Procurement, National Security, Coroner and Funeral Directors, Law Enforcement and Safety, and Emergency Care and Treatment.

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

We will not use or disclose your health care information for purposes other than treatment, payment of health care operations (unless permitted or required to do so by law) without your signed, written authorization.

For example, we will not give medical information about you to your employer without your authorization. To protect the doctor-patient privilege, our general policy is not to disclose your medical records, even if we receive a subpoena, unless you sign an authorization or we receive a court order. You may ask us to disclose health information to persons who are not covered by HIPAA. Once information is disclosed, HIPAA no longer applies.

We prefer that you use our authorization form. The authorization cannot be dated more than 60 days before it is received in our office. This is for your protection. We want to take reasonable steps to assure that the authorization accurately reflects your present intent regarding the disclosure of your health information.

You may revoke (cancel) an authorization in writing at any time. Once we receive your written revocation, we no longer will use or disclose your health information. We cannot be held responsible for any use or disclosure of health information, as permitted by your authorization that occurred before we received your written revocation.

#### **Our Privacy Practices for Contacting You and Sharing Information with Family Members**

We may contact you for scheduling or reminding you of an appointment, or giving you test results, or informing you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by mail or by telephone. If you do not want us to leave a message for you to call us back please inform our office.

Our demographic form gives you the opportunity to list any family member or friend that you give us permission to discuss your healthcare information. If the person is not listed on the form, we will not disclose any information. You can update this list at any time.

#### **Your Rights Under the Privacy Rule and our Privacy Procedure**

- \*You have the right to request restrictions on certain uses and disclosures of health information.
- \*You have the right to request and receive from us confidential communications about health information by alternative means or at alternative locations.
- \*You have the right to access, inspect and copy your own health information, but there may be copy and postage fees.
- \*You have the right to amend incorrect or incomplete facts in your health information.
- \*You have the right to receive an accounting of disclosures of health information.

#### **Patient Inquiry, Concern and Complaint Resolutions Procedure**

We are committed to protecting the health information of all of our patients. Despite our good faith efforts, there may be times when questions, concerns, or problems arise. If you have a concern or believe we may have violated your privacy rights, we encourage you to bring that to our attention immediately. You may do so by filling out a complaint form or (if you feel more comfortable) you may tell us your concern by calling our office at (740)652-2800. You may identify yourself or remain anonymous.

Under no circumstances will we retaliate against you for expressing a concern or filing a complaint relating to your privacy rights. You also have the right to contact the Fairfield Department of Health Administrator, the Office of Civil Rights, or the Ohio Medicare Carrier, GBA Palmetto.

Fairfield Department of Health  
Office Administrator  
1550 Sheridan Dr. Suite 100  
Lancaster, Ohio 43130

Office of Civil Rights – Regional Manager  
Department of Health & Human Services  
233 N Michigan Avenue, Suite 240  
Chicago, Illinois 60601

Palmetto GBA  
Part B Operations – HIPAA Compliance Concerns  
P.O. Box 18957  
Columbus, Ohio 43218

\*\*\*The Fairfield Department of Health reserves the right to modify or change this Notice of Privacy Practices and process at any time. Revision to the Notice will be made available upon request by contacting the office at (740) 652-2800. The changes will be effective retroactively to the initial date of signature by the patient or the patient's responsible person upon the Notice of Privacy Practices. An updated Notice will be posted in the office within 60 days of the revision.