



NOTICE OF PRIVACY PRACTICES

Dear Client:

Welcome to Union County Health Department. We wanted you to know that we are required by federal law to give you this document. It is called a Notice of Privacy Practices. We are also required to have you sign that you have received this notice (this may be incorporated in other consents you are required to sign).

The notice of privacy practice identifies a variety of ways in which information about you may be used. Some of the examples may require us to seek additional authorization from you for release while others do not.

Thank you again for being our client. Please feel free to ask questions regarding this notice, your medical information, or any concerns.

NOTICE OF PRIVACY PRACTICES (NPP)

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.

WHO WILL FOLLOW THIS NOTICE

This notice describes our department's practices and that of:

- Any health care professional authorized to enter information into your records;
- Any member of a volunteer group we allow to assist in the delivery of services;
- All employees, staff and other personnel

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from the department. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all medical records of your care generated by the department, whether made by health department personnel or contracted professionals. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

HOW WE MAY USE YOUR INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

A. GENERAL USAGE

1. For Treatment: *Treatment* generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a client, or the referral of a client from one health care provider to another. We may use medical information about you to provide you with medical treatment or services.
2. For Payment: *Payment* encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from

you, an insurance company or a third party.

3. For Health Care Operations: *Health Care Operations* are certain administrative, financial, legal, and quality improvement activities of UNION COUNTY HEALTH DEPARTMENT that are necessary to run its business and to support the core function of treatment and payment. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that all of our patients receive quality care.
4. Appointment Reminders (including email and phone)
5. To Discuss Treatment Alternatives
6. To Discuss Health-Related Benefits and Services
7. Release of Information via a Patient Directory
8. For Research
9. To Family and Friends Involved in Your Care or Payment for Your Care
10. To Business Associates who provide necessary services to the agency
11. To Avert a Serious Threat to Health or Safety
12. As Required By Law

B. SPECIAL SITUATIONS

13. Military and Veterans Services
14. Workers' Compensation
15. Work-Related
16. Public Health Risk
17. Health Oversight Activities
18. Administration of Government Programs
19. In Regards to Lawsuits and Disputes
20. To Law Enforcement
21. To Coroners, Medical Examiners and Funeral Directors
22. In the Interest of National Security and Intelligence Activities
23. To Protective Services for the President and Others
24. To the Institution Responsible for Inmates

YOU CAN REQUEST A REQUEST A RESTRICTION on your information; please inform staff of your information for any of these purposes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

A. Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This usually includes medical billing and records, but does not include psychotherapy notes. There is a copying fee if you desire your own copy; postage or mailing expenses may also be charged if you wish to have the items sent to you. These costs will be given to you in advance.

B. Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. We are not required to grant the request; it will be evaluated by a qualified, thirdparty.

C. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you since April 14, 2003.

D. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or

the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

E. Rights to Reasonable Accommodations: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. .

F. Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.uchd.net, or by contacting a member of the Nursing Division, Help Me Grow, or the Privacy Officer.

CHANGES TO THIS NOTICE

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 on the first page, in the top right-hand corner, 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.

CONTACT

Contact the Privacy Officer at 937-642-0801 if you have any questions about the notice or for further information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health department or with the Secretary of the Department of Health and Human Services. To file a complaint with the health department, contact the Health Commissioner or the Privacy Officer at 937-642-0801. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.