

## NOTICE OF PRIVACY PRACTICES

### Our Duty to Safeguard Your Protected Health Information (PHI)

Individually identifiable information about your past, present or future health or condition, the provision of health care to you or payments for the health care is considered "Protected Health Information (PHI)." Summit County Public Health (SCPH) is 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 reveal only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. To the extent that there are stricter federal or state laws, we will comply with the stricter provisions of law. We are required to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and terms of this Notice at any time. If we do, the changes will be posted at all of our clinic sites. You may request a copy of the new notice.

### How We May Use and Disclose Your PHI

We use and reveal PHI for a variety of reasons. The law allows us to make some uses/disclosures without your consent or authorization. We have a limited right to use and/or disclose your PHI for purposes of treatment, obtaining services for you, payment or our health care operations. Organizations that we work with to provide services for you will extend the same degree of privacy protection to your information that we must apply to your PHI. We must have your written authorization if an outside organization performs a function on our behalf.

### 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, if given written instructions, can be cancelled at any time to stop future uses/disclosures except if we have already undertaken an action in reliance upon your authorization.

### Uses and Disclosures of PHI from SCPH Records Not Requiring Consent or Authorization

The law provides that we may use/reveal your PHI from screening and diagnostic records without consent or authorization in the following circumstances:

- **When required by law.** We may reveal PHI when a law requires us to do so. We must also reveal PHI to authorities that monitor compliance with these privacy requirements.
- **For public health activities.** We may reveal PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **For health oversight activities.** We may reveal PHI to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- **Relating to deceased.** We may reveal PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to 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 reveal PHI to our central office research staff 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 reveal PHI as necessary to law enforcement or other persons who can reasonable prevent or lessen the threat of harm.
- **For specific government functions.** We may reveal 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 of PHI Relating to Treatment, Payment or Health Care Options

- **For services.** We may reveal your PHI to doctors, nurses and other health care personnel who are involved in providing coordination of services you may need. Your PHI may also be shared with outside units performing services relating to your treatment, such as lab work or x-rays or for consultation purposes.
- **To obtain payment.** We may use/reveal your PHI in order to process billing for services provided to you.
- **Appointment reminders.** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.
- **Public Health operations.** We may use and release your PHI to evaluate treatment and service programs or to determine what services and programs should be offered.

### Uses and Disclosures Requiring You to Have the Opportunity to Object

In the following situations, we may reveal a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as law does not otherwise prohibit the disclosure. 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 interest. 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.

### You Have the Following Rights Regarding the Health Information that SCPH Has About You.

- **To request restrictions/limitations.** You have the right to limit or restrict the PHI that SCPH uses or releases for treatment, payment or operational purposes. SCPH is not legally required to honor a request to limit information.
- **To choose how we communicate with you.** You have the right to ask in writing that information be sent to you at a specified address in a confidential manner such as e-mail, fax, telephone. SCPH will accommodate all reasonable requests.
- **To inspect and copy.** You have the right to inspect and obtain a copy of your health information. This may include medical, billing and payment information. This request must be in writing. We will respond within 30 days. If your request is denied, an explanation of denial will be provided. There may be a charge for copying. You will be advised of the cost prior to processing your request.
- **To change.** If you feel that the information about you is incorrect, you have the right to ask that the information be changed. The request must be in writing. SCPH will respond within 60 days of receiving the request. SCPH may deny your request if (1) the information is correct and complete; (2) the information was not created by SCPH; (3) the information is not permitted to be shared.
- **To find out what information has been released.** You have the right to obtain a list of when, to whom, for what purpose, and specific content of personal information that has been released other than for treatment, payment and operations to you or your family or related to your written instructions. This list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 13, 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 back as far as 6 years, but not earlier than April 14, 2003. There will be no charge for up to one list each year. There may be a charge for more frequent requests.

**You have a right to receive a paper copy of this Notice upon request.**

### 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 our Privacy Officer. You may also 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. If you have questions about this notice or any complaints about our privacy practices, please contact the Privacy Officer at (330) 923-4891.

**Summit County Public Health  
1100 Graham Road Circle  
Stow, Ohio 44224**

**Notice of Privacy Practices Acknowledgement Cover Sheet**

**Please have the client complete this cover sheet and then remove it and place it in the client's medical record.**

**I, \_\_\_\_\_, agree that I have received this Notice of Privacy Practices.**

\_\_\_\_\_  
**Client or Client Guardian Signature**

\_\_\_\_\_  
**Date**