NOTICE OF PRIVACY PRACTICES **April 2003**

Dear Client:

Welcome to Stark County Health Department. Your health information has always been protected confidentially by sealing medical records away in file cabinets, and refusing to reveal your information. Today, the state and federal government also attempt to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, and other health care providers.

This new regulation protects virtually all clients regardless where they live or receive their health care. Every time you see a physician, are admitted to a hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital or other health care provider will need to consider the privacy rule. All health information including paper records, oral communications, and electronic formats (such as email) are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to your medical records; however, there are exceptions; these rights are not absolute. We take precautions to safeguard your information such training our employees and employing computer security measures. Do not hesitate to ask about your rights or how your information is protected.

The Notice of Privacy Practices explains our privacy practices and is attached to this letter. It contains very important information about how your confidential health information is handled. It also describes how you can exercise your rights with regard to your own protected health information (PHI). We realize this document is long so we have provided an index of this notice. Please read it carefully. We are also required to have you sign our consent form because it contains a written acknowledgement that you have received this document.

By law, we are required to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and;
- follow the terms of the notice that is currently in effect.

Thank you again for being our client. Please do not hesitate to contact us if you have any questions.

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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.

I. WHO WILL FOLLOW THIS NOTICE

A. 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 receipt of services;
- All employees, staff and other personnel;
- Stark County Health Department and programs directed by the health department, including but not limited to, Prenatal Clinic; Women's Health; Well Child Clinic; Dental Clinic; School Nursing; OIRMI; Help Me Grow; Bureau of Children with Medical Handicaps; Medicaid Outreach; Immunization program; etc… will follow this privacy notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

II. 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 received 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.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

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. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different divisions and programs of the health department also may share medical information about you in order to coordinate the different things that you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the health department who may be involved

in your medical care after you leave the health department, such as family members, outreach workers, clergy or others we use to provide services that are part of your care. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the health department, you are going to receive hospital or home health care, we may release your personal health information to that home health care agency so that a plan of care can be prepared for you.

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. For example, we may need to give your health plan information about services you received at the health department so your health plan will pay for the service. We may also tell your health plan about a treatment you are going to receive to obtain for prior approval or to determine whether your plan will cover the treatment. We may use your information to prepare a bill to send to you or the person responsible for your payments.

   Common payment activities include, but are not limited to:
   - Determining eligibility or coverage under a plan and adjudicating claims;
   - Risk adjustments;
   - Billing activities;
   - Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
   - Utilization review activities, including pre-certification and preauthorization and

3. For Health Care Operations: *Health Care Operations* are certain administrative, financial, legal, and quality improvement activities of SCHD 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. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many health department patients to decide what additional services the health department should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other health department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health departments to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also use and disclose information for accreditation, licensing, and case management.

   These activities include, but are not limited to:

   - Conducting quality assessment and improvement activities, population based activities relating to improving health or reducing health care costs, and case management and care coordination;
   - Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care, and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
   - Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims'
   - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs'
   - Business planning and development, such as conducting cost-management and planning analyses

related to managing and operating the entity' and

- Business management and general administrative activities, including those related to implementing and complying with the privacy rule and other administrative simplification rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or limited data set.

3. Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the health department.

4. Phone Contacts: We may also contact you by phone to provide you with test results, return your call, answer questions, obtain additional information on billing, or other related issues. If you are not in, we will only leave our name, the name of our health department, and our phone number, for confidentiality reasons.

5. Email: We may respond or contact you with email if you have consented to such (contacting us via email first constitutes tacit consent).

6. Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

7. Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

8. Research. Under certain circumstances, we may use and disclose medical information about a client for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about a client to people preparing to conduct a research project. We will almost always ask for a client's specific permission if the researcher will have access to a client's name, address or other information that reveals who a client is. We may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by the health department, provided that:
   - the code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
   - the health department does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

9. Family and Friends Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the health department. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

10. Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, laboratory, transcription services, etc. At times it may be necessary for us to provide certain health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information. Business Associates are also required by law to protect your confidentiality and privacy and they sign a contract to this effect.

11. To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

12. As Required By Law. We will disclose medical information about a client when required to do so by federal, state, or local law.

B. SPECIAL SITUATIONS

1. Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

2. Workers' Compensation: We may release medical information about you for workers' compensation or similar programs, if necessary, for your benefit determination for work-related injuries or illness.

3. Work-Related Injuries : A copy of your incident report and Workers' Compensation application, approval, and other paper work will be forwarded to the "Human Resource person" and placed in a separate locked file.
4. Public Health Risk: We may disclose medical information about you for public health activities. These activities generally include, but are not limited to, the following:

    a. to prevent or control disease, injury or disability;
    b. to report births and deaths; injury, cancer surveillance, immunizations, and for required public health investigations;
    c. to report child abuse or neglect, elder abuse or neglect, domestic violence if serious physical injury is present;
    d. to report reactions to medications or problems with products;
    e. to the Victims of Crime Division, at the State Attorney General's Office, to help you get financial assistance if you have been the victim of a crime or sexual assault;
    f. to notify people of recalls of products they may be using; and to the Food and Drug Administration to report adverse events or product defects;
    g. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
    h. to report gunshot wounds, knife stabbing, suspicious injury and burns, as required by law;

6. Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

7. Administration of Government Programs: We may disclose PHI relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single or combined data system accessible to all such agencies is required or expressly authorized by statute or regulation. We may also disclose PHI relating to the program to another government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions.

8. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

9. Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

    a. In response to a court order, subpoena, warrant, summons or similar process;
    b. To identify or locate a suspect, fugitive, material witness, or missing person;
    c. About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
    d. About a death we believe may be the result of criminal conduct;
    e. About criminal conduct at an organization; and
    f. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

10. Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

11. National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

12. Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

13. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain 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.

- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer.
- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the health department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

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.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer on our designated forms. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the

request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the health department;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

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.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

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.

To request restrictions, you must make your request in writing to the Privacy Officer on our designated forms. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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.starkhealth.org

To obtain a paper copy of this notice, contact the a member of the Nursing Division, Help Me Grow, or the Privacy Officer.

V. 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.

VI. CONTACT

Contact the Privacy Officer at 330 493-9914 if you have any questions about the notice or for further information.

VII. 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 330 493-9904. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

VIII. 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.

Reviewed/Revised: 3/04