

1HIPAA Notice of Privacy Practices

Mahoning County Public Health
50 Westchester Dr.
Youngstown, OH 44515
(330) 270-2855

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.

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with Mahoning County Public Health. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone number, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

1. How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for your such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of Mahoning County Public Health. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical/nursing students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical/nursing school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your nurse is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Health Information Organization: Mahoning County Public Health may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment or health care operations

To Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, or your general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your health care provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures: We are also permitted to use or disclose your protected health information without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

You have the right to inspect and copy your protected health information. This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, information held by certain research laboratories and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request, in writing, must state the specific restriction requested and to whom you want the restriction to apply. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

Mahoning County Public Health is not required to agree to a restriction that you may request. If Mahoning County Public Health believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our agency, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices, upon request, even if you have agreed to accept this notice alternatively i.e. electronically. We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the agency's service delivery sites, and if such is maintained by the agency, on its website.

You may have the right to request an amendment to your protected health information. This means you may request an amendment of your protected health information for as long as we maintain this information. If we deny your request for amendment, we must provide you with a written denial and you will have the right to file a statement of disagreement with us for inclusion in the record.

You have the right to request disclosure accountability: This means that you may request a listing of disclosures that we have made, of your protected health information, to entities or persons outside of our office. The maximum disclosure accounting period is the six years immediately preceding the accounting request, except we are not obligated to account for any disclosure made before the Privacy Rule compliance date. The Privacy Rule does not require accounting for disclosures in the following criteria: for treatment, payment, or health care operations, to the individual or the individual's personal representative, for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories, for intelligence purposes, to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody or an incident to otherwise permitted or required uses or disclosures.

You have the right to authorize other use and disclosure: This means you have the right to authorize any use or disclosure of protected health information that is not specified within this notice. For example, we would need your written authorization to use or disclose your protected health information for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your protected health information. You may revoke an authorization, at any time, in writing, except to the extent that your health care provider, or our agency has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to receive a privacy breach notice: You have the right to receive written notification if our agency discovers a breach of your unsecured protected health information, and determines through a risk assessment that notification is required.

If you have questions regarding your privacy rights, please feel free to contact our HIPAA Privacy Officer either in person or by phone at our main phone number (330) 270-2855.

Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying MCPH's Health Commissioner at (330) 270-2855. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on **April 14, 2003.**

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