



PREVENT. PROMOTE. PROTECT.

NOTICE OF PRIVACY PRACTICES

Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Hamilton County Public Health departments that are covered by the Health Insurance Portability and Accountability Act (HIPAA) are required by law to maintain the privacy and security of your health information, give you notice of our privacy practices, and your rights concerning your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use or disclose your health information for the purposes listed below.

For your treatment, for payment of services to you, or for healthcare operations of Hamilton County Public Health.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if we refer you to a physician for a service that we cannot provide, your health information will be disclosed to that office.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. If an insurance company pays for your service, it may be necessary to disclose your health information to that company in order to receive reimbursement for the services.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

OTHER WAYS WE MAY USE OR SHARE YOUR HEALTH INFORMATION

To provide appointment reminders: We may use and disclose your health information to provide you with appointment reminders.

To comply with law: We may disclose your health information when we are required to do so by state or federal laws.

For public health and safety activities: We may use and disclose medical information about you in certain situations including preventing disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence. We may disclose your health information to the extent necessary to prevent or reduce a serious threat to your health or safety or the health or safety of others.

For research: We may use and disclose your information for health research.

To a medical examiner or funeral director: We may share health information with a coroner, medical examiner, or funeral director in the event of your death.

For health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law.

For judicial and administrative proceedings: We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process.

For law enforcement purposes: We may disclose health information to law enforcement officials when certain conditions are met.

For special government functions: We may disclose health information for specialized government functions such as military, national security, and presidential protective services.

For workers' compensation: We may release medical information about you for workers' compensation claims.

YOU HAVE THE FOLLOWING RIGHTS OVER YOUR HEALTH INFORMATION THAT WE MAINTAIN

Access to your medical record: You have the right to access or see a copy of your medical record and other health information that we have about you. You may view your record or get an electronic or paper copy. We will provide a copy usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request restriction: You have the right to request that we restrict how we use or disclose your health information for treatment, payment, or health care operations. We are not required to agree to your request and may say no if it would affect your care.

If you pay for a service out-of-pocket and in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

Confidential communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. We will agree to all reasonable requests.

Request an amendment: You have the right to request that we amend your health information. Your request must be in writing, with the reason for your request. We may deny your request if the information that you ask to amend was not created by us, is not part of the information kept by Hamilton County Public Health, is not part of the information you would be permitted to inspect and copy, or is accurate and complete.

Accounting of disclosures: You have the right to ask for a list (accounting) of the times that we've shared your health information for the past six years prior to the date that you ask, who we shared it with, and why.

Get a copy of this notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

YOU HAVE THE FOLLOWING CHOICES ON WHAT WE SHARE

You have the right to tell us if you want us to share health information with your family, friends or others involved in your care.

We do not share your information for the following without your written permission: marketing purposes, sale of your information, most sharing of psychotherapy notes.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or disclose your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to this notice: We can change the terms of this Notice at any time. Any changes in our privacy practices and the new terms of our Notice will apply to all health information that we have about you. The new notice will be available on request, in our office, and on our web site.

QUESTIONS AND COMPLAINTS

You can contact us with questions or if you feel that we have violated your privacy rights. You can file a complaint with the Secretary, U.S. Department of Health and Human Services, Office for Civil Right by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 1-877-696-6775 or online at hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Privacy Officer

Telephone: 513-946-7600

Address: 184 East McMillan St. Cincinnati, OH 45219