

**NOTICE OF PRIVACY PRACTICES**  
**Pickaway County General Health District (PCGHD)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO ALL OF THE RECORDS OR YOUR CARE GENERATED BY THE PCGHD, WHETHER MADE BY THE PCGHD OR A BUSINESS ASSOCIATE.**

**We are required to abide by the terms of this notice of Privacy Practices. We may change the terms of our notice, at any time. From time to time, the Secretary of Health and Humans Services may make changes in the rules and regulations regarding the use of disclosure of PHI. We will continue to update and modify our Privacy practices to remain in compliance with such regulations. Upon your request, we will provide you with any revised Notice of Privacy Practices by our office and asking for one at the time of your next appointment or by requesting that a revised copy be sent to you in the mail.**

**How We May Use and Disclose Protected Health Information About You.**

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Your Protected Health Information ("PHI") may be used and disclosed by the PCGHD, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to collect payment for your health care bills and to support the operation of the PCGHD.

Following are examples of the types of uses and disclosures of your protected health care information that is permitted:

**TREATMENT:**

We will use and disclose such portions of your PHI to provide, coordinate, or manage your health care and any related services. This may include the coordination or management of your health care with a third party, including your pharmacist.

We will also disclose PHI to other physicians who may be treating you or with whom we have consulted about your treatment. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the PCGHD, becomes involved in your care by providing assistance with your health care diagnosis or treatment to PCGHD.

**PAYMENT:**

Your PHI 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 health care services we recommend for you and may include, but are not limited to, the following: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities; reports to credit bureaus or collection agencies; and to our attorneys for collection, if necessary. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:**

We may use or disclose, as-needed, your PHI in order to support the business activities of the PCGHD. These activities include, but are not limited to, the following: quality assessment activities; employee review activities; health care or financial audits; training of medical students; licensing activities; and conducting or arranging for other business activities. 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 the physician/nurse is ready to see you. We may use or disclose your PHI, as necessary, to contact you to discuss your appointment. This contact will include leaving messages on your home answering machine or mailing notices to your home.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the PCGHD.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the PCGHD and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

We will take steps to reasonably secure your PHI in our custody and to have backup systems if PHI is kept in electronic form. We will use our best efforts to secure your PHI, but cannot guarantee the information is secure from all risks of potential wrongdoers

**1. Uses and Disclosures of Protected Health Information Based Upon Your Written**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that PCGHD has taken an action in relation to the use or disclosure indicated in the authorization.

**2. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of the PHI then PCGHD may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed and only so much information that is minimally necessary under the circumstances.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any person you identify, your PHI 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 judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and is closures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens and you have not already been provided a copy, we will try to obtain your acknowledgement of receipt of the PCGHD's Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

**3. The Law Provides that there are Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include the following:

**Required By Law:** We may use or disclose your PHI to the extent that the use of disclosed is required by law.

**Public Health:** We may disclose your public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence and the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the PCGHD and (6) medical emergencies (not on the PCGHD's premises) where it is likely that a crime occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to endure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorize federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** Your PHI may be disclosed by us as authorized to comply with worker's compensation laws.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and the PCGHD created or received your PHI in the course of providing care to you.

**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 45 CFR Section 164.500 et seq.

**Health Information Exchange:** We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying Privacy Officer.

#### 4. **Your Rights**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

##### **You have the right to inspect and copy your PHI**

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that PCGHD uses for making decisions about you. You will be charged a reasonable fee if you are requesting copies. If we keep your medical records in an electronic form, you may request that we provide copies of your records in an electronic form such as a CD or the like. You will be charged a reasonable fee for such copies similar to the charge as if paper copies were provided. 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; and PHI that is other than the request not to disclose information to your insurance company for services for which you have already paid in full. If PCGHD believes it is in the best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If PCGHD does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the PCGHD.

We will not disclose your PHI for marketing purposes or sell any such information to other parties, except as expressly permitted by law.

##### **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Privacy Officer.

##### **You may have the right to have PCGHD amend your protected health information.**

This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 but not for periods longer than six years. The right to receive this information is subject to certain exceptions, restrictions and limitations. If we keep your PHI in electronic form, such as electronic health records, upon request, we will provide an accounting for all disclosures of PHI for any purposes beginning the latter of 2011, if we implement electronic health record systems or when regulations require such disclosure in the future. This does not apply if we do not keep PHI in electronic form.

##### **You have the right to be notified if an unauthorized disclosure has occurred.**

If an unauthorized disclosure or use of your PHI has occurred, you have the right to receive a notice from us of the circumstances and the steps taken by us to correct the circumstances or to prevent it from occurring in the future. Under certain circumstances, you would have the right to ask us to destroy any PHI in our possession, subject to our rights to retain certain copies for the protection of the physician.

##### **You have the right to obtain a paper copy of this notice from us.**

5. **Complaints** You may file a complaint with us or with the Secretary 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 our Privacy Officer. We will not retaliate against you for filing a complaint. You may contact our Privacy officer for further information about the complaint process.

This notice was published and becomes effective on October 19, 2018. If you have any questions about this Notice please contact:

Privacy Officer  
Pickaway County General Health District  
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P.O. Box 613  
Circleville, OH 43113  
740-477-9667