

Meigs County Health Department
112 E. Memorial Drive Suite A
Pomeroy, Ohio 45769



Phone: (740) 992-6626
Fax: (740) 992-0836
www.meigs-health.com

**HEALTH INFORMATION PRIVACY and PRACTICES
For Compliance, with
The Health Insurance Portability and Accountability Act (HIPAA 1996)**

Meigs County Health Department

How medical information about you may be used and disclosed, and how you can access this information. PLEASE Read it carefully.

Use and release of Health Information:

The Meigs County Health Department (MCHD) may use your protected health information as defined by the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 for purposes of providing you treatment, obtaining payment for your care and conducting health care assessments. The Meigs County Health Department has established policies that guard against unnecessary disclosure of your health and insurance information.

THE FOLLOWING SUMMARIZES OUR HEALTH PRIVACY PRACTICES AND PROCEDURES.
(See Annex A for software and internet security standard)

Treatment: MCHD will coordinate your care with Meigs County and out-of-county health care providers. These providers will need your health information to be able to diagnose your condition and to be able to prescribe medications for it. MCHD may also disclose information to others involved in your care in and out of the county such as family members, pharmacists, medical equipment suppliers and other health care professionals.

Payments: MCHD may include your health information on invoices to collect payment from third parties (such as Medicaid) for your care. We also may be required to provide health care information to your insurance provider so they can reimburse you or MCHD.

Health Care Operations: MCHD may use and disclose your health information to improve the care and methods that MCHD provide you and other clients. Health care operations include:

- Quality assessment and improvement.
- Health improvement and health care cost reduction.
- Case management and care coordination.
- Alerting health care providers and patients to alternative treatments or other related concerns that do not include treatment.
- Professional performance review and evaluation.
- Training programs where healthcare practitioners learn under supervision.
- Training non-health care professionals.
- Reviews and audits.
- Licensing, certification and accreditation activities.
- Business planning and development.

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- General business and administrative activities of the MCHD.

Appointment Reminders. MCHD may use your health information to contact you as a reminder that you have an appointment for services offered via the MCHD.

A SUMMARY OF HOW AND WHEN YOUR HEALTH INFORMATION MAY BE USED AND/OR DISCLOSED.

When legally required by any federal, state or local law.

When there are risks to the public health.

- Disease prevention and control.
- Accident prevention and control
- Reporting births, deaths, diseases, accidents/injuries, product defects and FDA surveillance.
- Notifying a person about exposure to a communicable disease or about the ability to contract or spread a disease.
- Notification of your employer about your exposure and abilities to spread a communicable disease as legally required.

Reporting abuse, neglect or domestic violence. The MCHD will disclose health information if the MCHD believes the patient is a victim of abuse, neglect or domestic violence. MCHD will do this only when required by law or when the patient agrees to the disclosure.

Conducting health oversight activities. These include audits, civil, administrative, or criminal investigations that may require disclosure of your health care information. MCHD may not disclose your health care information if you are the subject of the investigation if it is not directly related to your receipt of health care or public benefits.

Judicial and Administrative Proceedings. MCHD may disclose your health care information in response to a court order, discovery request, subpoena or other lawful process but only after we make reasonable efforts to either notify you or obtain an order to protect your information.

Law Enforcement purposes. As required by law, MCHD will release your health care information to law enforcement for the following reasons.

- Reporting certain types of wounds or other physical injuries in response to court orders, subpoenas, warrants or other similar summons.
- Identifying or locating a suspect, fugitive, material witness or missing person.
- When you are a victim of a crime (certain, limited situations).
- If MCHD suspects your death was caused by criminal conduct (including criminal conduct at MCHD).
- Emergency reporting of a crime.

To Coroners and Medical Examiners. As authorized by law, MCHD will release your health information for the purpose of determining your cause of death.

Funeral Directors MCHD may disclose your health information to Funeral Directors as required by law. MCHD also may disclose your information to Funeral Directors in reasonable anticipation of your death.

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For Grant writing and Research Purposes. MCHD may use your health information, under some circumstances, for research and grant writing purposes. The information will be released anonymously and with a release signed by you.

In the Event of a Serious Threat to Public Health. The MCHD may disclose your health information if, in good faith, it believes the disclosure will prevent or lessen a serious threat to you or public health.

For Specific Government Functions. Under special circumstances, Federal regulations authorize the MCHD to release health information related to government functions involving the military and veterans, national security and intelligence, Presidential protective measures, medical suitability determinations and mandates and law enforcement custody.

For Workers Compensation.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Except for the aforementioned circumstances, MCHD will not disclose your health information without your written approval or request. All requests will be answered within 60 days. You may revoke your written authorization at any time with a written notice.

YOUR MCHD HEALTH INFORMATION RIGHTS

Right to request restrictions. You may request that the MCHD limit disclosures of your health information to someone who is involved in your care or the payment of your care. However, the MCHD is not required to comply with your request. To request restrictions, contact the MCHD Privacy/Compliance Officer.

Right to receive confidential communications. You may request that MCHD communicate with you in a certain way. You may ask the MCHD to direct communications concerning your health information privately with no family members present. Contact the Privacy/Compliance Officer with your request. The MCHD will not request any reasoning for your request and will attempt to honor your reasonable request(s) for confidential communications.

Right to inspect and copy your health information. You have a right to inspect and request a copy of your health information including billing records. If you request a copy of your health information, the MCHD may charge a reasonable fee for assembling and copying your information.

Right to amend health care information. You and your representative have a right to request that the MCHD amend or change your records, if you believe that your health information is incomplete or incorrect. The request may be made with the knowledge that the information is to be maintained by the MCHD. The MCHD may deny your request if it is not in writing or if it does not include a reason for the change. The request also may not be changed if the record was not created by the MCHD. The request should be made to the Privacy/Compliance Officer.

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Meigs County Health Department Health Information Privacy Protection Act Client Confirmation Tab

Right to an accounting. You and/or your representative have a right to an accounting of disclosures of your health information made by the MCHD for certain reasons including reasons related to public health purposes authorized by law and certain research. Requests for an accounting must be made in writing to the MCHD Privacy/Compliance Officer. The request should specify the time period starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The MCHD will provide the first accounting request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative has a right to a separate paper copy of this notice at any time, even if you or your representative has received this notice separately. To obtain a separate paper copy of this notice contact the MCHD Privacy/Compliance Officer at 740-992-6626.

DUTIES OF THE MEIGS COUNTY HEALTH DEPARTMENT

The Meigs County Health Department is required by law to maintain the privacy of your health information and to provide to you and/or your representative this notice of its duties and privacy practices. The MCHD is required to abide by the terms of this notice as may be amended from time to time. The MCHD reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information it maintains. If the MCHD changes this notice, it will provide a copy of the revised notice to you or your appointed representative.

You or your appointed representative has a right to express complaints to the Meigs County Health Department or to the Secretary of DHHS if you believe that your health information privacy rights have been violated. The MCHD encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Privacy/Compliance Officer- Meigs County Health Dept.
112 East Memorial Drive
Pomeroy OH 45769
740-992-6626

THIS NOTICE IS EFFECTIVE March 1, 2017. Reviewed and reissued 3/1/2017.