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hamiltoncountyhealth.org

## HAMILTON COUNTY PUBLIC HEALTH NOTICE OF PRIVACY PRACTICES OUR LEGAL DUTY

**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.**

**We are required by law to maintain the privacy of your health information.** We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003.

**Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.** We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will be available from the Hamilton County Public Health (HCPH). Any changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes.

**You may request a copy of our Notice at any time.** For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use or disclose your personal health information only for the purposes listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information will fall within one of these categories.

#### **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.

**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.

**To provide appointment reminders:** We may disclose limited health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

**To persons involved in your care:** We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstances, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

**As required by law:** We may disclose your health information when we are required to do so by federal, state, or local law.

**For public health activities:** We may use and disclose medical information about you for public health activities, including reporting births and deaths and notifying appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

**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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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

**For workers' compensation:** We may release medical information about you for workers' compensation or similar programs.

**For national security and similar government functions:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose information about you to the institution or officials under certain circumstances.

**For organ and tissue donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Research:** We may disclose health information to research institutions, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Should we receive such a request for research, every effort will be made to disclose information that does not contain individually identifiable information.

**With your authorization:** 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 authorization. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

## **YOUR RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make your request for access to your medical records in writing by using forms we provide or by sending us a letter to the address at the end of this Notice. If you request copies, the first three pages are free after the three pages, subsequent pages are \$0.10 each.

We may deny your request 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 not directly involved in the decision to deny your request will review your request and the denial. We will abide by the outcome of the review.

**Disclosure accounting:** You have the right to receive a list of disclosures we or our business associates made of your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for a period of time up to six years, but not including dates before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing the list.

**Request restrictions:** You have the right to request that we restrict how we use or disclose your medical information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Confidential communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and may use forms we provide. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by the county, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing and state the reason for the denial.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your personal health information, you may complain to us using the contact information listed here. You will not be penalized for filing a complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**Privacy Officer:** Mary Sacco, MSN, RN  
**Telephone:** (513)946-7881  
**E-Mail:** Mary.Sacco@hamilton-co.org  
**Address:** 250 William Howard Taft Road  
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