

NOTICE OF USE OF PRIVATE HEALTH INFORMATION

Van Wert County Health Department

Effective Date: June 25, 2010

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.

Your Health Information Is Private

We understand that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says:

1. We must keep your health care information from others who do not need to know it.
2. You may ask that we not share certain health care information. (In some instances, we may not be able to agree with your request.)

Who Sees and Shares My Health Information?

Your private health information may be used by health care providers such as doctors, nurses, therapists and social workers who take care of you. They may need your private health information in order to determine your plan of care. This may cover health care services you had before now, or services you may have later on. We may share health information about you in order to help you get services you may need. We may also use your information to contact you about appointment reminders or to tell you about treatment alternatives.

How Is Payment Made?

Bills might be sent to Medicare, Ohio Medicaid, or BCMH. The bill has information about what services you had.

May I See My Health Information?

You may see your health information, unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time you can receive a copy if you ask. You may be charged a small amount for the copying costs. If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure the laws are being followed.

What If My Health Information Needs to Go Somewhere Else?

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if:

1. Your health care provider needs to send it to other places:
2. You want us to send it to another health care provider, or:
3. You want it sent to another person for you.

The authorization form tells us what, where and to whom the information must be sent.

Your authorization may be updated annually or when your information has changed. You can cancel or limit the amount of information sent at any time by letting us know in writing.

NOTE: If you are less than 18 years old, your parents or guardians will receive your private health information, unless by law you are able to consent for your own health care treatment. If you are, then your private health information will not be shared with parents or guardians unless you sign an

authorization form. You may also ask to have your health information sent to a different person that is helping you with your health care.

Could My Health Information Be Released Without My Authorization?

When private health information is released with Authorization, it is normally used to support Treatment or Payment of medical situations or it may be released for the use of Medicaid Operations. The release of health information for this purpose is not tracked or accountable to you, the patient/recipient (HIPAA rule 164.506). Any other release made without your authorization is tracked and is accountable. We always report:

1. Contagious diseases;
2. Reactions and problems with medicine;
3. To the appropriate authorities when abuse may be suspected;
4. Work related injuries to Workers Compensation;
5. To a provider who needs to know if you have Ohio Medicaid;
6. Birth, death, and immunization information;

How Can I Find Out If My Health Information Has Been Released Without My Authorization?.

To find out if your health information has been released without your authorization for purposes other than Treatment, Payment or Operations, you may call the Privacy Officer and ask for a "Request for Accounting for Disclosures" form. Fill out the form and return it to:

Privacy Officer
Van Wert County Health Department
1179 Westwood Dr., Suite 300
Van Wert, Ohio 45891
Ph: 419-238-0808

May I Have A Copy Of This Notice?

This notice is yours. If we change anything in this notice, you will get a new notice during your next visit to our office.

Questions or Complaints?

If you have any questions about this notice, or you think that we have not protected your private health information and you wish to complain about it, please contact us at:

Complaint Officer
Van Wert County Health Department
1179 Westwood Dr., Suite 300
Van Wert, Ohio 45891
Ph: 419-238-0808

What Will Happen If I Do File A Complaint?

Your complaint will be investigated. It is against the law for us to take retaliatory or other negative action against you if you file a complaint.