

**DELAWARE GENERAL HEALTH DISTRICT
NOTICE OF PRIVACY PRACTICES**

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. (Eff. 8-1-2013)

Our Legal Duty

We are required by federal and state laws to keep your health information protected and to tell you about how we may share it. We must also tell you about our legal duties and your rights concerning your health information. If we change the way we protect your information, this form will be updated and you may ask for a copy.

Ways We Use and Share Health Information

Your information may be shared in three main ways -

Treatment: We may share your health information with a healthcare provider who is treating you; to refer you to a specialist, or to refer you to another program at the Health Department. If you are in the military we may share your information with them if it helps provide care to you. Unless you tell us not to, we may send mail, call, or e-mail you to remind you about an appointment.

Payment: We may share your information to get payment for services you received. For example, we will tell your health insurance company about the services you received so they can pay the bill.

Health Care Quality: We may share your information to be sure what we have is correct and complete, to be sure you're getting all the services you need, or to teach others about our services.

Other ways we may share your information.

To You or with Your Permission: We can always give you your information or we can share it with someone else with your written permission. If you tell us, in writing, to stop sharing it with those persons, this will only stop future sharing of information and will not undo the information previously shared.”.

To Your Family and Friends: We may share your health information with someone to give you the care you need, to let them know where you are or that you have been hurt or killed, or to help in paying the bill. We will do this with your permission unless you can't give permission or it is an emergency.

To A School. With your verbal or written permission we will share your, or your child's, immunization record with a school, college, or other educational program requiring immunizations for entry. We will keep a record of when and to which school the information was released.

To Prevent a Public Health Risk. We may share your information to prevent or investigate a disease

outbreak; to prevent injury to others; to report births and deaths; and to help notify you when product recalls happen. This also includes anything needed to prevent or lessen any serious threat to the health or safety of any person including threats to national security or the President.

Health Oversight Activities. We may legally share your health information with another government agency to improve the quality of the way your service is provided or billed. They may review records, licenses, inspections, or other documents or actions. These are needed to check on the quality of various parts of the health care system; government payment and licensing programs; and civil rights laws.

Abuse or Neglect. We may share your health information with local authorities if we believe that you or a child might be a possible victim of abuse, neglect, domestic violence or other crimes.

Coroners, Medical Examiners, Funeral Directors: We may share your information with a coroner or medical examiner in order to assist in the cause of death or to help a funeral director in doing their job.

Lawsuits: If you are part of a lawsuit, we may share your information if we get a court order to do so. This includes subpoenas, requests for information or other legal actions.

Inmates. If you, or your child, are an inmate of a jail or prison or in the custody of a law enforcement official, we may share health information about you or your child with them so that they can give you health care; for the care and safety of you or others; or for the safety and security of the correctional institution.

Other Disclosures. Uses and disclosures other than those described in this notice will be made only with your specific written permission, including any use of your personal health information for marketing purposes or sale. You have the right to revoke this permission.

Your Rights Regarding Your Health Information

Right to See and Copy: You almost always have the right to look at or get copies of your health information or that of your minor child. You may ask for the information in paper or electronic format. We will grant your request to the extent possible. We will give you the information you want if you have given us your consent and/or when we have your signed information release form. We may charge you for making copies, mailing them, or for other supplies or labor used in getting the information to you. We may deny your request to see or copy your information for only a few reasons. If this happens, you can ask that the denial be reviewed. Another professional will be chosen to review your request and we will agree with what they decide about giving you the information.

Right to Know if Information has been Shared: You have the right to get a list of times we gave your health information to someone else for reasons other than treatment, payment, or health care operations since April 14, 2003. If you ask for this and there are costs for giving it to you, we will let you know beforehand. You need to ask for this record in writing.

Right to Restrict Certain Information Released to Health Plans: You have the right to ask us to restrict release of certain health information to a health (insurance) plan for payments or audits when you have paid out of pocket in full for the service.

Right to Ask for Restriction of Your Information: You have the right to ask us to put more restrictions

on how your health information is shared for your treatment, payment or quality reviews. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You need to ask for this in writing. You must include in the letter: (1) what information you want us to restrict; (2) whether you want to limit our use of the information, sharing it, or both, and (3) to whom the limits apply

Right to Ask for Other Ways of Getting in Touch with You: You have the right to ask us to get in touch with you about your health in some other way or at some other place. For example, you can ask that we only contact you at work, not home, or by mail not phone. You must ask us to do this in writing and you must tell us how and where you want us to contact you. We will not ask you why.

Right to Ask for Changes: You have the right to ask that we change your health information. You must ask for this change in writing and it must tell why the change is needed. There might be reasons we are not allowed to change some parts of your record.

Electronic Notice: If you receive this notice on our web site, or by e-mail you can also ask for a paper copy.

Breach: You have the right to be notified of any breach of your unsecured protected health information.

Questions and Complaints

Information on our Privacy Practices: The DGHD has to follow what's in this notice. But, DGHD has the right to change this notice at any time and will provide a copy of any changes by posting them on our web site and in our lobby. If you want more information about our privacy practices or have questions or concerns, please contact us.

Filing a Complaint: If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about using or sharing your health information, you may send us your complaint using the address below. You may also send a written complaint to the US Department of Health and Human Services. We will give you their address if you need.

We support your right to protect the privacy of your health information. We will not retaliate in any way

if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact:
Amy Whitney
Human Resources
Delaware General Health District
P.O. Box 570, 1 West Winter Street
Delaware, Ohio 43015
Telephone: 740-368-1700
E-mail: awhitney@delawarehealth.org
Website: www.delawarehealth.org

Version 8 – Updated 07/16