



304 Putnam Street, Marietta, Ohio 45750
Phone (740) 373-0611; Fax (740) 376-6445
Michael Brockett, MD, Health Commissioner

Notice of Privacy Policies for Marietta/Belpre Health Department Public Health Services

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Introduction

At the Marietta/Belpre Health Department, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (PHI). This Notice is effective February 16, 2022 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record Information

Each time you visit the Marietta/Belpre Health Department, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This information is referred to as your PHI. It serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal documents describing the care you received
- Means by which you or a third-party payer can verify that services billed were provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A tool with which we can assess and continually work to improve the care we render and the outcome we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.



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Your Health Information Rights

Although your record is the physical property of the Marietta/Belpre Health Department, the information belongs to you. You have the right to:

- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken

Our Responsibilities

The Marietta/Belpre Health Department is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you,
- Abide by the terms of this Notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide an updated policy at your next visit, and we will post changes on our website.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.



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For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Compliance Officer at (740) 373-0611.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Compliance Officer, Dianna Beck, APRN, Director of Nursing, at (740) 373-0611 or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Ave., S.W.
Room 509F, HHH Bldg.
Washington, DC 20201

Examples of Disclosures for Treatment, Payment & Health Operations

1. We will use your health information for treatment.

Example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you.

2. We will use your health information for regular payment.

Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

3. We will use your health information for regular health operations.

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.



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Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology and certain laboratory tests.

When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, for directory purposes. This information may be provided to people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care. We will disclose the minimum information necessary to assist with your care.

Communication with Family: Health professionals, using their best judgement, may disclose to a family member, other relative, close friend, or any other person you identify health information relevant to that person's involvement in your care or payment related to your care.

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

Funeral Directors: We may disclose health information to funeral directors, consistent with applicable law to carry out their duties.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.



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Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with law relating to worker's compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

We will require you to sign a statement acknowledging that you have received a copy of the Marietta/Belpre Health Department's Notice of Privacy Policies.