

NOTICE OF PRIVACY

Effective Date: April 14, 2003

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.

Dear Patient:

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. In accordance with this, we must make you aware of certain permitted disclosures and uses.

Your information may be released to other entities, such as doctors, nurses, therapists and social workers who take care of you. This may be necessary to develop your plan of care. Sharing of information may also be necessary in order to help you get services you may need. Information may also be released in accordance with Public Health Law; for instance, in the case of a reportable communicable disease, which the Health Department is required by law to investigate and assure follow-up. Your privacy will be maintained from public entities and only be used in the required manner to complete the follow-up as described by law.

Certain information may be released for the purposes of billing and requesting payment; for example, from Medicare or Department of Jobs and Family Services or other billable entities. Only required information pertinent to the incident being billed will be released; for example, dates and services rendered.

If your records are subpoenaed by a court for any reason, every reasonable attempt will be made to have the officer of the court be specific in the request, and only the information specifically required by the court will be released. This office will also attempt to notify you of the request in an effort to keep you informed.

The Massillon Health Department may not use or disclose Protected Health Information for purposes other than treatment, payment or health care operations (unless permitted by law) without the patient's or responsible person's written permission. The patient or responsible person has the right to revoke that authorization in writing at any time.

The Massillon Health Department may contact the patient or responsible person to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the patient.

The patient or responsible person may, upon written request, view his/her records and obtain a copy of a specific record (Designated Record Set). The patient record is, however, the property of the Health Department and will be maintained in the department. If you think some information is wrong, you may request, 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 and may ask for a list of those places, unless it was sent for payment, for checking to make sure you received quality care, or to make sure the laws are being followed.

You may be asked to sign a separate form, called an authorization form, allowing your information to go elsewhere. The form will tell us what, where and to whom the information may be sent. This authorization is good for six months.

If you have any questions, or you think we have not protected your privacy and you wish to complain, please contact one of the following:

Health Information Privacy Officer
Massillon City Health Department
845 Eighth Street NE
Massillon, OH 44646

Terri Argent, Health Commissioner
Massillon City Health Department
845 Eighth Street NE
Massillon, OH 44646