



Family Health Services of Erie County
1912 Hayes Avenue * Sandusky, Ohio 44870

Notice of Privacy Practices

This notice, which is effective as of April 06, 2009, describes how personal and medical information about you may be used and disclosed and how you may access information concerning this process.

Please read it carefully.

The health care providers and staff of Family Health Services of Erie County believe your personal and medical information should remain confidential. In addition, the law now requires us to establish formal office policies that are designated to safeguard your protected health information (**PHI**). This notice constitutes our promise to you that we acknowledge our responsibility and legal obligation to protect your personal and medical information and describes your rights concerning our use of that information.

We will use and disclose your health information for purposes of treatment, payment and/or health care operations.

- 1. Treatment means the provision, coordination or management of health care and any related services rendered to you, by one or more health care providers, including the coordination or management of health care by a health care provider with a third party. This includes consultation between one of our health care providers and a specialist on your behalf, or your referral to a health care provider who specializes in specific treatment that will be of benefit to you. Any information received as a result of that consultation or referral is part of your medical information and will be protected.**
- 2. Payment** is any activity undertaken by a covered health care provider to obtain reimbursement for the provision of services rendered to you. Information provided to your insurance company so that we may be paid for our services is considered information maintained for payment purposes.
- 3. Health Care Operations** include activities of the practice such as our own internal auditing procedures, business management and planning or activities related to legal or accounting services. Organized health care plans, in which we participate, also may have programs to assure quality of care and improvement for the services we render to professionals. This may require a random review of patient records.

We are permitted or required to disclose limited health information about you, without your authorization, in the following circumstances:

- **As required by law** – any information limited to the relevant requirements of the law
- **For public health activities** (disease control, vital statistics, public health)
- **Reporting victims** of abuse, neglect or domestic violence
- **Health oversight activities** (audits, civil, criminal or administrative investigations)
- **Judicial and administrative proceedings**, in response to court order
- **To coroners, medical examiners and funeral directors** (identifying disease process or cause of death)

- **For organ or tissue donation**, consistent with applicable laws
- **To avert serious threats to health or safety**
- **Specialized government functions** (regarding military personnel, veterans, national security purposes or inmates)
- **Workers' compensation** to the extent necessary to comply with applicable laws.
- **Marketing**, for purposes of appointment reminders, treatment alternatives or other related benefits and services that may be of interest to you.

Any uses or disclosures other than those noted previously require us to obtain your written authorization, which you may revoke at any time. Any such revocation must be in writing.

You have the following rights with respect to your health information:

1. The right to request restrictions on certain uses of your health information; **however we are not required to agree to your request.**
2. The right to request, **in writing**, the manner or method by which we may contact you to furnish confidential communications about your health information (i.e., fax, voice mail, etc.). (Refer to our Consent to Release Protected Health Information) You are obligated to notify us, **in writing**, of any changes to your request.
3. The right to review your health information (**you are entitled to receive a copy of your health information, except for psychotherapy notes and information compiled in anticipation of or for use in, a civil, criminal or administrative action or proceeding.**)
4. In limited circumstances, the right to ask us, **in writing**, to amend your health information, **however we reserve the right to deny your request.** If your request for amendment is denied, we will provide you with information about the basis of our denial.
5. The right to receive an accounting of disclosures of your health information, **except those disclosures related to treatment, payment or health operations. The exception also covers disclosures previously listed in this disclosure that do not require your authorization,**
6. The right to receive a copy of this notice in writing.

We have the following obligations:

1. We are required by law to maintain the privacy of your Protected Health Information, to provide you with a notice of our legal duties and Notice of Privacy Practices and obtain a written acknowledgement that it has been provided to you.
2. We are required to abide by the terms of the notice, including privacy agreements with Trading Partners and/or Business Associates with whom we contract or do business and by maintaining physical, electronic and work practice controls that comply with suggested federal regulations to guard your PHI.
3. We are required to advise you of any changes we make in the terms of our Notice of Privacy Practices post the amended Notice and make a copy available to you upon request.

Complaints: If you feel we have violated your privacy rights, or have questions concerning our Notice of Privacy Practices, you may contact or file a written complaint to **Privacy Officer**, at the following address: **Family Health Services of Erie County, 1912 Hayes Avenue, Sandusky, Ohio 44870** or with the federal agency in charge of enforcing patients' rights. That address is: **Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHS Building, Washington, D.C. 20201**