Family Health Services	Notice of Privacy Practices & Patient Rights	ID #: QA1007 Effective: 12/17/2025
	SUBJECT AREA: Quality	Page: 1

PURPOSE

The purpose of the Notice of Privacy Practices and Patient Rights is to comply with the HIPAA Privacy and Security Rule by providing patients a copy of their rights regarding the privacy of their protected health information and a description of how Family Health Services (FHS) will afford patients these rights while maintaining the confidentiality, integrity and availability of their protected health information.

YOUR INFORMATION. YOUR RIGHTS.

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.

When it comes to your health information, you have certain rights. This section explains your rights, choices and FHS' responsibilities to assist you.

- Get an electronic or paper copy of your medical record
    - You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. See an FHS staff member to complete this.
    - We will provide a copy or a summary of your health information within 30 days of your request. There is a reasonable fee to obtain medical records.
- Ask FHS to correct your medical record
    - You may ask FHS to correct health information about you that you think is incorrect or incomplete. See an FHS staff member to complete this.
    - FHS has the right to decline your request for medical records, but will tell you why in writing within 60 days of receiving the request
- Request confidential communication
    - You may ask FHS to contact you in a specific way, for example, home or office phone or to use a specific email address
    - FHS will accommodate all reasonable requests
- Ask FHS to limit what is used or shared
    - You may ask FHS to not use or share certain health information for treatment, payment, or our operations. We are not required to accommodate your request especially if it would affect your care
    - If you pay for a service or health item out of pocket in full, you may ask FHS not to share that information for the purpose of payment or our operations with your health insurance. FHS will accommodate this request unless a law requires us to share that information.
- Obtain a list of those with whom FHS has shared information
    - You can ask for a list of who FHS has shared your health information with and why it was shared for the past six (6) years prior to the date of your request.
    - FHS will include all the disclosures except for those about treatment, payment, health care operations and any certain disclosures that you may have requested. FHS will provide one list per year at no charge but will charge a reasonable, cost-based fee should additional lists be requested within a twelve (12) month period.

- Get a copy of this privacy notice
  - A copy of this notice is included in your new patient papers that will need to be reviewed and signed annually. If you would like an additional copy at any time, see an FHS staff member and a copy will be provided for you.

- Choose someone to act for you
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information

  - FHS will ensure the person has this authority to act on your behalf before we take any action on their requests

- File a complaint if you feel your rights have been violated
  - You can file a patient grievance with any FHS staff member if you feel we have violated your rights. You may also contact the FHS Medical Director to discuss your complaint or to answer any questions you may have regarding your patient rights contained in this Notice by phone at 419-502-2800 or by email at compliance@familyhs.org.

  - You can also file a complaint with the US Department of Health and Human Services, Office for Civil Rights, by sending a letter, calling or visiting their website. FHS will not retaliate against you for filing a complaint.

    200 Independence Avenue, SW
    Washington, DC 20201
    877-696-6775
    www.hhs.gov/ocr/privacy/hipaa/complaints/

YOUR CHOICES.
For certain health information, you can tell FHS your choices about what we share. If you have a clear preference for how FHS shares your information in the situations described below, please contact an FHS staff member. In the cases listed below, you have both the right and choice to tell us how to proceed:

- Share information with your family, close friends or others involved in your care

- Share information in a disaster relief situation

***Please note that if you cannot communicate your preferences to FHS, for example you are unconscious, we may share your information if we believe it is in your best interest. FHS may also share your information when needed to lessen a serious and imminent threat to health or safety. ***

In the cases listed below, FHS will not share your information unless you provide us with written permission:

- Marketing purposes

- Sell your information to outside agencies

- Most sharing of psychotherapy notes

- FHS may contact you for fundraising efforts, but you can tell us not to contact you again

FHS USES & DISCLOSURES.
FHS typically uses or shares your health information in the following ways:

- To treat you
  - FHS can use your health information and share it with other professionals who are treating you
    - EXAMPLE: a doctor treating you for an injury may ask another doctor about your overall health condition.

- To run our organization
  - FHS can use and share your health information to run our practice, improve your care and contact you when necessary
    - EXAMPLE: FHS uses health information about you to manage your treatment and services

- To bill for your services
  - FHS can use and share your health information to bill and get payment from health insurance plans or other entities
    - EXAMPLE: We give information about you to your health insurance plan so your services can be paid for

- FHS is allowed and/or required to share your information in other ways that contribute to the public good, such as public health and research. FHS must meet many conditions in the law before we can share your information for these purposes. For more information visit:
  www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- FHS can share health information about you for certain situations such as:
  - Preventing disease
  - Assisting with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect or domestic violence
  - Preventing and/or reducing a serious threat to anyone's health or safety

- FHS can use or share your information for health research

- FHS will share information about you if the state or federal laws require it. This would include the Department of Health and Human Services if they are checking for compliance with federal privacy laws.

- FHS does abide by Ohio State law regarding the use and disclosure of confidential information such as HIV/AIDS, sexually transmitted diseases, mental health and substance abuse

- FHS can share health information with organ procurement organizations
- FHS can share health information with a coroner, medical examiner or funeral director when a patient passes away

- FHS can use or share health information about you in the following cases:
  - For a workers' compensation claim
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law

- For special government functions such as military, national security and/or presidential protective services
- For a court/administrative order or in response to a subpoena

FHS RESPONSIBILITIES.

FHS typically uses or shares your health information in the following ways:

- FHS is required by law to maintain the privacy and security of your protected health information
- FHS will inform you promptly if a breach occurs that may have compromised the privacy and/or security of your information
- FHS must follow the duties and privacy practices described in this notice and will provide you with a copy of this Notice
- FHS will not use or share your information other than as described in this notice unless you inform us in writing that we can. If you inform FHS that we can use or share your information then decide you would like to stop, please inform FHS in writing that you have changed your mind.