



**Public Health**  
Prevent. Promote. Protect.  
Ashtabula City Health Department

4717 Main Avenue  
Ashtabula, Ohio 44004

Vital Statistics: (440) 992-7123  
Nursing Department: (440) 992-7122  
Environmental Department: (440) 992-7121  
Health Commissioner: (440) 992-7143  
Fax: (440) 992-7163  
ashtcihd@cityofashtabula.com

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.

### OUR LEGAL DUTY

We, the Ashtabula City Health Department, are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our policy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace it.

The Ashtabula City Health Department reserves the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all your protected health information that we maintain, including health information created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

Ashtabula City Health Department may use and disclose your protected health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your protected health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your protected health information to obtain payment for services we provide to you.

**Healthcare Operations:** The Ashtabula City Health Department may disclose, as needed, your protected health information in order to support our daily business activities. For example, we may ask you to sign-in at the reception desk and we may call you by name, in the waiting room when the nurse is ready to see you. However, our common practice is to be as discrete as possible, taking every precaution to insure the privacy of our patients. We may also disclose your personal health information, with your permission, to contact you at the telephone numbers/address you specify on your record and a postcard or letter to remind you of appointments, notify you of special events or advise you that an appointment needs to be cancelled and/or rescheduled.

**Your authorization:** In addition to our use of your protected health information for treatment, payment or healthcare operations, you may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this notice.

**To Your Family and Friends:** The Ashtabula City Health Department will disclose your protected health information to you, as described in the Patient Rights section of this notice. We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Coroners, Funeral Directors, and Organ Donation:** Protected health information may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director and for the purpose of organ donation, as authorized by law, if it is determined that the protected health information we hold could be pertinent.

**Required by Law:** The Ashtabula City Health Department may use or disclose your protected health information if required by law.

**Abuse or Neglect:** Your protected health information is released to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to, authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance as required.

**Public Health:** The Ashtabula City Health Department may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Disease:** Your protected health information may be disclosed, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

#### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make your request for an alternate format in writing.)

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Our department reserves the right to refuse treatment if you restrict or deny disclosure of your protected health information.

**Alternative Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with US Department of Health and Human Services upon request. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

**Contact Officer:** Christine L.Hill, Health Commissioner; **Write:** Ashtabula City Health Department 4717 Main Avenue, Ashtabula;  
**Phone:** 440-992-7143; **Fax:** 440-992-7163