You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired, which must be less than a 6-year period and starting after April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Officer. These Privacy Practices have been in effect since April 14, 2003.

Complaints/Questions

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Health Commissioner's office at:

Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215

Phone: (614) 525-3670
Fax: (614) 525-6672
E-mail: fcph@franklincountyohio.gov

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. You may call 1-866-627-7748 to obtain their address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Information is available on the web at www.myfcph.org.

Consent Form Section:
Receipt of Notice of Privacy Practices

I have read and/or have had explained to me my rights and obligations concerning my health information. By signing below, I acknowledge receiving this Notice of Privacy Practices Summary.

Last Name: _____

First Name: _____ **M.I.** _____

Signature: _____

Date: _____/_____/_____

Franklin County
Public Health

Notice of Privacy Practices Summary

Revised April 2018

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.

If you have any questions, please see the Complaint/Question section on the back of this pamphlet for contact information.

Who will follow this notice?

Franklin County Public Health (FCPH) provides healthcare to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any healthcare professional who treats you at any FCPH-sponsored locations.
- All divisions of FCPH.
- All employed associates, staff or volunteers of FCPH.
- Any business associate or partner of the FCPH with whom we share health information.

Our pledge to you

We understand that medical information about you is personal, and we are committed to protecting it. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by FCPH staff or your personal doctor. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this notice

We may change our Privacy Policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our Privacy Policies, we will change our notice and post the new notice in a prominent place within of facility or clinic sites. You can receive a copy of the current notice or policy at any time. The effective date is listed just below the title. You will be offered a copy of the current notice when you first register at our facility or clinic sites for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you

FCPH participates in the CliniSync Health Information Exchange in Ohio. Your doctors and healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs.

We and other healthcare professionals may allow access to your health information through the CliniSync Health Information Exchange for treatment, payment or other healthcare operations.

If you have questions or do not wish to have your records shared electronically, please contact FCPH (614) 525-3670.

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes** (community health surveillance, investigation, or tracking), **abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies.** We also disclose medical information **when required by law**, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.

We may disclose medical information about you to a **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you

In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related expenses. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records** by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.