



Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your Health Information Is Private!

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.

Our Responsibilities:

1. We must keep your health care information from others who do not need to know it.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We will not use or share your information other than as described here unless you give us written permission to do so.
4. We must follow the duties and privacy practices described in this notice and give you a copy of it.
5. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in the office and will be posted on our web site.

For more information see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Who sees and shares Health Information?

1. We can use your health information and share it with other professionals who are treating you.
2. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
3. We can use and share your health information to bill and get payment from health plans or other entities such as Medicaid, Medicare, CMH, or your private insurance carrier.
4. We can share health information about you in certain situations such as: Preventing disease, helping with product recalls, reporting adverse reactions to vaccinations, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
5. Immunization information is uploaded to the state immunization registry, Impact. Immunization records can be disclosed directly to the schools.
6. We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, health oversight agencies, and special government functions.
7. We can share health information about you in response to a court or administrative order, or in response to a subpoena.
8. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

What are your rights?

When it comes to your health information, you have certain rights.

1. You can ask to see or get an electronic or paper copy of your medical record, within 30 days of your request. There may be a cost-based fee.
2. You can ask us to correct health information about you that you think is incorrect or incomplete. We may ask to have court papers with name changes or guardianship changes. We may need to say no to your request but we will tell you why in writing within 60 days.
3. You can ask us to contact you in a specific way to maintain confidential communications. Page 1



4. You have the right to opt out of using Impact. You can ask us not to share your health information. We are not required to agree to your request. We will agree unless a law requires us to share that information.
5. You can ask for an accounting list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. This list does not include treatment, payment, health care operations, and other required disclosures including those you have asked us to make.
6. You can ask for an electronic or paper copy of this notice at any time.
7. 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. If you are under 18 years old, your parents or guardians have this right.
8. You can complain if you feel we have violated your rights by contacting us using the information on this notice.
9. You can file a complaint with the US Department of Health and Human Services Office by mail, fax, e-mail, or OCR complaint portal. For more information visit:
<https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>
10. We will not retaliate against you for filing a complaint.

You have choices.

1. You can tell us to release your information to family, friends or others involved in our care. You may be asked to sign a separate form, called an authorization form, allowing your health information to go somewhere else.
2. Your information will never be shared for marketing purposes unless you give written permission.
3. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

You can find out if your Health Information has been released without your authorization for purposes other than treatment, payment or operations, you may call the Privacy Officer and ask for a Request for Account for Disclosure form.

Jason Menchhofer RS (Privacy Officer), Administrator
220 W Livingston, B 152, Celina, Ohio 45822
419-586-3251 x 1273 (Office) 419-733-4753 (Cell)
jmenchhofer@mchdohio.org

If you have any questions about this notice or you think that we have not protected your private health information, and you wish to file a complaint, please contact us.

Jason Menchhofer RS (Complaint Officer), Administrator
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jmenchhofer@mchdohio.org

This notification is yours to keep. Any updated revisions will be posted in the client waiting room and website, www.mchdohio.org. You can request a new copy at any time.

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