

Fulton County Health Center

HIPAA Notice of Privacy Practices

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Effective Date: 4/2003
Review Date:

Purpose: To protect an individual's right to receive adequate and appropriate notice of Fulton County Health Center's privacy practices and an individual's right to give oral permission for the use and disclosure of protected health information.

Policy: Fulton County Health Center protects an individual's right to receive its Notice of Privacy Practices, which describes how the individual's protected health information will be used and disclosed. Fulton County Health Center will allow individuals the opportunity to give oral permission regarding the use and disclosure of his/her protected health information with respect to the facility directory and disclosures to third parties involved in the individual's care.

Procedure:

I. Notice of Privacy Practices

A. Fulton County Health Center provides individuals with a Notice of Privacy Practices describing the uses and disclosures that may be made of the protected health information and their rights over their protected health information (See Notice of Privacy Practices form). The Notice will be provided to patients/residents on April 14, 2003 or at the first date of service after April 14, 2003. The Notice will only be provided one time, unless the Notice is revised. A revised notice will be provided to patients/residents at the next date of service after the revisions are effective.

The Notice of Privacy Practices will include the following elements in order to be HIPAA compliant.

1. will be in plain language,
2. will have a header stating, "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".
3. describes uses and disclosures,
4. describes individual's rights,
5. describes Fulton County Health Center's duties,
6. informs individuals how to file a complaint,
7. will identify a point of contact for additional information, and
8. will state the effective date of the Notice.

B. Fulton County Health Center will utilize the acknowledgment of receipt of the Notice of Privacy Practices in order to utilize protected health information for treatment, payment and health care operations. Fulton County Health Center will make a good faith effort to obtain this acknowledgment.

1. Individuals registering patients/residents will present the Notice of Privacy Practices to the individual or the individual's representative.
2. Obtain acknowledgment of receipt of the Notice from the patient/resident or the personal representative.
3. Document receipt of the Notice in the Meditech system.
4. In emergency situations, the Notice will be provided as soon as is reasonably practical.
5. If an acknowledgment is unable to be obtained, this will be documented on the acknowledgment form stating the reason that the acknowledgment was unable to be obtained.

C. Fulton County Health Center's Notice will cover its Organized Health Care Arrangement (OHCA), with the understanding that requests for restrictions will only

be honored at the facility in which the individual is receiving services.

II. Oral Permission

In certain situations, oral permission is sufficient to allow the use or disclosure of protected health information. In these instances, Fulton County Health Center may orally inform an individual of a use or disclosure, and the individual may respond orally in agreement or objection.

Oral agreement is sufficient in very limited circumstances, as follows:

- (1.) Limited use of protected health information in facility directories. Fulton County Health Center lists all individuals in its facility and this is used to direct inquirers to the individual's location.
- (2.) Uses or disclosures for notification purposes. This governs disclosure of information to a personal representative.

A. Facility Directory

The information in the facility directory is limited to the following: individual's name, individual's location in the facility, individual's condition (in general terms that do not specifically provide medical information) and the individual's religious affiliation.

1. May disclose the protected health information in the directory to a requester that asks for the individual patient/resident by name.
2. May disclose the protected health information to a clergy member if the individual patient/resident has requested that this information be disclosed.

B. Opportunity to Agree or Object

Individual patients/residents are given the opportunity at the time of registration to either agree or object to the use and disclosure of their protected health information in the facility directory and to clergy. If the individual patient/resident objects to being included in the facility directory, their name will not appear on the facility directory. Any inquiries regarding the individual will be answered in such a way that the facility is neither acknowledging nor denying that the individual is at the facility.

C. Disclosures to Third Parties involved in the Individual's Care

Fulton County Health Center may disclose protected health information relevant to an individual's care to his/her personal representative, family members, or other person identified by the individual if that person is directly involved in the care or payment for the individual. Such persons may be notified of the individual's locations, general condition or death.

If the individual patient/resident is present, protected health information may be disclosed to involved persons under the following circumstances;

1. the individual patient/resident's agreement is obtained (this may be verbal);
2. the individual is given the opportunity to object and such objection is not expressed; or
3. it can be reasonably inferred that there is no objection.

If the individual patient/resident is not present, and thus it is impractical to provide the individual with the opportunity to agree or object to the use or disclosure, the protected health information may be disclosed to involved persons if it is in the best interest of the individual. However, only protected health information that is relevant to the individual's care may be disclosed. It may also be inferred that the involved person may act on behalf of the individual to pick up prescriptions, medical supplies, x-rays or other forms of the individual's protected health information.

FULTON COUNTY HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

This Notice of Privacy Practices covers all of the activities of Fulton County Health Center, its employees and volunteers, the independent members of its medical staff, and contracted individuals providing services at any location on behalf of Fulton County Health Center.

Each time you visit Fulton County Health Center, we make a record of the information gathered during your visit. This information is used for a number of purposes. These uses are set forth below. You have certain rights regarding this information. Your rights regarding this information are set forth below. Finally, we have certain responsibilities regarding our use of your information. Our responsibilities are set forth below.

USES AND DISCLOSURES OF HEALTH INFORMATION

We are permitted by law to use your health information to:

- provide treatment to you. For example, we will provide your physician(s) with the information we obtain to assist the physician(s) in providing proper care to you. We will also provide this information to subsequent health care providers.
- obtain payment for our services. For example, we may send your insurance company or other payer a bill that may include your health information.
- perform our regular health care operations. For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.

You will be asked to execute an acknowledgment form that indicates that you have received this Notice of Privacy Practices.

We may also use your information to contact you to raise funds for the facility, to provide appointment reminders to you and to advise you of treatment alternatives available to you.

We are permitted, and in some cases required, by law to make certain other disclosures of health information without your authorization. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

- to public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other public health issues;
- to health oversight agencies, such as governmental auditors, the Ohio Department of Health, and other agencies when required;
- to any individual when ordered by a court or other legal process to do so;
- to law enforcement officials when necessary for law enforcement purposes and as permitted under the law;
- to a coroner or medical examiner when necessary to enable them to perform their duties;
- to organ procurement organizations, to enable them to make suitability determinations;
- in cases of emergency;
- to researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy;

- in any other circumstance specifically permitted under Ohio law, to the extent that such law has not been deemed to be preempted by HIPAA, as determined by the Ohio Bar Association or a court of competent jurisdiction.

In addition, unless you object, we may include limited information about you in our facility directory. The information in this directory, which is limited to your name, location in the hospital and general condition may be disclosed to anyone who asks for you by name; provided, however, that religious affiliation information will only be disclosed to clergy.

We may also disclose information about you to friends or family members who are involved in your care.

We will not use your information for any other purpose without your written authorization. You have the right to revoke any authorization you provide us.

YOUR INDIVIDUAL RIGHTS

You have certain rights regarding your health information. These include:

- the right to obtain a paper copy of this notice;
- the right to inspect and copy your health information (copies are available for a reasonable fee);
- the right to request amendments to your health information you believe to be inaccurate;
- the right to obtain an accounting of our uses and disclosures of your health information unrelated to treatment, payment, or health care operations;
- the right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request);
- the right to request that communications regarding your health information be sent by alternative means or at alternative locations.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your information in accordance with this notice. We are also required to provide you with this notice explaining our duties and practices regarding your health information. We are required to abide by the terms of this notice.

We reserve the right to change the content of this notice and to make new provisions regarding your protected health information. We will provide you a revised notice during your first visit after the revisions are effective.

If you believe your privacy rights have been violated, or if you have any questions regarding this notice, you may contact Fulton County Health Center's nursing house supervisor at 419-335-2015 extension 2234 or Fulton Manor's Director of Social Services at 419-330-2704. In addition, you can file a complaint with the Privacy Officer by calling 419-335-2015 or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

FULTON COUNTY HEALTH CENTER
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge receipt
of the Fulton County Health Center Notice of Privacy Practices.

Date: _____ _____
Signature

If signed by a personal representative, relationship to patient is:
