

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. The Ashland County Health Department is not required to agree to the restriction that you request.

Your rights include:

- Requesting restrictions on certain uses and disclosures of your health information.
- Inspecting and copying your health information. A charge of 10 cents per page for copies will be assessed.
- Requesting that the Ashland County Health Department amend your health information that is incorrect or incomplete.
- All requests to amend your record must be made in writing. Appropriate forms may be obtained from the Ashland County Health Department.
- You have a right to receive an accounting of disclosures of your health information made by the Ashland County Health Department.
- You have a right to a paper copy of this Notice of Privacy Practices.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us by calling **419-282-4231** and asking to speak to the Privacy Officer. If you are not satisfied with the manner in which this agency handled a complaint, you may submit a formal complaint to the Secretary of the Federal Department of Health and Human Services.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice of the laws that apply to use will be made only with your written permission. If you authorize permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke that permission, we will no longer use or disclose health information for the reasons covered by your written permission.

Changes to this Notice of Privacy Practices:

The Ashland County Health Department reserves the right to change this Notice. Any revised Notice will be posted in the lobby of the Ashland County Health Department. Upon your request, we will provide a revised Notice to you.

Privacy Officer: Director of Nursing



Ashland County Health Department

**1211 Claremont Avenue
Ashland, Ohio 44805**

**“Your Right to Privacy”
Important Information
To Know**

Phone: 419-282-4231



March 2025

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The Ashland County Health Department is required by law to maintain the privacy of your health information and to provide you with Notice of its legal duties and privacy practices with respect to your health information. The current Notice will be posted in the main waiting room. This Notice will include the effective date. For some activities, we must have your written authorization to use or disclose your health information.

However, the law permits the Ashland County Health Department to disclose your health information for the following purposes without your authorization.

For Treatment: We may use medical information about you to provide your medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. We also, may provide medical information to a physician to whom you have been referred so as to ensure appropriate information regarding your previous treatment and diagnosis.

For Payment: We may use and disclose medical information about you so that the treatment services you receive at the Ashland County Health Department may be billed to, and payment may be collected from you, an insurance company, a third party, Medicaid, or Medicare.

Regular Health Care Operations: The Ashland County Health Department may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality care. For example, we may use

personal health information to evaluate your agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we serve. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operation procedures. We may use or disclose your protected health information to contact you to remind you of your child's appointment by telephone or reminder postcard.

Business Associates: There are services provided through the Ashland County Health Department through contracts or agreements with business associates. These activities may include: accounting, legal services, volunteer services, and working with clinical preceptor programs for community health education. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract.

The Ashland County Health Department may use and disclose your health information when required to do so by federal, state, or local law. See the following: This is not an all-inclusive listing. Only the minimum necessary health information will be disclosed to accomplish the above purposes.

Public Health: We may disclose your health information to public health authorities for purposes related to: reporting child abuse or neglect, reporting domestic violence; reporting to the Food and Drug Administration, and the Center for Disease Control

for problems with products and reactions to medications and immunizations and reporting disease or infection exposure. De-identified information may also be used for research purposes.

Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

Deceased person information: We may disclose your health information to coroners, medical examiners, and funeral directors.

Public Safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person; complying with a court order or subpoena; and other law enforcement purposes.

Specialized Government Functions: We may disclose your health information for military, national security, and prisoner purposes.

Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.