



# COMMUNITY HEALTH CENTERS OF GREATER DAYTON

## 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. PLEASE REVIEW IT CAREFULLY.**

Community Health Centers of Greater Dayton (CHCGD) will create a medical record for you. The medical record has information about your medical history, the tests you had, the care you received, and how you responded. We also have billing records. We are required by law to make sure your medical information is kept private. We are also required to give you this Notice. We are required to tell you how we use and share your medical information, and tell you what your rights are. We will ask for your signature to verify that you have received a copy of this notice.

### 1. Uses and Disclosure for Your Health Information

**A. Situations information can be shared without written agreement.** Your consent allows us to treat you. It also allows us to share your personal information in certain situations. This is a list of situations we can share your information.

#### Treatment Purposes

- Others who would need to know about your health problems to make sure you are given complete and safe care. This could include other doctors, nurses, health students/residents/inters, hospitals, equipment providers, etc.
  - For example, if you are admitted to a hospital we could share your information with them to help with your care.
  - If you are referred to a specialist we may share part of your information to help you get more complete care.
- When you consent, some information will be shared with close friends or family who help with your care. If you are not able to consent, we will do what we believe is best for you.

#### Payment for Care

- To allow us to receive payment for the care you have been given.
  - For example, information may be shared with your insurance company. This could happen after the care has been given. It could happen before care is given if the insurance company requires prior approval.
- Information may also be released to someone who is helping you pay for your care.

#### Healthcare Tasks

- Improving the healthcare given to our patients. For example:
  - To assess the care given to you and how you responded.
  - To help train doctors or other healthcare workers.
  - To review and improve on the care we provide.
- To let health oversight agencies make sure we are following the rules of programs like Medicare and Medicaid.
- To call or send appointment reminders to you.
- To let you know about other treatments and services available to you.
- To give you marketing materials during a face-to-face visit or when we tell you about our products and services.
  - You can opt-out of receiving marketing or fund-raising.
  - You must give us written permission to provide marketing information to a third-party company.

#### Public Health

- To help prevent or control disease, injury or disability. This would include notifying you if you have been exposed to a disease. We would notify you if you may be at risk for contracting or spreading a disease or condition.
- In most cases, information concerning tests or treatments for HIV or AIDS will not be released without your permission.
- To report your reactions (like an allergy) to medications or problems with products. To notify you for any product recalls.
- To report births, deaths, child abuse or neglect and domestic violence.

#### Legal Reasons

- When we are required by law to tell the police, other law enforcers or by subpoena or grand jury.
  - Steps will be taken to inform you of any subpoena if you did not request it.
- When we must respond to a legal order or lawful process.
- Report certain injuries, such as gunshot wounds, burns or injuries to perpetrators of crime.
- Report about a death we believe may be the result of criminal conduct.
- Report about a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- Report about any criminal conduct at our facility and in emergency circumstances to report a crime.
- Help identify or locate a suspect, fugitive, material witness or missing person.

#### Research

- To conduct a research project – to help find patients with specific health issues.
- To study the effectiveness of your treatment or medicine.
- All projects must go through a special process that protects the confidentiality of your medical information.
  - All projects must be approved by the CHCGD Board of Directors.

**Information may also be released in one of the following situations:**

- Donor programs, if you are donating or in need of an organ, eyes or tissues.
- Medical examiners or coroners to help identify a body or find the cause of death.
- Funeral directors to help them carry out their duties.
- To prevent or lessen a serious threat to you or others.
- If you are in the military - as required by military rules.
- If you are an inmate:
  - To the correctional institution or law enforcement provide you with healthcare.
  - To protect your health and safety.
  - To protect the health and safety of others including the correctional institution.
- Report findings for an examination ordered by the court or to follow the laws for national safety reasons.
- We use and share information as required by additional laws not mentioned above.

- B. Situations information can be shared ONLY with your written permission.** Any situation not mentioned above will require your permission. You must sign a form for the use or disclosure of any of your health information. Certain information is considered highly confidential and will require a signed form most of the time. Highly confidential information includes mental health notes, test or treatment of HIV/AIDS and other communicable diseases. You must give us written permission to release your information for marketing purposes.
- C. Situations your information WILL NOT be shared.** Any results of genetic testing for insurance underwriting purposes will not be disclosed. We will not sell your health information for any reason.

## **2. Your Rights Regarding Your Health Information**

- A. Receive or view your medical information.** You may receive a copy or review your medical information. You must make an appointment to view your record for free. If you wish to receive a copy, you must sign a request form. Copies are available through the medical records department or the front office. You can receive an electronic copy or a paper copy depending on your preference. Charges may apply for these requests. In some cases, we may not let you see or copy your record. If this happens, we will tell you why and explain your right to have the denial reviewed.
- B. Request changes to be made to your record.** If you believe that your medical record is wrong or not complete you may request a change or amendment. You must put your request in writing and give a reason for why you want the change to be made. We will make the changes unless we believe that the information you want changed is complete and accurate. If we did not create the information, we cannot change it.
- C. List of information shared with others.** You have the right to request a list of disclosures we have made of your medical information. This does not include information released for treatment, payment or facility operation purposes. It will also not include any releases you have authorized yourself. This request must be in writing. The request will need to be for a specific time frame of up to six years. We will provide you 1 free accounting list per year.
- D. Limit insurance from accessing records.** You have the right to restrict certain information from being sent to your insurance company. You can restrict any visit, test, procedures, etc. if you paid for it yourself. As long as we are not required by law to disclose the information it will not be sent.
- E. Restrict use or disclosure of your medical record.** You have the right to request that CHCGD not use or release your medical information for treatment, payment or healthcare tasks. We are not required to comply with this request. But will do our best to ensure your privacy. If we agree to the request, it will be followed unless there is an emergency reason we need to share your information.
- F. Send information to you at a different address or contact you differently.** You may request that we send information to a different address than the one we have listed as your home address. You do not need to give us a reason for this request. We do not have to comply with your request if it is unreasonable.
- G. Withdraw signed authorization.** You have the right to withdraw any authorization you have signed for the use or disclosure of your medical information. This request must be in writing. We will comply from the requested withdraw date forward. We are not responsible for any information that has been shared prior to your withdraw.
- H. Receive paper copy of this Notice.** You may request to receive a paper copy of this notice at your health center. If you wish to view this document electronically, it is posted on our website [www.communityhealthdayton.org](http://www.communityhealthdayton.org).
- I. File a complaint.** You have the right to file a complaint if you believe for any reason that your privacy has been violated. You may file a complaint by submitting a written complaint detailing how your privacy was violated. Complaints may be filed with CHCGD complaint officer. You may also file with the Secretary of the Department of Health and Human Services on their website. Making a complaint will not change how you are treated at our health centers.
- J. Notification of breach information.** You have the right to be notified of any unsecure breach of your health information.

## **3. Applicability, Changes to this Notice, Contact Information, and Effective Date**

This notice applies to all of your medical information maintained by CHCGD, whether it is information we create or that we received from somewhere else. We reserve the right to change the terms of this Notice. Your privacy rights may change if the laws change. When that happens, we will change the Notice and post it where you will be able to read it. The new Notice will be used for all the information we have about you. We must follow the terms of the Notice that is currently in effect. If you wish to receive a copy of the most current Notice you may request it from your health center or view it electronically on our website. This Notice of Privacy Practices is effective September 23, 2013. If you have any questions concerning this Notice please contact our company compliance officer at (937) 586-9733 option 2.