



Public Health
Prevent. Promote. Protect.

Canton City Public Health Notice of Privacy Practices Revised March 7, 2023

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **PLEASE READ CAREFULLY. If you have any questions, please contact our Privacy Officer at 330-489-3322.**

1. Who will follow this notice?

The Canton City Public Health provides health care to our patients, in cooperation with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- any health care professional who treats you at any of our facilities
- all divisions and work units of our organization
- all employed associates, staff or volunteers of our organization
- any business associate or partner of Canton City Public Health with whom we share health information

2. The Canton City Public Health will protect your health information:

Protected Health Information includes information about:

- past, present, or future health information
- health care that you receive
- payment for your health care

The Health Insurance Portability and Accountability (HIPAA Law of 1996) says we must:

- (a) protect this information to make sure it stays private
- (b) follow the privacy practices described in this notice
- (c) share only the minimum amount of information that is necessary

3. How we might use your Protected Health Information:

The law says the Canton City Public Health may use your Protected Health Information for these reasons:

- **For use by doctors, nurses and other health care providers** who need to treat you at the Canton City Public Health or at other sites.
- **To bill and get paid for the treatment we gave you.** For example, we might give your information to Medicaid, Medicare, the Ohio Department of Health or another insurer so that we will be paid.

- **To operate within our programs standards.** For example, to review the quality of the care we give you.
- **To remind you of your appointment, and to provide information about health related benefits and services, which may include sending information to your home.** You can tell us if you do not want to get this information.

4. We can share your Protected Health Information with your authorization when:

- You sign a valid authorization; *you may cancel this authorization in writing at any time.*
- Uses or disclosures of protected health information for marketing purposes requires authorization;
- The disclosure or sale of protected health information requires authorization;
- Ohio law requires that we obtain authorization from you before testing and before disclosing the results of an HIV test or diagnosis of AIDS or AIDS-related condition.

5. We can share your Protected Health Information without your authorization when:

- It is required by law e.g.; suspect child abuse or neglect.
- There might be abuse, neglect, domestic violence, or criminal activity.
- There is a court order.
- We need to review your records to make sure we are following the law.
- We need to collect information about disease or injury, or to report births and deaths to other health care providers.
- We need to give the information to an agency that reports or looks at illness or injury that is unusual.
- We need to share your information with coroners and funeral directors in the case of your death, and with organ, tissue and blood donor agencies.
- We need to share your information with law enforcement, prisons, or the military, etc. if there is a threat to health and safety.
- When releasing to Public Health agencies to help control and track reportable diseases, injury, or disability.

6. You can refuse to share your Protected Health Information:

- If you do not want others to have your Protected Health Information as designated in #2, you must state this in writing. This may limit the ability of other health care providers to treat you. If you are too sick, you may not be able to decide “no”.

Where possible, you must be given the opportunity to say “no” in writing.

- We agree to restrict the disclosure of public health information to a health plan when you (the patient) paid for the service or item in question out of pocket in full;

7. You have other rights. You may:

- **Ask that we limit the use of your Protected Health Information**
We do not have to agree to those limits. If we do agree, we will do so in writing and will follow your requests unless there is an emergency, or unless law enforcement, the courts, or the government ask for the information. We will not agree to your requests if they are against the law. You may verbally cancel this limit with us.
- **Tell us how and where to contact you.** We will do our best to follow your instructions.
- **Ask to review your Protected Health Information.** You must ask us in writing. We will answer you in 30 days or less. If we say that you cannot review your Protected Health Information, we will tell you why in writing. You may ask us to review your request again. You have the right to review your information for as long as it is maintained.
- **Ask for copies of your Protected Health Information.** There may be a cost to you. You must tell us in writing what you want copied. We will tell you how much it will cost before we make the copies.
 - (a) the first 25 pages will be provided free.
 - (b) other copies will be provided for the fee identified in the Canton City Health Code.
- **Ask us in writing to correct or add to your Protected Health Information if you think there is something wrong with your information or that something is missing.** We will answer you within 60 days of getting your letter. We may say “no” if we think that the Protected Health Information is:
 - (a) accurate and complete
 - (b) from another agency and not the Canton City Public Health
 - (c) not in a designated record set
 - (d) not subject to your reviewWe will tell you why you cannot change your Protected Health Information. We will also tell you how to have your request reviewed again. If we agree your Protected Health Information is wrong, we will change it. We will inform you and others who need to know about the changes.

- **Ask us in writing for an accounting of your information that we have shared with others.**

We will tell you:

- (a) whom we shared it with
- (b) what we shared
- (c) when we shared it, and
- (d) why we shared it

We will let you know this information in writing (in printed or electronic form) within 60 days of getting your request. There is no cost for one request each year. We will give you information up to a five-year period that began after April 13, 2003.

- You have a right to be notified when a breach of your unsecured PHI has occurred.

8. The Canton City Public Health contact person:

If you have questions about this Privacy Notice or any complaints about our privacy practices, please contact our Privacy Officer, Canton City Public Health, 420 North Market Avenue, Canton, OH 44702-1544.

9. You may file a complaint:

If you think we have made a mistake with protecting your information you can report this by writing to us, or to the U.S. Department of Health and Human Services at HHS Privacy Advocate John Fanning, HHH Bldg., Room 440-D, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

We reserve the right to revise our privacy practices and this notice at anytime. If we do, we will post a new notice in the Canton City Public Health waiting room. You may ask us for a copy of the new notice or you may get it from our website at www.cantonhealth.org.

We participate in one or more Health Information Exchanges. Your 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 providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. *You may opt-out at any time by notifying the Canton City Public Health Office Manager or Director of Nursing.*

Acknowledgment of Receipt of Notice.

You will be asked to sign a form that documents you have received the Notice of Privacy Practices.