



Public Health
Prevent. Promote. Protect.

NOTICE OF PRIVACY PRACTICES

Lake County General Health District

5966 Heisley Road
Mentor, Ohio 44060
www.LCGHD.org

Privacy Officer: 440-350-2543

Effective Date: April 21, 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. WHO WILL FOLLOW THIS NOTICE

In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Lake County General Health District (“LCGHD”) shall abide by this Notice of Privacy Practices (this “Notice”) unless it is superseded by a new notice. This Notice describes LCGHD practices and those of:

- Any health care professional authorized to enter information into your records;
- Any member of a volunteer group we allow to assist in the receipt of services;
- All employees, staff and other personnel.

Please note that anytime we make a permitted disclosure of PHI in accordance with this Notice and the law, there is potential for such information to be redisclosed by the recipient of that information, in which case, the information will no longer be protected.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We create a record of the care and services you receive from LCGHD. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting medical information about you.

III. OUR RESPONSIBILITIES

We are required by law to do the following:

- Maintain the privacy of protected health information (“PHI”);
- Provide individuals with notice of our legal duties and privacy practices with respect to protected health information;
- Notify affected individuals following a breach of unsecured protected health information;
- Abide by the terms of this Notice currently in effect.

IV. YOUR MEDICAL INFORMATION PRIVACY

The records we maintain about your health care are the property of LCGHD. To protect your privacy, we may check your identity when you have questions about treatment or billing issues. We will also confirm the identity and authority of anyone who asks to review, copy, or amend medical information or to obtain a list of disclosures of medical information.

V. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The law prohibits use of an individual's PHI except as permitted or required by the HIPAA Privacy Rule or if the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

We are permitted to make a disclosure of PHI in accordance with the purposes noted in this Notice and as otherwise required or permitted by law.

A. GENERAL USE

1. **For Treatment:** *Treatment* generally means the provision, coordination, or management of health care and related services for an individual by one or more health care providers, or by a health care provider with a third party, consultation between health care providers regarding a client, or the referral of a client from one health care provider to another. For example, we may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other professionals who are involved in your care.
2. **For Payment:** *Payment* encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the health district so your health plan will pay for the service. Further, we may use your information to prepare a bill to send to you or the person responsible for your payments.

Common payment activities include, but are not limited to:

- Determining eligibility or coverage under a plan and adjudicating claims;
- Risk adjustments;
- Billing and collection activities;
- Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- Utilization review activities, including pre-certification and preauthorization;
- Disclosures to consumer reporting agencies;
- Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
- Business management and general administrative activities, including those related to implementing and complying with the privacy rule and other administrative simplification rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or limited data set, and fundraising for the benefit of the health department.

3. **For Health Care Operations:** *Health Care Operations* are certain administrative, financial, legal, and quality improvement activities, including case management and care coordination, necessary for a health care provider to run its business and to support the core function of treatment and payment. For example, we may use medical information to review services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many health department patients to decide what additional services the health department should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technicians, medical students and other health department personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health departments to compare how we are doing and determine where we can make improvements in the services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health services delivery without accessing specific patient identifying information. We may also use and disclose information for accreditation, licensing, and case management. These activities include, but are not limited to:
- Conducting quality assessment and improvement activities, population based activities relating to improving health or reducing health care costs, and case management and care coordination;
 - Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, and accreditation, certification, licensing, or credentialing activities; and
 - Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims.
4. **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment at the health department.
5. **Phone Contacts:** We may also contact you by phone to return your call, answer questions, obtain additional information on billing, or other related issues. If you do not answer, we will only leave our name, the name of the health department, and our phone number for confidentiality reasons.
6. **Email:** We may respond or contact you via email if you have consented to such communication (contacting us via email first constitutes consent).
7. **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
8. **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
9. **Family and Friends Involved in Your Care or Payment for Your Care:** With your consent, we may disclose PHI to a friend or family member who is involved in your medical care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.
10. **Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as those providing auditing, accreditation, legal services, laboratory, etc.

At times it may be necessary for us to provide certain health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information. Business associates are also required by law to protect your confidentiality and privacy and they sign a contract to this effect.

11. **As Required By Law:** We will disclose PHI about a client when required to do so by federal, state or local law. For example, if we receive a grand jury subpoena from a prosecutor's office, we may be required to provide the information.

B. SPECIAL SITUATIONS

1. **Military and Veterans:** If you are a member of the armed forces, we may disclose PHI as required by appropriate military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
2. **Workers' Compensation:** We may disclose PHI for workers' compensation or similar programs, if necessary, for determinations for work-related injuries or illness benefits.
3. **Public Health Risk:** We may disclose PHI to appropriate agencies for public health activities.

These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury, or disability;
 - For the purpose of preventing or controlling disease, injury, or disability, to report births, deaths, injury, and disease, and the conduct of public health surveillance and public health investigations;
 - To report child abuse or neglect, or elder abuse or neglect;
 - To report reactions to medications or immunizations;
 - To notify people of recalls of products they may be using, and to the Food and Drug Administration (FDA) to report adverse events or product defects for the purpose of activities related to the quality, safety, or effectiveness of FDA-regulated products or activities;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a communicable disease or condition, when we are authorized by law to notify a person as necessary in the conduct of a public health intervention or investigation;
 - To report gunshot wounds, knife stabbing, suspicious injury and burns, as required by law;
 - To release information to your employer when we have provided health care to you at the request of your employer in order to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury; and
 - To a school about an individual who is a student or prospective student of the school if the PHI that is disclosed is limited to proof of immunization, the school is required by state or other law to have such proof of immunization prior to admitting the individual, and we obtain and document the agreement to the disclosure from either a parent, guardian, or other person acting in loco parentis of the individual (if the individual is an unemancipated minor), or the individual (if the individual is an adult or emancipated minor).
4. **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations; civil, administrative, or criminal investigations; inspections, and licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for the appropriate oversight of the health care system government benefit programs, entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or entities subject to civil rights laws for which health information is necessary for determining compliance. An

attestation in accordance with 45 C.F.R. 164.509 is required if the PHI to be disclosed is related to reproductive healthcare.

5. **Administration of Government Programs:** We may disclose PHI relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single or combined data system accessible to all such agencies is required or expressly authorized by statute or regulation. We may also disclose PHI relating to the program to another government program providing public benefits if the programs serve the same or similar populations and management relating to the covered functions
6. **Judicial and Administrative Proceedings:** We may disclose PHI in a judicial or administrative proceeding if the request for information is through an order from a court or administrative tribunal. We may disclose PHI in response to a subpoena, or other lawful process but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested. An attestation in accordance with 45 C.F.R. 164.509 is required if the PHI to be disclosed is related to reproductive healthcare.
7. **Law Enforcement:** We may disclose PHI to law enforcement in the following situations:
 - a. As required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
 - b. To identify or locate a suspect, fugitive, material witness, or missing person, subject to the restrictions in the law regarding the information which may be disclosed;
 - c. About the victim of a crime, or suspected victim of a crime if the individual agrees to the disclosure or, if we are unable to obtain the individual's agreement due to their incapacity or an emergency circumstance if the law enforcement official makes the required representations under the law and disclosure is in the individual's best interest;
 - d. About a death we believe may be the result of criminal conduct;
 - e. When it is believed that PHI is evidence of a crime that occurred on LCGHD premises; and
 - f. In a medical emergency not occurring on LCGHD premises, when necessary to inform law enforcement about the commission and nature of a crime; the location of the crime or victims; and the perpetrator of the crime.

An attestation in accordance with 45 C.F.R. 164.509 is required if the PHI to be disclosed is related to reproductive healthcare.

8. **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner, medical examiner, or a funeral director to identify a deceased person, determine the cause of death, and perform other functions authorized by law. An attestation in accordance with 45 C.F.R. 164.509 is required if the PHI to be disclosed is related to reproductive healthcare.
9. **National Security and Intelligence Activities:** We may disclose PHI for certain essential government functions, including: assuring proper execution of a military mission; conducting lawful intelligence, counterintelligence, and other national security activities authorized by law.
10. **Protective Services for the President and Others:** We may disclose PHI to authorized federal officials so they may provide protective services to the President, other authorized persons, or foreign heads of state, or to conduct special investigations authorized by law.
11. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official. This release would be necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the administration and maintenance of the safety,

security, and good order of the correctional institution.

12. **Research:** We can use or share your information for health research under certain circumstances as provided by law.
13. **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence when the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of the law; or when the individual agrees to the disclosure; or to the extent the disclosure is expressly authorized by statute or regulation and we believe the disclosure is necessary to prevent serious harm to you or other potential victims, or if you are unable to agree because of incapacity, we may make the disclosure to law enforcement or other public official authorize to receive the report containing PHI if an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure. If we make a disclosure in accordance with this section, we will promptly inform you that a report has been or will be made, except if we believe that informing you would place you at risk of serious harm, or if we would be informing a personal representative, if we reasonably believe the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in your best interest.
14. **Cadaveric Organ, Eye, or Tissue Donation:** We may disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.
15. **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent or lessen a serious and imminent threat to a person of the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

C. USES NOT PERMITTED

The law prohibits us from using or disclosing PHI for any of the following activities:

1. To conduct criminal, civil, or administrative investigations into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
2. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
3. To identify any person for any purpose described in subsections 1 and 2 above.

D. AUTHORIZATION REQUIRED

As described above, we will use medical information about you and disclose it for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your medical information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. If you give such authorization for those purposes, you also have the right to revoke that authorization in accordance with law.

VI. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information about you:

- A. Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except if you, or a person other than the health plan paying on your behalf, pay for a health care item or service in full, in which you can ask us not to share that information for the purpose of payment or health care operations with your health plan. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or the law requires us to share that information.

To request restrictions, you must make your request in writing to the Privacy Officer on our designated form. In your request, you must tell us: 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- B. Right to Receive Confidential Communications and Right to Reasonable Accommodation:**

You have the right to receive confidential communications of protected health information. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- C. Right to Inspect and Copy:** You have the right to inspect and copy PHI about you. This does not include psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. This fee is set by Ohio law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- D. Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be in writing and submitted to the Privacy Officer on our designated forms. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the health department;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

- E. Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.”

This is a list of the disclosures we have made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period for the disclosures, which may not be longer than six years prior to the date on which the accounting is listed. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- F. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact a member of the Nursing Division, or the LCGHD Privacy Officer.
- G. **Right of Notice of a Breach of Certain Medical Information:** We are required to notify you by first class mail or e-mail (if you have notified us you prefer to receive information by e-mail), if you are affected by a breach of unsecured PHI. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of medical information that compromises the security or privacy of this medical information.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice within the health department and on our website. The Notice will contain the effective date on the first page. In addition, each time you register at or are admitted to the health department for treatment or health care services, we will offer you a copy of the current Notice in effect.

VIII. CONTACT

Contact the LCGHD Privacy Officer at (440) 350-2543 if you have any questions about this Notice or for further information.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health department. To file a complaint with the health department, contact the Health Commissioner or the Privacy Officer at (440) 350-2543. All complaints must be submitted in writing, addressed to the Privacy Officer, and mailed to LCGHD. You will not be penalized for filing a complaint.

X. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to retrieve any disclosures we have previously made with your permission, and we are required to retain our records of the care that we have provided to you.

NOTICE OF PRIVACY PRACTICES

Reviewed by:

Director of Nursing, Natalie Pray Natalie Pray DATE: 4/21/25

Medical Director, Dr. Sachin Patel Sachin Patel DATE: 4/21/2025

Health Commissioner, Ron Graham R. Graham DATE: 8/5/2025