

**CITY OF BOWLING GREEN  
NOTICE OF PRIVACY PRACTICES**

## **Your Information. Your Rights. The City's Responsibilities.**

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.**

Federal Law (the Health Insurance Portability and Accountability Act (HIPAA)) requires that health care providers inform patients of their rights regarding how the provider may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice of Privacy Practices describes the City's privacy practices that relate to your "protected health information (PHI)." It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition. (Throughout this Notice, the word "information" means "protected health information (PHI)." Not all "information" the City maintains on employees is "protected health information.")

### **Contact Person**

The City's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by the City you may submit a complaint to our Privacy Officer by sending it to:

Barbara A. Ford  
Personnel Department  
City of Bowling Green  
304 North Church Street  
Bowling Green, Ohio 43402  
Email Address:BFord@bgohio.org

The Privacy Officer can be contacted by telephone at 419-354-6202.

### **Your Health Record and Protected Health Information**

Each time you receive medical care from a physician, surgery center, hospital, or other health care provider, a record of your visit is created. This record typically includes, but is not limited to, information such as your name, age, address, a history of your illness, injury or symptoms, any test results, x-rays and laboratory work, the treatment provided to you and treatment plans

devised for your care, and notes on follow-up care to be performed. How your health care information may be used and what controls you may exercise over the use of your health care information is described in this Notice of Privacy Practices.

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information the City has about you. Ask the Personnel Department staff how to do this.
- The City will provide a copy or a summary of your health information, usually within 30 days of your request. The City may charge a reasonable, cost-based fee in accordance with the City's open records policy.

### **Ask us to correct your medical record**

- You can ask the City to correct health information about you that you believe is incorrect or incomplete. Ask the staff of the Personnel Department how to do this.
- The City may say "no" to your request, but the City will tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask the City to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The City will say "yes" to all reasonable requests.

### **Ask the City to limit what the City uses or shares**

- You can ask the City not to use or share certain health information for treatment, payment, or its operations. The City is not required to agree to your request, and the City may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the City not to share that information for the purpose of payment or the City's operations with your health insurer. The City will say "yes" unless a law requires the City to share that information.

### **Get a list of those with whom the City has shared information**

- You can ask for a list (accounting) of the times the City has shared your health information for six years prior to the date you ask, who the City shared it with, and why.
- The City will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the City to make). The City will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. The City will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- The City will make sure the person has this authority and can act for you before the City takes any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you believe the City has violated your rights by contacting the City using the prior contact information for the Privacy Officer.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- The City will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell the City your choices about what the City shares.** If you have a clear preference for how the City shares your information in the situations described below, talk to the Personnel Director. Tell the City what action you want taken, and the City will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share protected health information with your family, close friends, or others involved in your care
- Share protected health information in a disaster relief situation
- Include your protected health information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, the City may go ahead and share your information if the City believe it is in your best interest. The City may also share your protected health information when needed to lessen a serious and imminent threat to health or safety.*

In these cases the City will never share your protected health information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- The City may contact you for fundraising efforts, but you can tell the City not to contact you again.

## **The City's Permitted/Required Uses and Disclosures**

**How does the City typically use or share your protected health information?**

The City typically uses or shares your health information in the following ways:

**Permitted/required use and disclosure of your health information for treatment, payment and health care operations**

Your health information will be used and disclosed for the purpose of routine treatment, payment and health care operations. Examples of routine treatment, payment and health care operations include, but are not limited to:

- payment for treatment of your health condition(s);
- enrollment into the health plan;
- eligibility for coverage and plan benefits;
- claims administration;
- payment of claims;
- premium billing;
- underwriting;
- business planning and development;
- actuarial pricing, studies and review;
- complaint review; and
- regulatory review and legal compliance.

### **Use and disclosure for treatment**

Your health information may be used by, and disclosed to, health care providers including, but not limited to, doctors, nurses, laboratory technicians, medical students and other health care personnel involved in your treatment.

### **Use and disclosure for payment**

Your health information may be used by, and disclosed to, individuals involved in the collection of your premium and the payment of your benefits. The use and disclosure also includes verification of participation in the plan, eligibility for plan benefits and premium adjustments due to changes in health status and/or individual demographics. Your health information may be shared with persons involved in utilization review, including pre-certification, pre-authorization, and concurrent and retrospective review, to assist in reimbursement of health care claims or other claims payment or collection procedures.

### **Use and disclosure for health care operations**

Your health information may be used and disclosed for plan operation purposes including, but not limited to: underwriting; premiums rating; submitting claims; placing a contract for reinsurance of risk relating to claims for health care, including stop-loss and excess loss insurance; quality review assessments; audits, including fraud and abuse detection and compliance programs; business management and planning; the sale, transfer, merger or consolidation of a covered entity; and legal or administrative services. In addition, your health information may be used and disclosed for case management, and care coordination, contacting

of health care providers and patients with information about treatment, drug and disease management alternatives and other related functions that do not include treatment.

The City may share this protected health information with its business associates for purpose of utilization reviews, appropriateness of care reviews, peer review for resolution of grievances, consultation with outside health care providers, consultants and attorneys. The City requires its business associates to sign an agreement specifying their compliance with our privacy and security policies.

The City has developed privacy and security policies and procedures in order to ensure the privacy of your health information. These policies and procedures are based on appropriate administrative, technical and physical safeguards necessary to maintain confidentiality. Access to your protected health information is limited to those individuals that have a legitimate business need for that information. This protection extends to the use of your health information by the City's business associates.

## **How else can the City use or share your protected health information?**

The City is allowed or required to share your protected health information in other ways – usually in ways that contribute to the public good, such as public health and research. The City has to meet many conditions in the law before it can share your protected health information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

The City can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

The City can use or share your protected health information for health research.

## **Comply with the law**

The City will share protected health information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that the City is complying with federal privacy law.

## **Respond to organ and tissue donation requests**

The City can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director**

The City can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

The City can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

The City can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Except for uses and disclosures associated with treatment, payment, or health care operations, the City does not use or disclose protected health information when specifically protected by more stringent State Laws. Examples of more stringent state laws include those protection HIV status, results of genetic testing, and indications of domestic abuse. The City will follow state privacy laws that are more stringent than this federal law.**

## **The City's Responsibilities**

- The City is required by law to maintain the privacy and security of your protected health information.
- The City will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- The City must follow the duties and privacy practices described in this notice and give you a copy of it.
- The City will not use or share your protected health information other than as described herein unless you tell us the City it can in writing. If you tell the City it can, you may change your mind at any time. If you change your mind then must inform the City in writing that it can no longer use or share your protected health information.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

The City can change the terms of this notice, and the changes will apply to all protected health information the City has relating to you. The new notice will be available upon request, in the Personnel Department, and on the City's website.

*Effective Date: October 31, 2014*