

Notice of Privacy Practices

Complex Medical Help Program (CMH)



This notice describes how medical information about a child or an adult enrolled in the Ohio Department of Health (ODH) program may be used and disclosed and how you can get access to this information.

Please review this notice carefully.

ODH and CMH programs are required by law to maintain the privacy of program participants' health information and to provide you with this notice of the legal duties and privacy practices with respect to you or your child's protected health information.

Use and disclosure of health information:

CMH may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment services, case management, and service coordination, payment, and conducting healthcare operations. These programs have established policies to guard against unnecessary uses and disclosure of your health information.

Circumstances when your health information may be used and disclosed:

- **To provide treatment**
CMH may use your health information to coordinate care within the CMH Program. CMH may disclose your health information to individuals outside the CMH Program involved in providing necessary care, including the managing physician, dentist, family members, local public health nurses, pharmacists, suppliers of medical equipment, or other healthcare professionals.
- **To obtain payment**
CMH may include your health information in invoices to collect payment from third parties for the authorized care you received, when another entity is responsible for the payment of the invoice. For example, CMH may be required by your health insurance plan or Medicaid to provide information regarding your healthcare status so the insurance plan will reimburse CMH. Legally, CMH is the payer of last resort.
- **To conduct health oversight activities**
CMH may disclose your health information to a health oversight agency for activities including audits, civil administrative, or criminal investigations, inspections, licensure, or disciplinary action.
- **In connection with judicial and administrative proceedings**
CMH may disclose your health information in the course of any judicial or administrative proceeding when ordered to do so by a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process, but only when the CMH makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.
- **For law enforcement purposes**
CMH may disclose your health information to law enforcement officials for certain law enforcement purposes, such as locating a missing person, or under certain limited circumstances, such as when you are the victim of a crime.
- **For research purposes**
CMH may, under very select circumstances, use your health information for research. Before CMH discloses any of your health information for such research purposes, the project will be subject to an extensive approval process and disclosures would occur only under strict procedures designed to protect the individual's health information privacy.
- **In the event of a serious threat to health or safety**
CMH may, consistent with applicable law and ethical standards of conduct, disclose your health information if the program, in good faith, believes such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

- **For workers' compensation**
CMH may release your health information for workers' compensation or similar programs.

Authorization to use or disclose health information:

CMH will not disclose your health information without your written authorization except for the reasons listed above. If you or your representative authorizes the CMH Program to use or disclose your health information, you may revoke that authorization in writing at any time. Once you have given us, CMH, authorization to release your health information the CMH Program cannot guarantee that the person to whom the information is provided will not disclose the information. To revoke an authorization, contact CMH at the address listed at the end of the notice.

Note: The CMH Program does not use health information for marketing or fundraising, nor does it sell health information.

Your rights with respect to your health information:

You have the following rights regarding your health information that the program maintains:

- **Right to request restrictions**
You may request restrictions on certain uses and disclosures of your health information. You have the right to request a reasonable limit on the CMH disclosure of your health information. Please note that, while CMH will try to honor your request and will permit reasonable requests consistent with program policies, CMH is not required to agree to any restrictions.
- **Right to receive confidential communications**
You have the right to receive communications in a different manner or at a different address. CMH will not request that you provide any reasons for your request.
- **Right to be notified**
CMH takes all reasonable steps to protect your health information; however, if the privacy and security of your protected health information is compromised, commonly known as a "breach," you have a right to be notified of the breach.
- **Right to inspect and copy your health information**
You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the CMH medical records supervisor at the address listed at the end of this notice. If you request a copy of your health information, CMH may charge a reasonable fee for the copying costs associated with your request.
- **Right to amend healthcare information**
You or your representative has the right to request CMH staff to amend the health information that CMH maintains if you believe the health information is wrong or incomplete. That request may be made as long as the information is created and maintained by the CMH Program. A request for an amendment of the records must be made in writing and sent to the CMH medical records supervisor at the address located at the end of this notice. CMH may deny the request if the request is not in writing and does not include a reason for the amendment or, if in the opinion of the program, the records containing your health information are accurate and complete. If the CMH Program denies your request, you may have a statement of your disagreement added to your health information record.
- **Right to an accounting**
You or your representative has the right to request an accounting of disclosures of your health information made by CMH for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the CMH medical records supervisor and mailed to the address located at the end of this notice. The request should specify the time period for the accounting, starting on or after April 14, 2003. An accounting of disclosures will not provide a record of electronic uses and disclosures in excess of two years for paper files.
- **Right to a paper copy of this notice**
You or your representative has a right to a separate copy of this notice at any time. To obtain a separate paper copy, please contact the CMH medical records supervisor at 614-466-1549 or through the ODH website at <http://www.odh.ohio.gov>.

Changes to the Information in This notice:

CMH is required by law to maintain the privacy of your health information and to provide to you and your representative this notice of its duties and privacy practices. CMH is required to abide by the terms of this notice, which may be amended from time to time. CMH reserves the right to change the terms of its notice and to make the new notice provisions effective for all health information that it maintains without prior notice. If the CMH Program changes its notice, CMH will provide a copy of the revised notice to you or your appointed representative at the next reasonable opportunity or upon request.

How to exercise your right under this notice:

If you have questions about this notice or want to exercise any of your rights, please call 614-466-1549. Please specify that your questions or concerns are related to the HIPAA privacy notice.

All written requests for release of information should be sent to:**Privacy Notice/Medical Records Supervisor Ohio****Department of Health****Complex Medical Help Program (CMH)**

P.O. Box 1603

Columbus, OH 43216-1603

BCMh@odh.ohio.gov

Complaints:

Your or your personal representative has the right to express complaints about CMH Program actions, policies, and procedures or if you believe your privacy rights have been violated, by contacting:

Privacy Officer/Office of the General Counsel, Ohio Department of Health

246 N. High St.

Columbus, OH 43215

OR

U.S. Department of Health and Human Services Office of Civil Rights

233 N. Michigan Ave., Suite 240

Chicago, IL 60601

<http://www.hhs.gov/ocr/hipaa>

You will not be retaliated against in any way for filing a complaint.

To contact the privacy officer:

ODH has designated a privacy officer who is the contact person for all questions regarding patient privacy and your rights under the federal privacy standards. If you have questions you may contact:

Privacy Officer/Office of the General Counsel, Ohio Department of Health

246 N. High St.

Columbus, OH 43215

614-466-4822



**Department of
Health**