

Putnam County Cancer Assistance Program

NOTICE OF PRIVACY PRACTICES

Effective January 17, 2018

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.

If you have any questions about this notice, please contact, Kathi Amstutz, Treasurer at 419-235-6487.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to acknowledge receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide services and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

WHO WILL FOLLOW THIS NOTICE

This notice describes the CAP practices regarding your protected health information

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your diagnosis as a cancer patient.

- Make sure your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Make available any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by asking CAP to provide this written document.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Health Care Operations

We may use or disclose, as necessary, your protected health information to support the daily activities related to health care operations. These activities may include, but are not limited to, quality assessment activities, communications about a product or service, and conducting or arranging for other health care related activities.

Required by Law

We may use or disclose your protected health information for any purpose if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information for public health activities. The disclosure may be necessary to do the following:

- Prevent or control disease.
- Report cancer surveillance.
- Report child/elder abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative order (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Fundraising

Unless you object, we may contact you to participate in a fundraising effort for or on our behalf.

Individuals Involved in Your Health Care

Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person you identify who is involved in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information maintained by CAP.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a “designated record set” for as long as we maintain the personal health information. A designated record set contains medical and billing records and any other records that CAP uses for making decisions about you.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the CAP President. In your request, you must tell us (1) what information you want

restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If CAP believes that the restriction is not in the best interest of either party, or CAP cannot reasonably accommodate the request, CAP is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, or health care operations as described in this Notice of Privacy Practices. This right excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from Putnam County Cancer Assistance Program

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the CAP Treasurer or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact the CAP Treasurer for further information about the complaint process, or for further explanation of this document. The CAP Treasurer may be contacted at Putnam County Cancer Assistance Program, PO Box 165, Glandorf, OH 45848 or 419-235-6487.

This notice is effective in its entirety as of 8/30/18