

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.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” (“PHI”). PHI generally includes individually identifiable health information such as demographic information collected from you or received by a health care provider, a health care clearinghouse, a health plan, or that relates to:

- (1) Your past, present or future physical or mental health or condition
- (2) The provision of health care to you; or
- (3) The past, present or future payment for the provision of health care to you.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

We maintain a breach reporting portion of our HIPAA policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. We will notify you promptly in the event a breach occurs that may have compromised the security or privacy of your PHI. In addition, we comply with the “Minimum Necessary” requirements of HIPAA. We also comply with all applicable laws relating to retention and destruction of your PHI.

For more information concerning this Notice, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html

INDIVIDUAL RIGHTS – You have certain rights as a patient under HIPAA regulations. These include:

The right to a paper copy or an electronic copy (if available) of your medical record. Ask us, and we will provide you with a copy within 30 days of your request. We may charge a small fee to offset printing costs.

The right to request restrictions on the use and disclosure of your protected health information- you can ask us not to share certain health information for treatment,

payment or our operations

- We are not required to agree to your request, and we 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 us not to share that information for the purpose of payment or our operations with your health insurer

The right to receive confidential communications concerning your medical treatment. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to an alternate address.

The right to inspect and copy your protected health information.

The right to receive a printed copy of this notice, even if you have agreed to receive it electronically. We can provide you with a paper copy at any time.

The right to receive a list of who we have shared your information with and why, for the 6 years before the date you ask

- We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a small fee if you ask us for another within 12 months.

The right to ask us to correct your protected health information. You can ask us to correct health information about you that you think is incorrect or incomplete. Requests must be made in writing.

- We may say no to your request, but we will tell you why within 60 days of receiving your request.

You may choose someone to act for you if you have given someone medical power of attorney or if someone is your legal guardian. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated. You can complain by contacting the person listed at the bottom of this form or by contacting the U.S. Department of Health and Human Services Office for Civil Rights.

- We will not retaliate against you for filing a complaint.

YOU HAVE CHOICES: If you have a preference for how we share your information in the below situations, tell us how you would like us to proceed:

- Share information with family, close friends or others involved in your care

- Share information in a disaster relief situation

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

HOW WE MAY USE AND DISCLOSE HEALTH

INFORMATION ABOUT YOU: We are allowed, and sometimes required by law, to share your health information- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions of the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

For Treatment – Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

For Payment – Your health information may be used to seek payment from your health plan or from other sources of coverage. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

For Health Care Operations – Your health information may be used as necessary to support the day-to-day activities and management of Toledo-Lucas County Health Department and make improvements to our services.

To Comply with the Law, Workers’ Compensation and other Government Requests- – Your health information may be disclosed to support government audits and inspections, to facilitate law enforcement investigations, to comply with government investigations (including national security and intelligence), and to comply with government-mandated reporting (including child abuse, domestic violence and human trafficking). Your information may also be shared for workers’ compensation claims.

For Public Health Reporting – Your health information may be disclosed to public health agencies as required by law to prevent disease, help with product recalls, report adverse reactions to medications or devices, and to prevent or reduce serious threats to health and safety.

For Research- We can use or share your information for research.

To Respond to Organ and Tissue Donation Requests- we can share information about you with organ procurement organizations.

To Work With a Medical Examiner or Funeral Director- We can share information about you with a coroner, medical examiner, or funeral director when an individual dies.

Uses and disclosures not listed above require your authorization.

Substance Use Disorder (42 CFR Part 2) Confidentiality Protections If you receive substance use disorder (SUD) diagnosis, treatment, or referral services, your SUD records are protected by a federal privacy law called 42 CFR Part 2, which provides additional protections beyond HIPAA. Under this law:

- Your SUD records cannot be disclosed without your specific written consent, except in very limited circumstances permitted by law
- Your SUD information cannot be re-disclosed by anyone who receives it unless you specifically authorize it again or unless federal law allows it.
- These protections apply even when HIPAA might otherwise allow disclosure

You have the right to:

- Revoke consent for SUD information disclosure at any time
- Request restrictions on how your SUD information is used and shared
- File a complaint if you believe your SUD confidentiality rights have been violated

OUR DUTIES – We are required by law to maintain the privacy and security of your health information and to provide you with this notice of privacy practices. We are also required to:

- abide by the privacy policies and practices outlined in

this document

- Notify you promptly if a breach occurs that may have compromised the privacy and security of your information
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you have changed your mind.

Changes to the Terms of this Notice As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

Complaints – If you would like to submit a comment or complaint about our privacy practices, or if you feel your rights have been violated, please contact our Privacy Officer:

Angelina Bauman, Privacy Officer
Toledo-Lucas County Health Department
635 N. Erie St.
Toledo, Ohio 43604
419-213-2659

You can also 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

Or by calling 1-877-696-6775
Or by visiting:

www.hhs.gov/ocr/privacy/hipaa/complaints

Toledo-Lucas County Health Department will not retaliate against anyone who submits a complaint or reports a suspected violation.

Toledo-Lucas County Health Department is committed to safeguarding the privacy of your personal information. We limit the use of customer information to what is necessary to service customer accounts and conduct the business of our agency.

Toledo-Lucas County Health Department does not disclose, share, sell, transfer, or rent your sensitive personal and financial information to nonaffiliated third parties, except and only to the extent we are required to furnish such information in response to a subpoena, court order, levy, attachment, or other legal process.

This notice is effective on or after February 6, 2026.