

## 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.

Lucas County Emergency Services (LCES) may use or disclose your protected health information without your authorization for the following purposes:

**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 example, results of your vitals and medical history taken at the time of your transport, may be provided to the hospital upon your arrival at the emergency room.

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

**Health Care Operations** – Your health information may be used as necessary to support the day-to-day activities and management of LCES. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law Enforcement** – Your health information may be disclosed to public health agencies to support government audits and inspections, to facilitate law enforcement investigations, to comply with

government investigations, and to comply with government mandated reporting.

**Public Health Reporting** – Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures other than those listed above require your authorization.

**Individual Rights** – You have certain rights as a patient under HIPAA regulations, these include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical treatment
- The right to inspect and copy your protected health information\*
- The right to receive a printed copy of this notice
- The right to receive an accounting of how and to whom your protected health information had been disclosed
- The right to amend protected health information

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, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). LCES will not retaliate against anyone who submits a complaint or reports a suspected violation.

This notice is effective on or after May 1, 2016.

LCES 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 Lucas County. LCES 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.

**Our Duties** – We are required by law to maintain the privacy 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 that are outlined in this notice and inform you of any breach of unsecured information. The revised policies and practices will be applied to all protected health information we maintain.

**Right to Revise Policy Practices** – 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 address your concerns to: Vicki Malinoski, HIPAA Privacy Officer, 2144 Monroe Street, Toledo, Ohio 43604 (419) 213-6511 [lceshipaa@co.lucas.oh.us](mailto:lceshipaa@co.lucas.oh.us)

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\*You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Vicki Malinoski. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

