

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

### Please review this notice carefully.

*The Ohio Department of Health (ODH) and the Help Me Grow Early Intervention and Home Visiting (HMG) program 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

*HMG 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 services, payment and conducting health care operations. These programs have established policies to guard against unnecessary uses and disclosures of your health information.*



### 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 request for release of information should be sent to:

Privacy Notice/Chief Bureau for Children with  
Developmental and Special Health Needs  
Ohio Department of Health  
Help Me Grow  
246 N. High Street  
Columbus, OH 43215

e-mail: [BEIS@odh.ohio.gov](mailto:BEIS@odh.ohio.gov)

### Complaints

Your or your personal representative has the right to express complaints about HMG 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 North High Street  
Columbus, OH 43215

OR

U.S. Department of Health and Human Services  
Office of Civil Rights  
233 North Michigan Avenue, 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 ODH 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 North High Street  
Columbus, OH 43215  
Telephone number: (614) 466-4822



## Notice of Privacy Practices

Please review this notice carefully



**Ohio**  
Department of Health

## Circumstances when your health information may be used and disclosed

### *To provide treatment*

Help Me Grow (HMG) may use your health information to coordinate care within the HMG program. HMG may disclose your health information to individuals outside the HMG program involved in providing necessary care including the managing physician, family members, local public health nurses, pharmacists, social service professionals, or other health care professionals.

### *To obtain payment*

We may communicate with other payers to coordinate reimbursement for care. HMG Early Intervention System of Payment is the payer of last resort.

### *To conduct health oversight activities*

HMG may disclose your health information to health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.

### *In connection with judicial and administrative proceedings*

HMG 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 HMG program makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

### *For law enforcement purposes*

HMG 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*

HMG may, under very select circumstances, use your health information for research. Before HMG 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 privacy.

### *In the event of a serious threat to health or safety*

HMG 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 worker's compensation*

HMG may release your health information for worker's compensation or similar programs.

## Authorization to use or disclose health information

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

Note that the HMG program does not use individual 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 HMG disclosure of your health information. Please note that while HMG will try to honor your request and will permit requests consistent with program policies, HMG 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. HMG will not request that you provide any reasons for your request.

### *Right to be notified*

HMG takes all reasonable steps to protect your health information; however, if the privacy and security of your PHI 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 HMG Bureau for Children with Developmental and Special Health Needs Chief at the address listed at the

end of this notice. If you request a copy of your health information, the HMG may charge a reasonable fee for the copying costs associated with your request.

### *Right to amend health care information*

You or your representative have the right to request HMG staff to amend the health information that the HMG 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 HMG program. A request for an amendment of the records must be made in writing and sent to the Chief of the Bureau for Children with Developmental and Special Health Needs at the address located at the end of this notice. HMG 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 HMG 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 have the right to request an accounting of disclosures of your health information made by HMG 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 Chief of the Bureau for Children with Developmental and Special Health Needs 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, 2007. Accounting requests will not provide a record of electronic uses and disclosures in excess of 3 years of 6 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 Bureau for Children with Developmental and Special Health Needs chief at (614) 644-8389 or through the ODH web site at <http://www.odh.ohio.gov>.

## Changes to the information in this notice

HMG 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. HMG is required to abide by the terms of this notice which may be amended from time to time. HMG 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 HMG program changes its notice, the HMG program will provide a copy of the revised notice to you or your appointed representative at the next reasonable opportunity or upon request.