

**TOLEDO/LUCAS COUNTY CARENET, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE APRIL 14, 2003**

**I. 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 terms of this Notice of Privacy Practices apply to Toledo/Lucas County CareNet, Inc. ("CareNet") a non-profit corporation organizing and coordinating care to low-income, uninsured persons in Lucas County, Ohio. This Notice also describes, in general terms, how your health information will be treated by providers who participate in CareNet.

**II. WE HAVE A LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION**

We are required by law to protect the privacy of your health information.

**III. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.**

**A. USE AND DISCLOSURE THAT DOES NOT REQUIRE YOUR AUTHORIZATION**

CARENET collects health information from you and stores it in a paper chart and on a computer. The collected information may be used for the following purposes.

**1. For treatment.** We may give information about you to physicians, nurses, medical students, and other health care personnel who are involved in your care.

**2. To obtain payment for treatment.** We may give portions of your information to our provider's billing department to get paid for the services provided to you. We may give your information to our business associates. We may also give your information to another health care provider that has treated you for their payment purposes. We may share health information with all of the providers who participate in CareNet about your enrollment dates, appointment and treatment histories and disenrollment from the program, if applicable.

**3. For regular health care operations.** We may disclose information about you to operate this business. For example, we may use information about you to look at the quality of health care services that you received or to look at the performance of the professionals who provided health care services to you. We may provide information about you to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also give your information to other health care providers and health plans for their business operations if they have or had a patient relationship with you.

**4. When required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we give out your information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered by the court.

**5. For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we give coroners, medical examiners, and funeral directors necessary information relating to a death.

**6. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**7. For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**8. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may give your information to law enforcement personnel or persons able to prevent or lessen such harm.

**9. For specific government functions.** We may give out information on military personnel and veterans in certain situations. We may also give your information for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

**10. For workers' compensation purposes.** We may give out your information in order to comply with workers' compensation laws.

**11. Appointments and services.** We may contact you to remind you of an appointment or give you a test result. You have the right to request that messages not be left on voice mail or sent to a particular address. We may also contact you to give you information about treatment alternatives, or other health care services and benefits we offer.

**B. YOU HAVE THE OPPORTUNITY TO OBJECT TO THESE DISCLOSURES**

**Disclosures to family, friends, or others.** We may provide your information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object and fill out the appropriate form.

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**C. DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Disclosures related to psychiatric treatment programs, human immunodeficiency virus (HIV) test results, and alcohol/drug treatment programs will not be made without your authorization except as required or allowed by law. If you authorize us to use or disclose your information, you can revoke your authorization by filling out the appropriate form.

**IV. YOUR HEALTH INFORMATION RIGHTS**

**A. The Right to Request Limits on How We Use and Disclose Your Health Information.** You have the right to ask that we limit how we use and give out your information. We will carefully consider your request, but we are not required to accept it. If we accept your request, we will put it in writing and abide by it except in emergency situations. To request limits, complete the appropriate form at the facility where you are receiving care.

**B. The Right to Choose How We Send Your Information to You.** You have the right to ask that we send information to you to an alternate address. For example, you may ask us to send information to your work address rather than your home address. You can also ask that it be sent by alternate means. For example, you can ask that we send information by fax instead of regular mail. We will agree to your request if we can easily provide it in the format you request.

**C. The Right to See and Get Copies of Your Health Information.** Most of the time, you have the right to look at or get copies of your health information that we have. Your request must be on the appropriate form and signed by you or your legally authorized representative. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons why and explain how you can have the denial reviewed. If you request copies, we usually charge a fee for the cost of copying, mailing or other related supplies.

**D. The Right to Correct or Update Your Health Information.** If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request and your reason for the request must be submitted on the appropriate form.

Each request will be carefully considered. If we approve your request, we will make the change to your information and tell you that we have done it.

**E.** The right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You will receive the list in paper form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

**V. CHANGES TO THE POLICY**

If our privacy policy should change at any time in the future, we will promptly change and post the new notice. We reserve the right to apply any changes to our privacy policy or this Notice to all of the personal health information that we maintain, including information collected before the date of the change.

**VI. COMPLAINTS**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with the Executive Director & Vice President, Toledo/Lucas County CareNet, Inc., 3231 Central Park West, Suite 200, Toledo, Ohio 43617, (419) 842-0800.

**VII.** Each of the providers participating in CareNet should have separate Notice of Privacy Practices that you should consult in addition to this policy and will explain how these providers will treat your health information.