

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: April 14, 2012**

**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, Mark Lucas, Treasurer, Fiscal Agent (740) 695-9130.**

**Who Will Follow the Requirement of This Notice.** This notice describes the OME-RESA Participating Member's practices and those of its employees and business associates. The OME-RESA Participating Member, its employees, and its business associates may share medical information with each other for the purposes of treatment, payment, or other operations of the OME-RESA Participating Member as described in this notice.

**Privacy of Health Information.** We understand that medical information about you and your health is personal. This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to:

- Assure the medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**Use and Disclosure of Medical Information.** The following describes the different ways that we may use and disclose medical information. Generally, private health information may be released without your authorization for the purposes of treatment, payment, or other healthcare operations of the OME-RESA Participating Member. Medical information may also be released for the following purposes:

- As required by law.
- For public health services.
- In connection with the investigation of abuse, neglect, or domestic violence.
- To health oversight agencies in connection with health oversight activities.
- For judicial and administrative proceedings.
- For law enforcement purposes.

- To coroners, medical examiners, and funeral directors.
- For research if a waiver of authorization has been obtained.
- To prevent serious and imminent harm to the health or safety of a person or the public.
- For specialized governmental functions.
- For military and veterans activities.
- For national security and intelligence.
- For protective services for the President and others.
- To the Department of the State to make medical suitability determinations.
- To correctional institutions and law enforcement officials regarding an inmate.
- For workers' compensation if necessary to comply with the laws relating to workers' compensation and other similar programs.

**Rights Regarding Medical Information.** You have the following rights regarding medical information that we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about you, including medical and billing records. To inspect and copy medical information about you, you must submit your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee. If you request a copy of this information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, and if you are denied access to medical information, you may request that the denial be reviewed.
- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the OME-RESA Participating Member. To request an amendment, your request must be made in writing and submitted to the Treasurer, Fiscal Agent or Human Resources Designee. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing or properly supported by a reason; or the information was not created by us; is not part of the medical record kept by the OME-RESA Participating Member; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete.
- Right to an Accounting. You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about you. To request

this list, you must submit your request in writing to the Treasurer. Your request must state a time period that may not be longer than the six years prior to the date of your request. Your request must also indicate in what form you want the list (for example, on paper or electronically). The first list that you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any cost is incurred.

If we use or maintain an electronic health record ("EHR") with regard to your medical information, you have the right to receive an accounting of disclosures which includes all disclosures for purposes of payment, healthcare operations or treatment over the past 3 years. For EHRs acquired before January 1, 2009, this new accounting requirement applies to all disclosures for purposes of payment, healthcare operations or treatment occurring on or after January 1, 2014. However, if an EHR is acquired after January 1, 2009, the new accounting requirement applies to all such disclosures occurring on or after January 1, 2011. You have the right to access your medical information contained in an EHR and to direct us to send a copy of the EHR to a designated third party.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care or the payment for your care. However, we are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a written request to the Treasurer, Fiscal Agent or Human Resources Designee telling us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example disclosures to your spouse. We are required to honor your request for restrictions if the disclosure is to a health plan for purposes of carrying out treatment, payment or healthcare operations and the medical information relates solely to treatment or services for which the healthcare provider has been paid out-of-pocket and in full.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example by mail or only at work. To request confidential communications, you must make your request in writing to the Treasurer, Fiscal Agent or Human Resources Designee and specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice by contacting the Treasurer's, Fiscal Agent's or Human Resources Designee's Office.

- **Right to Notice of a Data Breach.** We are required to notify you upon an unauthorized disclosure of any unsecured medical information. The notice must be made within 60 days from when we become aware of the unauthorized disclosure and will include: (a) a brief description of the disclosure, including the date it occurred and the date it was discovered; (b) a description of the types of unsecured medical information disclosed or used during the breach; (c) steps you can take to protect your identity; (d) a description of our actions to investigate the disclosure and mitigate any harm now and in the future; and (e) contact procedures (including a toll-free phone number) for affected individuals to find additional information. We must notify you in writing by first class mail (unless you have opted for electronic communications). However, if we have insufficient contact with you, an alternative notice method (posting on a website, broadcast media, etc.) may be used.

**Changes to This Notice.** We reserve the right to make changes to this notice, and to make the revision or change applicable to medical information we already have about you. We will post a copy of the current notice in each building within the OME-RESA Participating Member's jurisdiction.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the school district. To file a complaint, please contact Mark Lucas, Treasurer, Belmont-Harrison Vocational School District, 110 Fox-Shannon Place, St. Clairsville, Ohio, (740) 695-9130. All complaints must be submitted in writing. You can also complain to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201-0004, (800) 368-1019 or <http://hhs.gov/ocr/privacyhowtofile.htm>.

**Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. However, we will not be able to take back any disclosures that we already made during any period in which your permission was in effect. Adopted: April 14, 2012