

Marion County Health Department HIPAA Notice of Privacy Practices

Effective date of this notice: November 1, 2025

If you have questions about this notice, please contact the person listed under 'Who to Contact'.

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.

Summary

In order to provide you with service, Marion County Health Department (MCHD) will receive personal information about your health, from you, your physicians, hospitals, pharmacies, and others who provide you with health care services. We are required to keep this Information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

We use your health information to provide benefits and providing customer service. We disclose members' information to health care providers to assist them in providing you with treatment or to help them receive payment. We may disclose Information to other Insurance companies as necessary to receive payment or coordinate benefits. We may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of your Information as required or allowed by law or as permitted by MCHD policies.

Kinds Of Information That This Notice Applies To

This notice applies to any information that is created, received, used, or maintained by MCHD or its business associates that relates to the past, present, or future physical or mental health, healthcare, or payment for the healthcare of an individual.

Who Must Abide by This Notice

- Marion County Health Department
- All employees, staff, students, volunteers, contractors, and other personnel who work for and/or under the direct control of MCHD
- 3rd Party recipients who may receive certain federally protected Information from MCHD as it relates to the further release and/or disclosure of such MCHD information

The people and organizations to which this notice applies (referred to as "we," "our", "and", "us") have agreed to abide by its terms and have been trained in their roles and responsibilities. We may share your Information with each other for the purpose(s) of treatment, and as necessary for payment and healthcare operations activities as described below.

Our Legal Duties

- We are required by law to ensure the confidentiality, Integrity, and availability of all PHI we create, use, receive, maintain or transmit;
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to respond to your requests or concerns within a timely manner.
- Implement administrative, physical and technical safeguards to ensure compliance with this notice
- We are required to abide by the terms of this notice until we officially adopt a new notice.

How We May Use or Disclose Your Health Information.

This notice describes how we may use your personal, protected health information, or disclose it to others, for a number of different reasons. For each reason, we have written a brief explanation. We also provide some examples. This notice also outlines how MCHD is prohibited from releasing and/or disclosing your personal, protected health information. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, or prohibit the release or disclosure of your information, it will be in accordance with one of the reasons listed here.

1. Treatment. We may use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others whose work is under our direct control, may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, a health plan nurse may take your blood pressure at a health fair and use the results to discuss with your health issues. We will also disclose your information to others to provide you with options for medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses and send information to them or to their doctors regarding treatment alternatives.

2. Payment. We will use your health information, and disclose it to others, as necessary to make payment for the health care services you receive section in this notice. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.

3. Health Care Operations. We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services or health care coverage. This includes our third-party administrators, available managed care plans, wellness programs, lawyers, auditors, accreditation services, and consultants, for instance. These third-parties are called "Business Associates" and are held to the same standards as MCHD with regard to ensuring the privacy, security, integrity, and confidentiality of your personal information. If, in the course of healthcare operations, your confidential information is transmitted electronically, MCHD requires that information to be sent in a secure and encrypted format that renders it unreadable and unusable to unauthorized users.

4. Legal Requirement to Disclose Information. We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the state health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by state auditors. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process. We will only disclose the minimum amount of health information necessary to fulfill the legal requirement.

5. Public Health Activities. We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

7. To Report Abuse. We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

8. Law Enforcement We may disclose your health information for law enforcement purposes other than as outlined in Sections 14 and 15 of this Notice. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations. We will only disclose the minimum amount of health information to necessary to fulfill the investigation request.

9. Specialized Purposes We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

10. To Avert a Serious Threat. We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

11. Family and Friends. Under specific circumstances covered by policy, we may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

12. Research. We may disclose your health information in an appropriately de-identified format in connection with approved medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

13. Information to clients. We may use your health information to provide you with additional information. This may include sending newsletters or other information to your address. This may also include giving you information about treatment options, alternative settings for care, or other health-related options.

14. Prohibitions on MCHD. MCHD is prohibited from using or disclosing an individual's PHI for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it is provided; meaning that it is either:

(1) lawful under the circumstances in which such health care is provided and in the state in which it is provided; or

(2) protected, required, or authorized by Federal law, including the United States Constitution, regardless of the state in which such health care is provided

15. Attestations. MCHD is required by law to collect an attestation from requesters of PHI potentially related to reproductive health care, HHS

makes clear that MCHD and business associates cannot rely on the attestation and must make an independent determination on the use or disclosure of PHI. HHS intends on providing a model attestation form. The attestation will include: the types of PHI being requested, the name of the individual whose PHI is being requested, and that the use or disclosure is not for the prohibited purpose

of criminal prosecution. The attestation will be limited to the specific use or disclosure, so each use or disclosure request will require its own attestation.

16. Profiting from your PHI MCHD will not release, disclose, exchange, and/or sell your health information for use in marketing or for profit ventures by third parties.

17. Reproductive Health: MCHD is prohibited from the disclosure of PHI for the purpose of investigating or imposing liability related to reproductive health care if the reproductive health care is either i) lawful in the state in which it was provided under the circumstances in which it was provided or ii) protected, required or authorized by federal law.

18. Reproductive Health Oversight: MCHD is prohibited from using or disclosing PHI potentially related to reproductive health care for health oversight activities, judicial and administrative proceedings, law enforcement purposes, or to coroners and medical examiners, without obtaining a valid attestation that the use or disclosure is not for a prohibited purpose.

19. Title 42 CFR Part 2: You have a right to the adequate notice of the uses and disclosures of your substance use and/or substance use disorder protected health information. Disclosures of Part 2 protected information must be accompanied by a notice to the recipient of the record(s) that those records are protected by federal law.

Your Rights

1. Authorization. We may not use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. We will only disclose the minimum amount of health information necessary to fulfill the authorization request. If you authorize us to use or disclose your health information in additional circumstances, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Who to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your info to an insurance company's condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your health information. We will consider your request but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

3. Confidential Communication If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

4. Inspect And Receive a Copy of Health Information. You have a right to inspect the health information about you that we have in our records; and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you and certain specific exclusions do apply. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We will accept electronic request for releases of information in the form of e-mails or other electronic means. If you choose,

you may receive your records in an electronic format but MCHD has the right to make sure that electronic Information is delivered In a safe, secure, and confidential format. We may charge a fee for the cost of copying, mailing and/or e-mailing the records. -To ask to inspect your records, or to receive a copy, contact the person listed under "Who to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason in writing. We will also explain how you may appeal the decision.

5. Amend Health Information. You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request In writing, and give us the reason you believe the information is not correct or complete. We will respond to your request In writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted. to inspect or copy, or if it is complete and accurate.

6. Right to revoke consent You have a right to revoke the consent for the release of your protected health information to any third party except as otherwise allowed by State or federal law. To revoke the consent for the release of your information, you must Inform MCHD in writing of the intent to revoke consent.

7. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the first to cover. You may not request a time period longer than six years. We cannot include disclosures before April 14, 2003. Disclosures for the following reasons will not be included on the list disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

8. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Who to Contact" at the end of this notice. This notice is also posted on the MCHD website at: <https://www.marionhhdwv.org/>

9. Complaints. You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under "Who to Contact" at the end of this notice. You may also file a complaint directly with:

Region III, Office for Civil Rights,
U.S. Department of Health and Human Services,
150 South Independence Mall West, Suite 372,
Public Ledger Building, Philadelphia, PA 19106-9111.

All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice including the change. The new notice will include an effective date. We will make the new notice available to all subscribers within 60 days of the effective date.

Who to Contact

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you have any questions about the privacy and security of your records, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

Marlon County Health Department,
300 Second Street, Fairmont, WV
26554
Phone: 304.366.3360

Copies of this notice are also available at the reception desk of the MCHO office at the address above.

This notice is also available by e-mail.

Send an e-mail to:

david.g.whittaker@wv.gov

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