

OhioHealth is a health system that includes hospitals, clinics, community health centers, home healthcare, and many healthcare professionals. This Notice of Privacy Practices applies to this OhioHealth facility and this facility's Medical Staff as an organized healthcare arrangement.

Our healthcare providers work together to provide the best care to their patients. As allowed by law and only if needed, health information is shared to provide the best treatment, arrange for payment and improve how we provide care in the future.

The purpose of this notice is to tell you how we share your information and how you can find out more about our information sharing practices.

You may receive this notice in advance of a hospital visit, or you may receive it at the visit location when you arrive. On the consent for treatment form for this visit, you will be asked to acknowledge receipt of this Notice of Privacy Practice.

I. We Have a Legal Duty to Protect Your Health Information.

By law, we must keep your health information private and tell you that we are doing so. This includes your past, present, or future health information (your condition, care provided to you, or payment). We must follow the terms of this notice. If they change, we will change the notice so you will be aware of the changes. You can get a copy of any revised notice by contacting the OhioHealth Privacy Officer in Corporate Ethics and Compliance; contact information is listed in Section V of this notice.

II. We May Use and Disclose (Share) Your Health Information.

1. For Treatment/Care. We may use and share your health information for your treatment or care.

For example:

- Doctors, nurses, hospital chaplains and other staff involved in your care will use information in your chart (medical record) so that we can provide you with the best care.

- If you are being treated for a knee injury, we may share your health information with the physical therapy staff so they can help plan your activity.
- We may also share your health information with another healthcare facility or professional not associated with us but who will be providing treatment or care to you. A specific example, if you leave this healthcare facility to receive home healthcare, we may share your health information with that home healthcare agency so that your treatment and care plan can be prepared for you.
- Photographs and Audiovisual (AV) media may be used in the course of your clinical care or for hospital operations or payment purposes, unless such photographs and AV media are de-identified, they will be considered protected health information.

2. For Payment of Your Treatment. We may use and share your health information if needed for payment purposes.

For example:

- We may share information about your tests and care to your insurance company to arrange payment for services provided to you.
- We may use your information to prepare a bill to send to you or to the person responsible for your payment.
- We may share your health information with our business partners that help us with things like billing and claims. These businesses **MUST** protect the privacy of your information.
- For payment purposes, we may share your health information with other healthcare professionals who have treated you or provided services to you, even though they may not be associated with us.

3. For Healthcare Operations. We may use and share your health information, as necessary and as permitted by law, to help improve care and operate the hospital (such as improving clinical care, staff evaluations, managing our business, auditing, legal services, accreditation and licensing).

For example:

- We may use and share your health information to evaluate the care the staff provides.
- We may need to share health information with our business partners that help us with our healthcare operations. These businesses **MUST** protect the privacy of your information.

- We may also share your health information with other healthcare professionals, facilities and health plans to help them improve their care and operations, but only if they also have a patient relationship with you.

4. For Fundraising. We may use health information to raise funds for our hospitals/centers. Money raised is used to improve and support healthcare and educational programs that we provide to the community. We may contact you to donate to a fundraising effort. You have the right to “opt-out” so that you do not get fundraising information. You can opt-out by sending your name and address to this facility's Foundation, with a statement that you do not wish to receive fundraising information or communications.

5. For Appointment Reminders and Health-Related Benefits or Services. We may use health information to send appointment reminders or test results.

6. Health Products and Services. We may use your health information to let you know about our health products and services, those necessary for your care, to tell you of new products and services we offer and to give you general health and wellness information.

7. For Workers' Compensation. We may share your health information with workers' compensation agencies if needed for a benefit determination.

8. When Services Are Requested By Your Employer. We may share your health information with your employer when we have provided care to you at the request of your employer. In most cases, you will get a notice that information has been sent to your employer.

9. For Some Government Functions. We may share your health information if needed:

- If you are a veteran or in the military.
- For national security or security activities, such as protecting the president of the United States or conducting intelligence operations.

10. To Avoid Harm. We may share health information to law enforcement or safety staff in order to avoid a serious threat to the health or safety of one person or the public.

11. For Research. We may share your health information for research when it is approved by our institutional review board with special rules to ensure privacy.

12. For Purposes of Organ Donation. We may share your health information if needed to arrange for organ or tissue donation from you or to give a transplant to you.

13. For Health Oversight Activities. By law, we must share your health information as needed to a government agency doing audits, investigations, and civil or criminal proceedings.

For example:

- We will share information to help the government when it investigates a healthcare provider or organization.

14. For Public Health Activities. We may share your health information for public health activities, such as reporting diseases, injuries, births, deaths, and looking into disease outbreaks. For deceased patients, by law and only if needed, we must share your health information with coroners and funeral directors.

15. For Legal Cases or Law Enforcement (at the federal, state and local level). We may share your health information as needed:

- To report wounds, injuries and crimes.
- If we suspect child abuse or neglect;
- If we believe you are a victim of abuse, neglect, or domestic violence.
- To the Food and Drug Administration to report medicine adverse reactions, product defects, or product recalls.
- Under court order.

Ohio law requires that we obtain your permission in many instances before disclosing information about:

- Performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition.
- Drug or alcohol treatment you have received in a drug or alcohol treatment program.
- Mental health services you may have received.

III. You Have the Chance to Object (“Opt-Out”) to the Following Uses and Disclosures:

1. Our Facility Directory (inpatient and observation patient only). We have a facility directory that lists the name, hospital, room number, room phone number, general condition and religion of each patient, if provided. This information is only shared with clergy (not employed with this facility) or people (visitors/callers) who ask for you by name. You have the right to have your information excluded from this directory.

2. Family and Friends Helping In Your Care. With your approval, we may share your health information with your family, friends, or other caregivers that help with your care or payment of your care. We may share health information to an agency that is helping in disaster relief efforts so that they may find your family or caregiver.

3. All Other Uses and Disclosures Need Your Prior Written Authorization. In any situation not mentioned in Section II or III, we will ask for your written authorization before using or sharing your health information. If you sign an authorization form, you can later cancel that authorization (in writing) to stop any future uses.

IV. Your Rights Regarding Your Health Information.

1. The Right to Access Your Own Health Information.

You have the right to copy and look at most of your health information that we keep on your behalf. You also have the right to get an electronic copy of the portions of your medical record that we store electronically.

■ **All requests to copy and look at your health information must be made in writing and signed by you or your legal representative.** You may get an access request form from this facility's Medical Records department.

■ If there is a cost, we will tell you in advance. We may charge you for copying the health information, postage (if mailed) and/or a summary or explanation of the health information.

2. The Right to Change Your Health Information. If you think there is a mistake in your health information or that information needs to be added, you can request that we amend (change) your health information.

■ You must make a written request and state your reason for amending your health information. Contact this facility's Medical Records department for an amendment form.

■ If we approve your request, we will place the amendment form in your medical record, tell you that we have done it, and tell others that need to know about the change.

■ We may deny your request if the existing health information is correct and complete, or, was not created by us. If your request is denied, we will tell you, in writing, with the reason(s) for the denial. We will explain your right to file a written statement of disagreement with the denial.

3. The Right to a Listing of Certain Disclosures of Your Health Information.

You have the right to get a list of when we shared your health information and to whom.

The list will include:

- the date and to whom (with the address, if known) health information was disclosed
- the reason and type of health information shared.

This list will not include disclosures:

- made for treatment, payment, healthcare operations, or directly to you, to your family, or in our facility directory,
- that you have already authorized in writing
- for national security purposes,
- for corrections or law enforcement staff, or
- before April 14, 2003.

Written requests must be signed by you or your legal representative. Contact this facility's Medical Records department for an accounting request form.

■ The first list in any 12-month period is free. You may be charged for each extra list you request in the same 12-month period.

4. The Right to Ask For Limits on Using and Sharing Your Health Information. You have the right to ask that we limit how we use and share your health information for treatment, payment, or healthcare operations. You may not limit the uses that we are allowed to do by law.

- We are not obligated to agree to your request but we will try to abide by your request.
- We have the right to end an agreed-to limitation if we believe that ending it is needed or that the limit will be hard to complete. You will be informed.
- You can end an agreed-to limit by sending a written termination notice (signed by you or your legal representative) to this facility's Registration department.
- If you pay the entire bill for a service yourself, out of pocket, and you ask us not to send information about the specific service to your insurance for payment, we will honor this request as long as the information is not needed to explain other services for which your insurance will be billed.

5. The Right to Choose How We Send Health Information to You. You have the right to ask that we send information about you to a different address or in a different method (e.g., via phone, fax). We must agree to your request as long as it can easily be done.

V. How to Complain About Our Privacy Practices.

If you feel your privacy rights have been violated, or you disagree with a decision we made about access to your health information, you may file a complaint in writing or by calling the:

- OhioHealth Privacy Officer in Corporate Ethics and Compliance (see contact information below).
- You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. We will take no retaliation if you file a complaint.

For More Information About This Notice. If you have questions or need further help with this Notice, you may contact or write to the OhioHealth Privacy Officer, 180 East Broad Street 30th Floor, Columbus Ohio, 43215 or by calling 1-866-411-6181.

As a patient you have the right to get a paper copy of this Notice of Privacy Practices, even if you have asked for a copy by e-mail or other means.

VI. Acknowledgement of Receipt of Notice. You will be asked to acknowledge receipt of this Notice of Privacy Practice on the organization's general consent form.

VII. Effective Date.

This Notice of Privacy Practices is effective (April 14, 2003).

Keeping Your Protected Health Information (PHI) Private

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.

