

# OhioHealth

## Notice of Privacy Practices

**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.**

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

Our health care providers work together to provide quality care to our patients. As permitted by law, health information is shared as necessary to carry out treatment, payment and health care operations. 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 location of your visit when you arrive. On the consent for treatment form for this visit, you will be asked to acknowledge receipt of this Notice of Privacy Practices.

**I. We Have a Legal Duty to Protect Your Health Information.** We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices. We are required to notify you in the unlikely event of a breach or unauthorized disclosure of your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised Notice at this facility's registration department or a copy may be obtained by contacting the OhioHealth Privacy Officer. See contact information in Section VI of this Notice.

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

**1. Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures of your protected health information for which we will always obtain a prior authorization and these include:

- **Marketing Communications** unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.
- **Most sales** of your health information unless for treatment or payment purposes or as required by law.

- **Psychotherapy notes** unless otherwise permitted or required by law.
2. **Treatment.** We will make uses and disclosures of your protected health information as necessary for your treatment. For example:
- Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc.
  - We may release your protected health information to another health care facility or professional who is not affiliated with our organization, but who is or will be providing treatment to you. For example, if after you leave the hospital, you are going to receive home health care, we may release your protected health information to that home health care agency so that a plan of care can be prepared for you.
  - 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.
  - Photographs and audiovisual (AV) media may be used in the course of your clinical care for treatment, hospital operations or payment purposes. Unless such photographs and AV media are de-identified, they will be considered protected health information.
3. **Payment of Your Treatment.** We will make uses and disclosures of your protected health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you, or we may use your information to prepare a bill to send to you or to the person responsible for your payment.
4. **Health Care Operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance:
- We may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients.
  - We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.
5. **Research.** In limited circumstances, we may use and disclose your health information for research purposes. For instance:
- A research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records.
  - In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board

or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

- 6. Appointments and Services.** We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish that appointment reminders not be left on voice mail or that they be sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to this facility's Medical Records Department.
- 7. Business Associates.** Certain components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
- 8. Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

  - We may release your protected health information for any purpose required by law;
  - We may release your protected health information for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations;
  - We may release your protected health information as required by law if we suspect child abuse or neglect and as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
  - We may release immunization records to a student's school but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
  - We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
  - We may release your protected health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury, and in most cases, you will receive notice that information is disclosed to your employer;
  - We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
  - We may release your protected health information if required to do so by subpoena or discovery request, and in some cases, you will have notice of such release;
  - We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
  - We may release your protected health information to coroners and/or funeral directors consistent with law;
  - We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;

- We may release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your protected health information in limited instances if we suspect a serious threat to health or safety;
- We may release your protected health information if you are a member of the military as required by armed forces services, and also if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; and before disclosing information about mental health services you may have received.

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

- 1. Our Facility Directory.** We maintain a facility directory listing the name, location or room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to reasonably restrict what information is provided and/or to whom.
- 2. Family and Friends Involved in Your Care.** With your approval, we may from time to time disclose your health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.
- 3. Fundraising.** We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to OhioHealth Foundation, 180 East Broad Street, 31<sup>st</sup> Floor, Columbus, Ohio 43215 or by emailing **OptOut\_OHF@OhioHealth.com** with a statement that you do not wish to receive fundraising materials or communications from us.

#### **IV. Your Rights Regarding Your Health Information.**

- 1. Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the health information that we retain on your behalf.
  - All requests for access must be made in writing and signed by you or your representative. If there is a cost we will tell you in advance.
  - We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form from the Medical Records Department of this facility.
  - You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.
  - We will charge you a fee for our labor and supplies in preparing your copy of the electronic health information.
  
- 2. Changes to Your Protected Health Information.** If you believe there is a mistake in your health information or believe that information needs to be amended in order to be accurate, you have the right to request in writing that we amend or correct your health information.
  - We are not obligated to make all requested changes but will give each request careful consideration.
  - All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request.
  - If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
  - You may obtain an amendment request form from the Medical Records Department of this facility.
  
- 3. Accounting of Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information. This right does not apply to disclosures made for purposes of treatment, payment and health care operations if the facility at which you were treated does not use or maintain an electronic health record (EHR). If such facility uses or maintains an EHR, then it may be required, depending upon when it adopted the EHR, to include disclosures made through the EHR for purposes of treatment, payment and healthcare operations.
  - Requests must be made in writing and signed by you or your representative.
  - Accounting request forms are available from the Medical Records Department of this facility.
  - The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

- Accountings that do not include disclosures made through an EHR will be limited to six years prior to the date of your request. EHR accountings will be limited to the three years prior to your request.

**4. Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request limits on how we use and disclose your protected health information for treatment, payment, or health care operations.

- You may not limit the uses that we are allowed to do by law.
- A restriction request form can be obtained from the Medical Records Department of this facility.
- In most cases, we are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate.
- We retain the right to end an agreed-to restriction if we believe ending it is appropriate. In that event, we will notify you.
- You also have the right to end, in writing or orally, any agreed-to restriction by sending written notice, signed by you or your representative, to this facility's Medical Records 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. Confidential Communications.** You may ask that we send information on you to a different address or communicate with you using a different method (e.g. via phone or fax). We will agree to your request if it is reasonable and can be easily done. Such requests should be made in writing and given to this facility's Medical Records Department.

**6. Paper Copy.** You have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**V. Notification of Unauthorized Releases.** In the unlikely event that there is a breach, or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

**VI. Questions and Complaints.** If you have questions or need further assistance regarding this Notice, you may contact the OhioHealth Privacy Officer at 180 East Broad Street, 30<sup>th</sup> Floor, Columbus, Ohio 43215 or call 1-866-411-6181. If you believe your privacy rights have been violated or you disagree with a decision we made about access to your health information, you may contact:

- OhioHealth Privacy Officer, or
- Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights.
- There will be no retaliation for filing a complaint.

**VII. Effective Date.** This Notice of Privacy Practices is effective September 23, 2013.