

NOTICE OF PRIVACY PRACTICE

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.

1. Our responsibilities to safeguard your protected health information.

- **We are required by law to maintain the privacy of your protected health information.**
- **We are required to provide you with this notice about the hospital's legal duties and privacy practices. This notice explains how your protected health information may be used, who it may be disclosed to, and when it may be disclosed. In each case, the hospital staff may only disclose the minimum necessary protected health information to accomplish the purpose of the disclosure.**
- **We are legally required to abide by the terms of the privacy practices described in this notice.**
- **We are required to tell you that the hospital board and management reserves the right to change the terms of this notice and its privacy policies at any time. Any changes will apply to the protected health information previously created. Should an important change be made to our privacy practices, a revised copy of the notice will be posted in the hospital's Front Registration Desk and Emergency Department Registration area on the date it will go into effect. A copy of the notice can be obtained from the hospital's Privacy Officer at the address listed in section five below or viewed on the hospitals' web site www.acrmc.com.**

2. How your protected health information may be used.

We use health information about you for treatment purposes, to obtain payment for treatment, and for healthcare operations such as evaluating the quality of care that you receive.

A. **For some of these uses or disclosures, we do not need your prior authorization. Below, we describe the different categories of our uses and disclosures that do not need your authorization and give you some examples of each category.**

- **For treatment.** For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the best course of treatment for you. Members of your healthcare team will record the actions they took and their observations. The sharing of your protected health information among your healthcare team is a key component of your treatment. The hospital will provide your physician or your other healthcare providers with copies of reports and results that should assist them in treating you after you leave the hospital.
- **To obtain payment for treatment.** Your protected health information will be used to obtain payment for your treatment. For example, your protected health information such as diagnosis, procedures performed, and supplies used will be included on the billing information sent to your health plan in order to obtain payment. In some instances, your protected health information may be provided to a business associate who provides billing services for the hospital.
- **For health care operations.** Members of the medical staff, the risk management staff, or quality improvement staff may use information in your health record to assess the care and results in your treatment. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service the hospital provides.

B. **There are certain uses and disclosures that do not require your authorization. We may use and disclose your protected health information without your authorization for the following reasons:**

- **Organ donation.** We may disclose, as allowed by law, protected health information to organizations that handle organ, eye, or tissue procurement, banking, or transplantation of organs.
- **Public health activities.** As required by law, we may disclose protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Legal Proceedings.** We may disclose protected health information in response to a court order as the result of a lawsuit or similar proceeding.

- **Law enforcement.** We may disclose protected health information for law enforcement purposes as required by law or in response to a valid subpoena. For example, we may be required to report information to law enforcement personnel about victims of a crime or domestic violence.
- **Information regarding the deceased.** We may provide coroners and medical examiners with protected health information to assist in identifying the cause of death. We may provide funeral directors the necessary protected health information authorized by law to allow them to perform their job.
- **Title II of GINA prohibits** the use of genetic information in making decisions related to any terms, conditions, or privileges of employment (e.g., hiring, firing, and opportunities for advancement). The law restricts employers and other entities covered by Title II from requesting, requiring, or purchasing genetic information, with limited exceptions. GINA does not require specific intent to acquire genetic information to violate the law's provisions. Title II applies to private employers and state and local government employers with 15 or more employees, employment agencies, labor unions, and joint labor-management training programs. Under GINA, a "request" for genetic information includes *making requests for information about an individual's current health status in a way that is likely to result in a covered entity obtaining genetic information*. For this reason, employers requiring FMLA or ADA medical certification of an employee's serious health condition or for the serious health condition of an employee's family member should be concerned with GINA.
- **Health oversight activities.** We may disclose protected health information for health care oversight agencies' activities authorized by law, such as audits, investigations, and inspections.
- **Research purposes.** We may provide patient protected health information in order to conduct medical research in certain situations as approved by an institutional review board or privacy board.
- **Military Activity.** We may disclose protected health information of armed forces personnel as required by law or to the appropriate authorities.
- **National Security purposes.** We may disclose protected health information to authorized federal officials for national security and intelligence purposes, including protecting the President of the United States or others legally authorized.
- **Correctional Institution.** We may disclose the protected health information of an inmate at a correctional institution to the institution or its authorized agents for the purposes of protecting the health and safety of the inmate or other individuals.
- **Fundraising activities.** Patient protected health information may be used for the hospital's fundraising activities. If you do not wish to be contacted as part of our fundraising efforts, please contact the hospital Privacy Officer whose address and phone number can be found in section five below.
- **For workers' compensation purposes.** We may provide patient protected health information to the extent authorized by and necessary to comply with workers' compensation or other similar programs established by law.
- **Appointment reminders.** We may use protected health information to contact you for appointment reminders.
- **Health-related benefits or services.** We may use protected health information to provide information about health related benefits or services that may be of interest to you.

C. There are certain uses and disclosures to which you will have the opportunity to object.

In the following situations we may disclose your protected health information if we inform you about the disclosure in advance and you do not object. If there is an emergency and you cannot be given the opportunity to object, we may disclose your health information consistent with any prior expressed wishes if it is determined by a healthcare professional that it is in your best interests. If you are unable to consent in an emergency, you will be given the opportunity to object as soon as you are able to do so.

- **Facility directories.** Unless you object in whole or in part, we will include your name, location in the facility, general condition, and religious affiliation, in the hospital's patient directory. This information will be disclosed to people who ask for you by name. Your religious affiliation may be disclosed to the clergy.
- **Others involved in your healthcare.** Unless you object, we may provide your protected health information to a family member, friend, or other person that you identify that is involved in your care. If you are unable to agree or object, we may disclose protected health information if we feel, based on our professional judgment, that it is in your best interest.

D. All other uses and disclosures require your prior written authorization.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that the hospital has already taken action in reliance on the use or disclosure indicated in the authorization.

3. Your rights regarding your protected health information.

- You have the right to request that we restrict the use of your protected health information. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. The hospital is not required to agree to a restriction that you may request. If staff feels that it is not in your best interest to restrict the disclosure of your protected health information, your protected health information will not be restricted. If the hospital agrees to your requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is for emergency treatment. All requests to restrict protected health information must be forwarded to the hospital's Privacy Officer (address found in section five below).
- You have the right to request to receive confidential communications from us by alternate means (fax, e-mail instead of direct mail) or at an alternate location (sending information to another address rather than your home address). We will accommodate reasonable requests. All requests must be directed to the hospital's Privacy Officer at the address indicated in section five below.
- Except in certain circumstances, you have the right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information for as long as we maintain the protected health information.

You must make your request in writing to the hospital Privacy Officer. In certain situations, we may deny your request. We will provide our reasons for denial to you in writing. If you disagree with our reasons for denial, you have a right to appeal that decision.

Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You may be charged \$0.50 for each page copied. We may provide you with a summary or explanation of the information requested as long as you agree to that format and to the cost in advance.

- You have the right to receive an accounting of certain disclosures made of your protected health information. This does not include disclosures made for purposes of treatment, payment or healthcare operations as described in this Notice. It does not include disclosures made to you, for the facility directory or to family members or friends involved in your care. In addition, it will not include disclosures made to corrections or law enforcement officials or for National Security purposes, or for any disclosures prior to April 14, 2003.

Requests for an accounting of disclosures must be in writing and forwarded to the hospital's Privacy Officer. We are legally obligated to respond to your request within 60 days from the date your request is received. The list provided to you will be for the last six years unless you request a shorter time period.

You have a right to receive the first accounting at no charge. If you request more than one accounting within the same twelve month period, the hospital may charge you \$.50 per page for each additional request.

- You have the right to amend your protected health information. If you feel there is an error or omission in your protected health information, you have the right to submit a written request that the hospital correct your record.

All requests for amendment must be provided in writing to the hospital's Privacy Officer. We are required by law to respond to your request within 60 days of receipt of the request.

If we accept your request, the change will be made to your protected health information and you will receive written notice that it has been completed. We will also notify others, if you agree, who may have received the protected health information and may be relying on the information to your detriment.

In certain instances, we may deny your request to amend your medical record. A written denial will be provided to you stating the reasons your request was denied. If we deny your request, you have a right to provide a statement of disagreement to the hospital's Privacy Officer that will be filed in your medical record. The hospital has the right to prepare a rebuttal to your statement of disagreement to be filed in your medical record. A copy of our rebuttal will be provided to you. If you do not file a statement of disagreement, you have the right to request that your written request and the hospital's denial be filed in your medical record.

- You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

4. Breach Notification Rule.

Interim final breach notification regulations, issued August 2009, implement section 13402 of the Health Information Technology for Economic and Clinical Health (HITECH) Act by requiring HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information. Similar breach notification provisions implemented and enforced by the Federal Trade Commission (FTC), apply to vendors of personal health records and their third party service providers, pursuant to section 13407 of the HITECH Act.

5. How to complain about the hospital's privacy practices.

If you believe that someone at the hospital may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information, you may file a complaint with the hospital Privacy

Officer (see section six below). You also may send a written complaint to the Secretary of the Department of Health and Human Services at the following address.

Secretary of the Department of Health and Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-02five7
Toll Free: (877) 696-6775

We will take no retaliatory action against you if you file a complaint about our privacy practices.

6. You may contact the hospital Privacy Officer for information about this notice or to file a complaint.

If you have any questions about this notice or would like to lodge a complaint about the hospitals' privacy practices please contact the hospital Privacy Officer in the Health Information Management Office at 230 Medical Center Drive, Seaman, Ohio 45679 937-386-3831

7. Effective Date of this Notice.

This notice went into effect on April 14, 2003. Rev: 3/16

8. Acknowledgement of Receipt of Adams County Regional Medical Center's Notice of Privacy Practices.

I have received a copy of this Notice of Privacy Practices.

Signature of patient or legal representative

If signed by a legal representative, relationship to patient

Date Received