

**HEALTH SERVICES & HOSPICE OF COSHOCTON COUNTY
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.

OUR RESPONSIBILITIES

Health Services & Hospice of Coshocton (“Health Services”) takes the privacy of your health information seriously. We are required by law to maintain the privacy of your health information, to provide you with this Notice of Privacy Practices which describes our legal duties and privacy practices with respect to the information we collect and maintain about you, to abide by the terms of this notice, and to notify you following a breach of unsecured protected health information.

HOW HEALTH SERVICES MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that our agency uses and discloses your health information. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose your health information will fall into one of these categories.

1. Treatment. Health Services may use and disclose your health information to coordinate care within the agency and with others involved in your care, such as your attending physician, members of the interdisciplinary teams and other health care professionals who have agreed to assist the agency in coordinating care. For example, Health Services may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. Health Services also may disclose health information about you to individuals outside of the agency involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

2. Payment. Health Services will use and disclose your health information to receive payment for the care you receive. For example, Health Services may be required by your health insurer to provide information regarding your health care status - including the diagnosis, procedures and supplies used - your need for care, and the care that we intend to provide to you.

3. Health Care Operations. We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality improvement staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions; (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity’s relationship with you; and (c) the disclosure must only be for one of the following purposes:

- (i) quality assessment and improvement activities;
- (ii) population-based activities relating to improving health or reducing health care costs;
- (iii) case management and care coordination;
- (iv) conducting training programs
- (v) accreditation, licensing, or credentialing activities; or,
- (vi) health care fraud and abuse detection or compliance

4. Business Associates. There are some services provided through the use of outside people and entities. Examples of these “business associates” include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

5. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

6. Communication with family. We may disclose your health information to a family member or other relative or close personal friend who is involved in your health care, or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

7. Research. We may disclose information to researchers when certain conditions have been met. Any project, however, will be subject to an extensive approval process, which includes evaluating the project and its use of health information, and balancing the research needs with your need for privacy.

8. Transfer of information at death. We may disclose health information to funeral directors, medical examiners and coroners to carry out their duties consistent with applicable law.

9. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

10. Marketing. We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.

11. Fundraising. We may contact you as part of a fundraising effort, but you will be provided an opportunity to opt out of these communications.

12. Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

13. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

14. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

15. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

16. Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

17. Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more individuals, workers or the public.

OTHER USES or DISCLOSURES OF HEALTH INFORMATION

Except as otherwise permitted or required by this Notice of Privacy Practices, Health Services will not use or disclose your health information without your written authorization. For example, we will require your authorization before we would use or disclose your protected health information for marketing purposes and we will not sell your health information without a specific authorization from you. If you or your representative authorize Health Services to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that Health Services has already taken action in reliance thereon.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of Health Services, the information in your record belongs to you. You have the following rights:

1. Right to request restrictions. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our agency. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, *unless* it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. For more information about this right, see 45 code of Federal Regulations [45 (C.F.R.) 164.522 (a)].

2. Right to receive confidential communications. If you are uncomfortable with the manner in which, or the location where, you are receiving communications from us that are related to your health information, you may request that we provide you with such information by another means or at another location. Such a request must be made in writing. For more information, see 45 C.F.R. 164.522(b).

3. Right to inspect and copy your health information. You may request to inspect and/or obtain paper copies of your health information which will be provided to you in the time frames established by law. If your health information is maintained electronically, you have the right to request that Health Services provide you, an entity, or a designated individual with an electronic copy of your record, if it is readily producible in such form or format. You may make such requests orally or in writing; however, in order to better respond to your request we ask that you make such requests in writing on our agency's form. If you request to have copies made, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. 164.524.

4. Right to request an amendment to health care information. You or your representative have the right to request that Health Services amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Health Services. Health Services may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health

information records were not created by Health Services, if the records you are requesting are not part of the Health Services' records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of Health Services, the records containing your health information are accurate and complete.

5. Right to an accounting of disclosures. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such request be made in writing on a form provided by our agency. At this time, an accounting will not include any of the following types of disclosures:

- disclosures made for treatment, payment or health care operations;
- disclosures made to you or your legal representative, or any other individual involved with your care;
- disclosures made pursuant to a valid authorization;
- disclosures to correctional institutions or law enforcement officials;
- disclosures for national security purposes.

You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. 164.528.

6. Right to a paper copy of this notice. You have a right to obtain a paper copy of this Notice upon request, at any time, even if you have received this Notice previously. You may also access and print a copy from our website.

CHANGES TO THIS NOTICE

Health Services reserves the right to change this Notice and to make the revised Notice effective for health information we already have about you, as well as any health information we receive in the future. Should our privacy practices change, we will provide you or your authorized representative a copy of our revised Notice of Privacy Practices, as well as post the revised Notice of Privacy Practices on our website. A copy of the revised notice will be available after the effective date of the changes, upon request.

CONTACT INFORMATION FOR QUESTIONS OR REQUESTS REGARDING THIS NOTICE

Health Services has designated the administrative manager as its privacy officer and contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 230 S. 4th St., Coshocton, OH 43812; Phone: 740-622-7311.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our agency. The complaint form may be obtained from the administrative manager, and when completed should be returned to the administrative manager or executive director. You will not be retaliated against in any way for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

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