

Ohio County Hospital Corporation

Notice of Privacy Practices

Effective Date: October 14, 2016

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.

If you have any questions about this notice, please contact Ohio County Hospital Corporation's Privacy Officer at 270-298-5427, for further information as designated pursuant to 45 CFR 164.530(a)(1)(ii).

Who Will Follow This Notice

This notice describes Ohio County Hospital Corporation's practice of the Privacy regulations and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Ohio County Family Care / Quick Care personnel.
- Ohio County Family Care Beaver Dam personnel.
- Ohio County Specialty Care personnel.
- Ohio County Pain Care personnel.
- Dr. Charles W. Riccio personnel.
- Butler County Family Care personnel.
- Fordsville Area Medical Clinic personnel.
- Hospice of Ohio County personnel.
- Any health care professional that treats you at any of our locations.
- Members of the medical staff and other health care providers who deliver services jointly with the hospital.

- All delivery sites and locations owned by the hospital follow the terms of this notice. In addition, all the persons and entities named above may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

Organized Health Care Arrangement

Ohio County Hospital Corporation and medical staff members of the hospital are participants in an organized healthcare arrangement. These entities will share protected health information with each other, as necessary to carry out treatment and payment, and for any health care operations activities of the organized health care arrangement. The hospital and the active medical staff members agree to abide by the terms of this privacy notice as part of this participation, with respect to created or received protected health information. This joint notice by separate covered entities covers the hospital and active medical staff members, including but not limited to, the attending and consulting physicians practicing at Ohio County Hospital, the emergency room physicians, the radiologists, clinic physicians, nurse anesthetists, wound consultants and other health care providers who deliver services jointly with the hospital.

Shared electronic health records/health information: We use a shared electronic health record that allows our workforce to store, update, access and use your health information. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if your personal provider takes part in the shared electronic health record, then your provider can see when you have visited other providers that also participate in the shared electronic health record and the treatment you have received.

Kentucky Health Information Exchange.

The Kentucky Health Information Exchange ("KHIE") makes health information available electronically to the Kentucky Department for Medicaid Services, Kentucky State Laboratory, and certain health care providers who are covered by HIPAA and participate in the KHIE ("KHIE Participants"). KHIE Participants agree to KHIE's terms and conditions, including its security and privacy requirements, and agree to access the information for purposes of treatment, payment and health care operations according to applicable federal and state laws. A detailed description of KHIE can be found at <http://khie.ky.gov/PAGES/INDEX.ASPX>. Making health information available to KHIE Participants promotes efficient and quality health care for patients. We are a KHIE Participant. As such, we are able to obtain more complete information about our patients' medical histories when their health information is available through KHIE. We make our patients' health information available to other KHIE Participants who have a need to know it for purposes of treatment, payment and health care operations. You may choose not to allow your information to be available through the KHIE. Participation in the KHIE is not a condition of receiving care. However, if you decide not to make your information available to the KHIE, it may limit the information available to your health care providers. Your information is not stored with the KHIE. Rather, information is only pulled through the KHIE when KHIE Participants request your information. Then, a copy of your information is stored with the receiving provider, much like a fax between health care providers. Please let us know if you have questions about KHIE or desire not to make your information available through the KHIE.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital and all delivery sites owned by the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital or any delivery site, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect; and
- notify you of a breach of your unsecured medical information.

How We May Use and Disclose Medical Information About You.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, nurse anesthetists, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital or other delivery site. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital or other delivery sites also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital or any delivery site who may be involved in your medical care after you leave the hospital or any delivery site, such as other healthcare providers to whom we may refer you to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital or any delivery site may be billed to and payment may be collected from you, an insurance company or a third party. For example,

we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital or our delivery sites and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the hospital or any delivery site should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose your health information to contact you by phone, mail or email to confirm an appointment, to change an appointment, to send you reminders of a future appointment, or to let you know that you are due for a follow-up appointment or regular check-up at the hospital or any delivery site. We may use a recorded service to provide information about appointment reminders, lab results and (if applicable) outstanding payments. Such calls may be placed to your cell phone if that is what you provide as your contact number.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital corporation so that the foundation may contact you in raising money for the hospital corporation. We only would release the following information: your name, address, phone number, dates you received treatment or services, the department of service, your treating physician, your health insurance status and your outcomes. If you do not want the hospital to contact you for fundraising efforts, you have the right to opt out of such communications. In any fundraising communication we send, we will describe how you may opt out of receiving further fundraising communications.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be

released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do object, we will honor your objection. However, if we cannot practicably offer you the opportunity to object because you entered our facility in a situation requiring emergency treatment, we may exercise professional judgment to decide whether such disclosures would be in your best interest.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may use or disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital or any delivery site.
- **As Required By Law.** We may use or disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **To Business Associates.** We may disclose medical information to an organization that performs services necessary for us to provide health care services to you, such as accountants or companies providing data processing services, if they need medical information in order to provide these services to us. These "Business Associates" have agreed or will agree in writing to protect the privacy of any medical information they receive.
- **Proof of Immunization.** We will disclose proof of immunization to a school that is required to have this before admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

Special Situations

- **Organ and Tissue Donation.** We may use or release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify your employer if, for example, we provide health care to you at the request of your employer for medical surveillance purposes or to evaluate whether you have a work-related illness or injury and your employer needs the findings to comply with state or federal law;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if the victim agrees, or if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at any of our locations; and
 - In emergency circumstances to report a crime occurring somewhere other than our premises, including the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

- **Decedents.** We may disclose medical information about a deceased patient to a friend or family member who was involved in the care of the patient or payment for that care prior to death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes expressed by the patient during life. We are required to protect medical information on decedents in accordance with the Privacy Rule for 50 years after death.

- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or those conducting special investigations.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. We must receive representations that the release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Marketing.** Uses and disclosures of your protected health information for subsidized communications that market a health related product or service require your authorization unless the communication is face-to-face to you or is a promotional gift of nominal value.

- **Sale of Protected Health Information.** A disclosure that would constitute the sale of your protected health information is prohibited unless we first obtain your authorization.
- **Psychotherapy.** If psychotherapy notes are created by a mental health professional during a private counseling session or a group, joint or family counseling session and are separated from the rest of your medical information, we must obtain your authorization for most uses and disclosures of these notes.
- **State Law Restrictions on Information regarding certain conditions.** Kentucky has more stringent laws than the HIPAA Privacy Rule with respect to HIV/AIDS status and mental health and chemical dependency (we are allowed to use/disclose this information only under certain limited circumstances and/or to specific recipients). In situations in which these laws apply to your information, we will comply with these more stringent laws.

Your Rights Regarding Medical Information About You.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical and billing information about you, as well as other information that may be used to make decisions about your care. Usually, this does not include psychotherapy notes.

To inspect and copy medical and billing information about you, as well as other information that may be used to make decisions about you, you must submit your request in writing to the Department Manager of Health Information Management. If you request a copy of the information, we may charge a reasonable fee for the costs of the labor involved in copying, mailing or other supplies associated with your request, or for creating a summary of your information at your request.

If we use or maintain an electronic health record about you, you may obtain a copy of your information in electronic format. You may also direct us to transmit a copy of your records directly to an entity or person designated by you, as long as your designation is clear, conspicuous, and specific as to where to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your information described above, you may request that the denial be reviewed. If appropriate, another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Department Manager of Health Information Management. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital or any delivery site;
- Is not part of the information which you would be permitted to inspect and copy under applicable law; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Department Manager of Health Information Management. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Except as otherwise required by law, we must comply with a request from you not to disclose your medical information to a health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies have been paid for out-of-pocket in full.

Except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.

To request restrictions, you must make your request in writing to the Department Manager of Health Information Management. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Department Manager of Health Information Management. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.ohiocountyhospital.com.

To obtain a paper copy of this notice, contact the Privacy Officer.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital and all delivery sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the hospital's Privacy Officer, Director of Health Information Management, at 270-298-5427. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.