

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can receive access to this information. Please read over this document carefully. If after reading over the following information you have any questions, please do not hesitate to ask.

The terms of this Notice of Privacy Practices apply to Coshocton County Memorial Hospital (CCMH), operating an organized health care arrangement composed of CCMH, the physicians and other licensed professionals seeing and treating patients. The members of this organized health care arrangement work and practice at Coshocton County Memorial Hospital. All of the entities and persons listed will share medical information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law. The members of this organized health care arrangement will collectively be referred to as (CCMH) throughout this document.

CCMH is dedicated to protecting your personal health information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. CCMH is required by law to abide by the terms of this Notice and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If CCMH revises the terms of Notice it will post a revised notice at the Hospital, on our website and will make paper copies of the Notice Privacy Practices for Protected Health Information available upon request at any of CCMH's registration areas.

How Your Personal Health Information Will Be Used and Disclosed

Except as outlined below, CCMH will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or 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 personal health information for which we will always obtain a prior authorization and these include:

- *Market 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.*
- CCMH will use or disclose your medical information as part of rendering patient care, payment, or healthcare operations. For example, your personal health information may be used by the healthcare professional treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality and appropriateness of the care you receive.
- CCMH may contact you to raise funds for the hospital. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to the Information Privacy Manager, at CCMH together with a statement that you do not wish to receive fundraising materials or communications from us. An example may be that we contact you regarding funds for a renovation/building project at CCMH.
- CCMH may contact you with appointment reminders. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For example, if you have an appointment in our Hospital Based Clinics, CCMH may send you a reminder of that appointment in the mail or sent to a particular address.
- CCMH may disclose personal health information when required by the U.S. Department of Health and Human Services, as part of an investigation or determination of the Hospital's compliance with relevant laws.
- CCMH may disclose personal health information to our Business Associates as part of rendering patient care. Examples may be use of a clearinghouse for billing payers or medical transcription done outside our facility.
- CCMH maintains a facility directory listing the name, room number, and phone number. Unless you object, CCMH will include this general information in the hospital's facility directory. The directory information will be released to people who ask for you by name. This information will be made available to clergy members.
- CCMH may disclose 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.
- With your approval, CCMH may disclose your personal health information to designated family, friends and others who are involved with your care. If you become incoherent, incapacitated or facing an emergency medical situation and we determine that limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval.
- CCMH may disclose your personal 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; in most cases you will receive notice that information is disclosed to your employer.
- CCMH may use or disclose your personal health information for public health activities including the reporting of disease, injury, vital events and the conduct of public health surveillance investigation and/or intervention. CCMH may disclose your personal health information to a health oversight agency (Food & Drug Administration) for oversight activities authorized by law, including audits, investigations, inspection, licensure or disciplinary actions, and administrative and/or legal proceedings.
- CCMH may disclose your personal health information in the course of certain judicial or administrative proceedings. An example may be the release of your personal health information pursuant to a valid subpoena or discovery request; in some cases you will have notice of such release.
- CCMH may disclose your personal health information for law enforcement purposes or other administrative proceedings. For example, the reporting suspicious wounds and injuries.
- CCMH may disclose your personal health information to a coroner, medical examiner or a funeral director.

- If you are an organ donor, CCMH may disclose your personal health information to an organ donation and procurement organization.
- CCMH may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- CCMH may disclose your personal health information as authorized by laws relating to a worker's compensation or similar programs.
- CCMH may in limited circumstances use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of Health Information Management. If all cases where our specific authorization

has not been obtained, your privacy will be protected by the strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by the representations of the researchers that limit their use and disclosure of patient information.

- CCMH is also required to obtain your consent prior to 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; before disclosing information about mental health services you may have received; and before disclosing certain information to the State Long-Term Care Ombudsman. For full information on when such consents may be necessary, you can contact the Health Information Management Department.

Your Rights Regarding Your Medical Health Information

You have the following rights with respect to your medical care information:

- The right to request restrictions on certain uses and disclosures of your medical information for treatment, payment and health care operations. A restriction request form can be obtained from the Health Information Management Department. CCMH is not required to agree to your requested restriction but will attempt to accommodate reasonable requests when appropriate and CCMH shall retain the right to terminate an agreed-to-restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to-restriction to sending such termination notice to the Information Privacy Manager.
- The right to request to receive communications from CCMH in a confidential manner by alternative means of alternative methods. You may ask that we send your appointment notices to an alternative address.
- The right to inspect and/or obtain a copy your personal health information that we retain on your behalf. Written request to access your medical information must be received. This right is subject to certain specific exceptions. 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 with mailing address or other identifying information. You may be charged for either format requested plus postage if request a mailed copy. You may obtain an access request form from Health Information Department and/or Hospital-Based Clinic (HBC) site.
- The right to request an amendment/correction of your personal health information. These requests may be made by you or a representative in writing and must be signed by you or your representative. If an amendment/correction you request is made by CCMH, 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 Health Information Management Department. CCMH may deny your request for certain specific reasons and if denied will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of certain disclosures of your electronic health information, the accounting will be for three years prior to the date of the request for the accounting and will include disclosure for treatment, payment and health care operations. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Health Information Management Department. The first accounting request in any twelve-month period is free; you will be charge a fee of \$1.00 per page up to 10 pages for each subsequent accounting request within the same 12-month period.
- The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information, even if you have requested such copy by e-mail or other electronic means.
- The right to complain to CCMH and/or to the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights if you believe that Hospital has violated your privacy rights. To complain to CCMH, please contact the Information Privacy Manager or by writing Attention: Administrator, CCMH, P.O. Box 1330, 1460 Orange St., Coshocton, OH 43812. If you choose to file a complaint, you will not be retaliated against in any way.
- In the unlikely event that there is a breach, or unauthorized release of your personal health information, you will receive notice and information on steps you may take to protect yourself from harm.

You will be asked to sign an acknowledgement form stating that you received this Notice of Privacy Practices for Protected Health Information. If you have any questions or need further assistance, please contact the Director of Compliance/HIPAA at (740) 295-3392.

Other Compliance Complaints may be sent to Compliance Officer, CCMH, P.O. Box 1330, 1460 Orange St., Coshocton, OH 43812.

This Notice Is Effective as of: September 23, 2013

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