

# Notice of Privacy Practices for Protected Health Information

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*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 Hospital. All entities and people 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 this Notice, it will post a revised notice at the Hospital, on our website, and will make paper copies of the Notice of 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

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*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.*

- CCMH will use or disclose your medical information as part of rendering patient care, payment, or health care 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 along 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 or building project at CCMH.
- CCMH may contact you with appointment reminders. You have the right to request, and we will accommodate upon 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 at one of our Hospital Based Clinics, CCMH may send you a reminder of that appointment in the mail or have it sent to a particular address.
- CCMH may use your personal health information to communicate with you regarding health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.
- 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. An example may be the 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 of our patients. 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 also be made available to clergy members.
- 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 faced with 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 a notice that information will be disclosed to your employer.
- CCMH may use or disclose your personal health information for public health activities including the report 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 and 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 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.

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- 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 medical records. 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.
- Ohio law requires that CCMH obtain your consent before disclosing your personal health information to the Long Term Care Ombudsman regarding your stay in a CCMH Swing Bed.
- CCMH is also required to obtain your consent prior to disclosing the performance or results of an HIV test or diagnosis of AIDS or AIDS related condition.

## Your Rights Regarding Your Medical Health Information

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*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 Medical Records Department. CCMH is not required to agree to your requested restriction but will attempt to accommodate reasonable requests when appropriate. CCMH shall retain the right to terminate an agreed-to restriction if we believe such a termination is appropriate. In the event of a termination by us, we will notify you of such a termination. You also have the right to terminate, in writing or orally, any agreed-to restriction and may send such termination notice to the Information Privacy Manager.
- The right to request to receive communications from CCMH in a confidential manner by alternative means or alternative methods. You may also ask that we send your appointment notices to an alternative address.
- The right to inspect and/or obtain a copy of your personal health information in the form or format requested, if readably producible in such form. Written requests to access your medical information must be received. This right is subject to certain, specific exceptions and you may be charged a reasonable fee for any copies of your records.
- The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information even if you have requested such a copy by e-mail or other electronic means.
- 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 Medical Records Department. CCMH may deny your request for certain, specific reasons. If denied, CCMH will provide you with a written explanation for the denial along with 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 requests in any twelve-month period are free. You will be charged 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 complain to CCMH and/or 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 CCMH has violated your privacy rights.

*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 concerns or feel your privacy rights have been violated, please contact the Information Privacy Manager, Cindi Quinn at (740) 622-3392. You may also write to:*

Coshocton Hospital  
 Robert D. Miller, CEO  
 P.O. Box 1330  
 1460 Orange St.  
 Coshocton, OH 43812

*Other compliance concerns may be sent to:*

Coshocton Hospital  
 Compliance Officer  
 P.O. Box 1330  
 1460 Orange St.  
 Coshocton, OH 43812



