

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, how you can access this information, how to file a privacy-related complaint, and your rights concerning this information. Please review it carefully.

This Notice applies to your healthcare records created or obtained by Licking Memorial Health Systems (LMHS), to include Licking Memorial Hospital, Shepherd Hill, physician practices, home health and community care services, and members of our medical staff.

You have a right to a copy of this Notice (in paper or electronic form) and to discuss it with the LMHS Privacy Officer or Designee at (220) 564-4122 or by email at privacy@LMHealth.org if you have any questions.

We are required by law to maintain the privacy of your protected health information and to provide you with Notice of our legal duties and privacy practices. We are required to notify you in the event of a breach of your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised Notice from an LMHS registrar, your LMHS physician practice, LMHS community care or home care staff, or online at LMHealth.org under the Patients and Visitors information.

How We May Use and Disclose (Share) Your Protected Health Information

For each category of use or disclosure listed below, we will explain what we mean and may give examples. Not every use or disclosure in a category will be listed.

Treatment	We may use and disclose your protected health information as necessary for your treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions, to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your protected health information to another healthcare facility or professional who is not affiliated with our organization, but who is or will be providing treatment to you. For instance, if, after you leave the Hospital, you are going to receive home health care, we may release your protected health information to that home health care agency so that a plan of care can be prepared for you.
Payment and Patient Contact	We may use and disclose your protected health information as necessary for payment purposes of the treatment and services you receive at LMHS. For instance, we may forward information regarding your medical procedures and treatment to your insurance company or other third party to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for payment. We may notify 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.
Health Care Operations	We may use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your protected health information to another healthcare facility, healthcare professional, or health plan for such things as quality assurance and case management, but only if that facility, professional or plan also has or had a patient relationship with you.
Business Associate	Certain aspects and components of our services are performed through contracts with outside persons or organizations with whom we contract, such as for auditing, accreditation, and legal services. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

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Appointment Reminders	We may contact you to provide an appointment reminder for treatment and medical care that you have scheduled at the Hospital or one of our physician offices.
Health Information Exchange (HIE)	Your protected health information may be disclosed to an approved Health Information Exchange (HIE) to facilitate your health care. Only authorized individuals may access and use your protected health information from the HIE. For example, your healthcare providers may use this electronic network to securely access your health records. You may opt-out of the HIE by contacting the Health Information Department at (220) 564-4122 or one of your physician offices where your records are located.
Facility Directory	We maintain a facility directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, this information, except for your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy. During registration, you may exclude your information from this directory and also reasonably restrict what information is provided and/or to whom. Patients of Shepherd Hill are excluded from the facility directory.
Others Involved in Your Care	With your approval, we may disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons that may be involved in some aspect of caring for you.
Health-related Benefits and Services	We may inform you of health-related benefits or services that may be of interest to you. If we receive payment for making these communications, you may opt out of receiving them by notifying LMHS in writing or by email at: privacy@LMHealth.org .
Fundraising	We may contact you to donate to a fundraising effort for or on our behalf. You have the right to opt out of receiving fundraising materials/communications and may do so by sending your name and address with a statement that you do not wish to receive fundraising materials from us to the LMHS Development Department.
Research	We may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of all patients who received a particular drug and will need to review a series of medical records. In all cases where your authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.
Shepherd Hill – Substance Use Disorder (SUD) Program	Substance Use Disorder (SUD) treatment records are protected by 42 CFR Part 2. You may provide a single consent for all future uses or disclosures for treatment, payment, and healthcare operations (TPO). Records disclosed by Shepherd Hill to another Part 2 program, covered entity, or business associate pursuant to your written consent for TPO may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent permitted under HIPAA.
Shepherd Hill – Law Enforcement Purposes	SUD treatment records or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent, or a court order after notice and an opportunity to be heard was provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

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Other Uses and Disclosures	<p>We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. We may release your protected health information for the following reasons:</p> <ul style="list-style-type: none"> • For any purpose required by law; • For public health activities, such as reporting and preventing disease, helping with product recalls, vital statistics, and for required public health investigations; • If we suspect child abuse or neglect and if we believe you to be a victim of abuse, neglect, or domestic violence; • Release of 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; • To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls; • To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury, and in most cases, you will receive notice that information is disclosed to your employer; • For judicial and administrative proceedings, such as in response to a court order, warrant, subpoena, summons, or similar process, including discovery requests; • To government oversight agencies conducting audits, investigations, or civil or criminal proceedings; • To law enforcement officials to report wounds, injuries, and crime or to identify/locate a suspect, fugitive, witness or missing person; • To coroners and/or funeral directors consistent with law; • If necessary to arrange an organ or tissue donation from you or a transplant for you; • To prevent a serious threat to health or safety; • To authorized officials as required for national security and intelligence, military or veterans’ activities as required by law; • Results of HIV testing or diagnosis under certain conditions as permitted under Ohio law; and • To workers’ compensation agencies if necessary for your workers’ compensation benefit determination.
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Authorization to Disclose Medical Information

Except as described in this Notice, you must give us permission to use or disclose your protected health information. If you provide us permission to use or disclose your protected health information, 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 that we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Medical Information about You

Access to Your Protected Health Information	<p>You have the right to inspect and copy much of your health information that is contained in a “designated record set” for as long as we retain the health information. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If there is a cost, we will tell you in advance. 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, conspicuous, and specific with complete name and mailing address or other identifying information. To inspect or copy medical information or to request a review of denied access, you may contact the Health Information Department in writing or by phone at (220) 564-4122, one of your physician offices, or our Home Care Services Department at (220) 564-1860, wherever your records are located.</p>
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Your Rights Regarding Medical Information about You

Changes to Your Protected Health Information	You have the right to request the protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction. If an amendment or correction is made by us, we may also notify others who work with us and who 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/Health Information Department or from one of your physician offices where your records are located.
Right to Receive Confidential Communications	You have the right to receive confidential communications by alternative means or at an alternative location. We will accommodate all reasonable requests. This request may be conditioned on the receipt of additional payment information or clarification. Your request must be made in writing and submitted to the Medical Records/Health Information Department or to one of your physician offices where your records are located.
Right to Accounting of Disclosures	You have the right to receive an accounting of disclosures made by us of your protected health information. This right does not apply to disclosures made for purposes of treatment, payment, or healthcare operations. Requests must be made in writing, signed by you or your representative, and submitted to the Medical Records/Health Information Department or to one of your physician offices where your records are located. The first accounting in any 12-month period is free. You may be charged a fee for each additional accounting that you request within the same 12-month period.
Right to Request Restrictions	You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or healthcare operations. A restriction request form can be obtained from the Medical Records/Health Information Department or from one of your physician offices. In many cases, we are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We 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 by sending such termination notice to the Medical Records/Health Information Department or to your personal physician. We will honor any request to restrict disclosures to your health plan or insurance if the information to be disclosed pertains solely to a healthcare item or service provided by LMHS for which you have paid out-of-pocket in full.

Complaints

If you believe your privacy rights have been violated, or if you disagree with a decision that we made about access to your health information, you may file a complaint by calling the Privacy Hotline at (220) 564-4636, sending an email to privacy@LMHealth.org or writing to:

Licking Memorial Compliance Department
1320 West Main Street
Newark, Ohio 43055

You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

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