

LICKING MEMORIAL HEALTH SYSTEMS
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.

This notice applies to your health care records created or obtained by Licking Memorial Health Systems' (LMHS) hospital, physician practices, home health and community care services, and by members of our medical staff. This notice explains how LMHS may use and share your protected health information.

Licking Memorial Health Systems is required to:

- Maintain the privacy of your protected health information;
- Give you notice of our legal duties and privacy practices;
- Notify you in the unlikely event of a breach of your protected health information; and
- Follow the terms of this Notice so long as it remains in effect.

Should you have any questions about this notice, please call the LMHS Compliance Department Privacy Hotline at 220-564-4636.

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 health care 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 disclosure 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 health care 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 health care facility, health care 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. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
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	Your protected health information may be disclosed to an approved Health Information Exchange to facilitate your health care. Only authorized individuals may access and use your protected health information from the Health Information Exchange. For example, your healthcare providers may use this electronic network to securely access your health records. You may opt-out of the Health Information Exchange by contacting the Medical Records Department/Health Information Department at (220) 564-4102 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.
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 via email at: CORP@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.
As Required by Law	We may disclose your protected health information when required to do so by law. This includes notifying the Ohio Department of Health about cases involving post-abortion complications, occupational diseases or poisoning, and cancer cases.
Law Enforcement Purposes	We may disclose your protected health information to a law enforcement official for law enforcement purposes, including the following: in response to a court order, subpoena, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a victim of crime; about a death we believe may be the result of criminal conduct; about criminal conduct we believe occurred on our property; or in response to a medical emergency to alert law enforcement to a crime, the location or victim(s) of the crime, and the identity, description and location of the person who committed the crime.
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 that 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.
Organized Drug and/or Alcohol Program	Alcohol and substance use disorder (SUD) records maintained by Shepherd Hill, a department of Licking Memorial Hospital, are protected by law. Generally, Shepherd Hill, may not disclose to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as receiving treatment for SUD unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you either at our facility or against any person who works for the facility, or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to the appropriate State or local authorities.

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 public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations; • If we suspect child abuse or neglect; we may also release your protected health information if we believe you to be a victim of abuse, neglect, or domestic violence; • We may release 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 a government oversight agency conducting audits, investigations, or civil or criminal proceedings; • To coroners and/or funeral directors so that they can carry out their duties; • If necessary to arrange an organ or tissue donation from you or a transplant for you; • If we suspect a serious threat to health or safety; • To a correctional institution or law enforcement official if you are an inmate of a correctional institution or in the custody of a law enforcement official; • If you are a member of the military, as required by armed forces services, and if necessary for national security or intelligence activities; • 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; • We may release the 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.
How Your Health Information is Maintained	<p>We may maintain your protected health information in a variety of ways, including paper, digital or electronic records. Your records may be stored on-site at our facilities, on our internal computer system, or on a cloud-based server.</p>

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 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

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

Access to Your Protected Health Information	<p>You have the right to inspect and copy much of your health information that we retain on your behalf. 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 Medical Records/Health Information Department in writing or by phone at 220-564-4132, one of your physician offices, or our home health department at 220-564-1860, wherever your records are located.</p>
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Changes to Your Protected Health Information	You have the right to request the protected health information 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 you request within the same 12-month period. When you request an accounting of disclosures, the accounting will not include disclosures for treatment, payment, and health care operations. Accounting will be limited to six years prior to the date of your request.
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 health care 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 health care item or service provided by LMHS for which you have paid out-of-pocket in full.

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. The notice will contain the effective date on the first page, in the top right-hand corner. You may request a copy of the current notice at any time from an LMHS registrar, your LMHS physician practice, or an LMHS community care or home care service staff.

Complaints

If you believe your privacy rights have been violated, or if you disagree with a decision we made about access to your health information, you may file a complaint by calling the LMHS Compliance Department Privacy Hotline at 220-564-4636 or writing to:

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

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