

**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 all records of your care generated by Licking Memorial Health Systems' (LMHS) hospital, physician practices, home health and community care services, and by members of our medical staff. This applies to protected health information created or obtained in connection with medical care provided to you by LMHS. Your personal doctor, dentist or chiropractor may have different policies or notices regarding the practitioner's use and disclosure of your medical information created in the office or clinic.

This notice will tell you the ways in which LMHS may use and disclose medical information about you. We describe your rights and the obligations we have regarding the use and disclosure of medical information. Licking Memorial Health Systems is required by law to:

- Maintain the privacy of your personal health information;
- Give you notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you in the unlikely event of a breach or unauthorized disclosure of your personal health information; and
- Follow the terms of the notice that are currently 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 Medical Information About You**

The following categories describe the ways in which we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and may give examples. Not every use or disclosure in a category will be listed.

<b>Treatment</b>	We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and 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 personal 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 personal health information to that home health care agency so that a plan of care can be prepared for you.
<b>Payment and Patient Contact</b>	We will make uses and disclosures of your personal 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 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. In order for LMHS to service your account or to collect any amounts that you may owe, LMHS or any of our affiliates may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending e-mails, using any e-mail address you provide. Methods of contact may include using pre-recorded / artificial voice messages and/or use of an automatic dialing device, as applicable. You may revoke the consent for contact at any time by notifying the Patient Accounting Department at 220-564-4500.
<b>Health Care Operations</b>	We will use and disclose your personal 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 personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal 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. We may use the 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.
<b>Business Associate</b>	Certain aspects and components of our services are performed through contracts with outside persons or assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
<b>Appointment Reminders</b>	We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment and medical care at the hospital or one of our physician offices.

<b>Health Information Exchange</b>	We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Medical Records Department/Health Information Department or one of your physician offices where your records are located.
<b>Treatment Alternatives</b>	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.
<b>Facility Directory</b>	We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the 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, even if they do not 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. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom.
<b>Others Involved in Your Care</b>	With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order 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 personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.
<b>Health-related Benefits and Services</b>	We may use and disclose medical information to tell you about 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.
<b>Fundraising</b>	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 to the LMHS Development Department, together with a statement that you do not wish to receive fundraising materials from us.
<b>As Required by Law</b>	We will disclose your medical information when required to do so by federal, state or local law. This includes notifying the Ohio Department of Health about cases involving post-abortion complications, about any occupational diseases or poisoning, and about cancer cases.
<b>Law Enforcement Purposes</b>	We may disclose 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.
<b>Research</b>	In limited circumstances, we may 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. In all cases where your specific 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.
<b>Organized Drug and/or Alcohol Program</b>	The confidentiality of alcohol and drug abuse patient records maintained by Shepherd Hill, a department of Licking Memorial Hospital, is protected by federal law and regulations. Generally, Shepherd Hill, a department of Licking Memorial Hospital, may not say to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as an alcohol or drug abuser 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 appropriate State or local authorities.

<b>Other Uses and Disclosures</b>	<p>We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization:</p> <ul style="list-style-type: none"> <li>• We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;</li> <li>• We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;</li> <li>• 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;</li> <li>• We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;</li> <li>• We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;</li> <li>• We may release your personal health information to coroners and/or funeral directors consistent with law so that they can carry out their duties;</li> <li>• We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;</li> <li>• We may release your personal health information in limited instances if we suspect a serious threat to health or safety;</li> <li>• We may release your personal health information 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;</li> <li>• We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities;</li> <li>• We may release 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;</li> <li>• We may release the results of HIV testing or diagnosis under certain conditions as permitted under Ohio law. All other disclosures will require that we obtain consent; and</li> <li>• We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.</li> </ul>
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**Authorization To Disclose Medical Information**

You must give us permission to use or disclose your medical information for any purpose other than those described above. This would include, for example, disclosures for marketing and disclosures of psychotherapy notes. If you provide us permission to use or disclose medical information for purposes not described above, 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:

<b>Rights to Inspect and Copy</b>	<p>You have the right to inspect and copy your protected health information that may be used to make decisions about your care. If you request a copy of the medical record, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. 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. We may deny your request to inspect and copy your medical records in certain very limited circumstances. For example, you may not inspect or copy notes from psychotherapy sessions or information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. 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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<b>Right to Amend</b>	You have the right to request in writing that personal 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, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request 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.
<b>Right to Receive Confidential Communications</b>	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.
<b>Right to Accounting of Disclosures</b>	<p>You have the right to receive an accounting of certain disclosures made by us of your personal health information for six years prior to the date of your request, and for electronic health information, three years prior to the date on which the accounting is requested. 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.</p> <p>When you request an accounting of disclosures of your electronic health record, the accounting will include, in addition to all types of disclosures listed in the general policy, disclosures for treatment, payment, and health care operations in accordance with the Department of Health and Human Services regulations.</p> <p>For electronic health records acquired by us as of January 1, 2009, these requirements will apply to disclosures made by the organization from such a record on and after January 1, 2014. For electronic health records acquired after January 1, 2009, these requirements will apply to disclosures made by the organization from such a record on and after the later of January 1, 2011.</p>
<b>Right to Request Restrictions</b>	You have the right to request restrictions on certain of our uses and disclosures of your personal 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 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.