

Other Uses and Disclosures: We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. We may release your PHI:

- For any purpose required by law;
- For public health activities, such as the required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect or we believe you to be a victim of abuse, neglect, or domestic violence;
- 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; in most cases you will receive notice that information is disclosed to your employer;
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by subpoena or discovery request; in some cases you will have notice of such release;
- To law enforcement officials as required by law to report wounds and injuries and crimes;
- 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;
- For certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- In limited instances if we suspect a serious threat to health or safety;
- If you are a member of the military as required by the Armed Forces Services; we may also release your PHI if necessary for national security or intelligence activities; and
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain a consent from you in many instances before 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.

YOUR RIGHTS

Access to Your PHI: You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We must respond to this request within 30 days. We will charge you an associated **fee including postage for copying and mailing the information (contact the Medical Records Department for the fee)**. You may obtain an Access Request Form from

your Adena Physician Practice, Medical Records at ARMC or GAMC, or at any regional location reception desk.

Amendments to Your PHI: You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make amendments(s) requested 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 request. If we approve an amendment, we may notify others who have copies of uncorrected records when we believe that such notification is necessary. You may obtain an Amendment Request Form from your Adena Physician Practice, Medical Records at ARMC or GAMC, or any regional location reception desk.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting Request Forms are available from your Physician Practice, Medical Records at ARMC or GAMC, or any regional location reception desk. The first accounting in any 12-month period is free; for each subsequent accounting you request within the same 12-month period you will be charged a fee of \$5.00.

Restrictions on Use and Disclosure of Your PHI: You have the right to request restrictions on certain use and disclosure of your PHI for treatment, payment, or health care operations. A Restriction Request Form may be obtained from your Adena Physician, Medical Records at ARMC or GAMC, or any regional location reception desk. We will attempt to accommodate reasonable requests. We retain the right to terminate an agreed-to restriction we believe is appropriate and we will notify you of such termination. You also have the right to terminate, in writing, any agreed-to restriction by sending such termination notice to your Adena Physician Practice, Medical Records at ARMC or GAMC, or any regional location reception desk.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with Adena Health System, Patient Advocate, 272 Hospital Road, Chillicothe, OH 45601 or by calling our complaint line at 1-877-779-7364. 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.

Acknowledgment of Receipt of Notice: You will be asked to sign an acknowledgment that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may call the Adena Health System Privacy Practices Line at 740-779-7052 or toll free at 866-779-7052.

Notice of Privacy Practices

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.

THIS NOTICE DESCRIBES HOW THE MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.



If you have any questions about this notice, please contact the Adena Health System Privacy Practices Line at 740-779-7052 or toll free at 1-866-779-7052.

THIS NOTICE OF PRIVACY PRACTICES applies to Adena Health System (AHS) operating as an organized health care arrangement that includes Adena Regional Medical Center (ARMC), Greenfield Area Medical Center (GAMC), AHS regional locations (Western Avenue, Jackson, Waverly), Adena Physician Practices, Physicians, and other licensed Health Care Professionals seeing and treating patients within AHS. All of the entities and persons listed will share protected health information (PHI) of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' PHI and to provide patients with notice of our legal duties and privacy practices with respect to their PHI. You will receive a copy of this Notice on your first visit to AHS on or after April 14, 2003. 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 of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. You will receive a copy of any revised notices on your first visit to AHS after the revision. A copy may be obtained from any AHS location or by mailing a request to Adena Health System, Risk and Legal Services, 272 Hospital Road, Chillicothe, OH 45601.

USES AND DISCLOSURES OF YOUR PHI

Your Authorization: Except as outlined below, we will not use or disclose your PHI 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.

Uses and Disclosures for Treatment: We will use and disclose your PHI as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in the 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 PHI 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 PHI to that home health care agency so that a plan of care can be prepared for you.

Uses and Disclosures for Payment: We will use and disclose your PHI as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company 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 your payment.

Uses and Disclosures for Health Care Operations: We will use and disclose your PHI 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 PHI for purposes of improving the clinical treatment and care of our patients. We may also disclose your PHI 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.

Our Facility Directory: We maintain a facility directory listing your name, room number, general condition and telephone number. This will be used for inpatients or short stay patients. The information will be disclosed to anyone who requests it by asking for you by name. You have the right during registration to have your information excluded from this directory and also to restrict the release of your condition and/or room and/or telephone. In addition, you will automatically be excluded from the facility directory if you are on our mental health unit; we become aware that you have a Civil Protection Order; are in a domestic violence situation; or any other situation that may be high risk if your location were to be disclosed. If you choose to "opt-out" of the facility directory we cannot acknowledge you are a patient in our facility. You will be responsible to notifying family and friends of your room and telephone number.

Clergy Directory: The same information that is in the facility directory plus your religious affiliation will be provided to members of the clergy unless you choose to be excluded during the registration process.

Family and Friends Involved In Your Care: With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or are responsible for payment of your care. This disclosure will 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 PHI with such individuals without your approval. We may also disclose limited PHI 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.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

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 to Adena Health Foundation, 272 Hospital Road, Chillicothe, OH 45601 together with a statement that you do not wish to receive fundraising materials or communications from us.

Appointments and Services: We may contact you by mail or telephone to provide appointment reminders or test results. We will accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations. For instance, if you wish appointment reminders not be left on voice mail or mailed to a particular address. You must make your request in writing. A request form is available at all AHS locations, including your physician's office. Specific departments that would send communications to you include, but are not limited to, Adena Physician offices, ARMC, Western, Waverly or Jackson regional locations, GAMC, Rehabilitation Center, Physical Therapy, Cardiopulmonary and the Counseling Center.

Health Products and Services: We may use your PHI to communicate with you about health products and services necessary for your treatment, advise you of new products and services, or provide general health and wellness information.

Research: In limited circumstances, we may use and disclose your PHI 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.

Confidentiality of Alcohol and Substance Abuse Patient Records: Federal law and regulations protect the confidentiality of patient records of a qualified alcohol and substance abuse program. AHS may not disclose to a person or entity outside the program that you attend an alcohol or substance abuse program, or disclose any information identifying you as abusing alcohol or substances 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 information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.