Coshocton Regional Medical Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

We are committed to treating and using Protected Health Information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your Protected Health Information. This Notice is effective in March, 2013 and last updated in January, 2025 and applies to all Protected Health Information as defined by federal regulations.

WHAT IS PROTECTED HEALTH INFORMATION?

"Protected Health Information" is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

UNDERSTANDING YOUR MEDICAL RECORD/PROTECTED HEALTH INFORMATION

Each time you visit the facility a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication with other health professionals involved in your care.
- Legal document outlining and describing the care you received.
- A tool that you, or a payor (your insurance company) will use to verify that services billed were provided.
- A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards.
- A source of data for planning and/or marketing.
- A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Your health record may also include information you have communicated to us over the phone or through certain electronic communications, like the patient portal. Understanding what is in your record and how your Protected Health Information is used helps you to ensure its accuracy,

determine what entities have access to your Protected Health Information, and make an informed decision when authorizing the disclosure of this information to other individuals.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We May Use or Disclose Your Health Information

For Treatment. Your Protected Health Information may be used by our staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: Results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

For Payment. Your Protected Health Information may be used or disclosed so that we can get your health plan to authorize and pay for the services we provide to you. For example: Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you. Note: If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item of service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and our facility will honor that request. You must promptly notify us of this request.

For Healthcare Operations. Your Protected Health Information may be used as necessary to support the day-to-day activities and management of the facility. For example: Information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality of healthcare services.

For Appointment Reminders, Treatment Alternatives, and Health-related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Protected Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. If you do not wish us to contact you about appointment reminders, treatment alternatives, or other health-related benefits or services, you must notify us in writing at the address at the bottom of this Notice.

For Business Associates. In some instances, we have contracted separate entities to provide services on our behalf. These “associates” require your Protected Health Information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be a billing service, collection agency, answering services and computer software/ hardware provider. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than to accomplish the task they were contracted to perform.

For Research/Teaching/Training. We may use your information for the purpose of research, teaching, and training. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Protected Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Protected Health Information.

For Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your Protected Health Information.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

For Organ and Tissue Donation. If you are an organ donor, we may use or release Protected Health Information to organizations that handle organ procurement or other entities engaged in tissue donation and transportation.

For Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Heath Information to the appropriate foreign military authority if you are a member of a foreign military.

For Workers' Compensation. We may release Protected Health Information for Workers Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

As Required or Permitted by Law. We will disclose Protected Health Information when required or permitted to do so by international, federal, state, or local law.

For Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure.

For Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the Protected Health Information requested. For certain sensitive health records, such as mental health or drug and alcohol abuse records, we may also be required to take additional precautions.

For Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

To Avert a Serious Threat to Health or Safety. Consistent with applicable laws, we may use and disclose Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We also may disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual. Disclosures, however, will be made only to someone who may be able to prevent the threat.

National Security and Intelligence Activities. We may release your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law. We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or for conducting special investigations.

Public Health Activities. We may use or disclose your medical information for public health activities that are permitted or required by law. For example, we may disclose your medical information in certain circumstances to control or prevent a communicable disease, injury, or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your medical information to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose Protected Health Information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Law Enforcement. We may release Protected Health Information if asked to do so by a law enforcement official, including if such disclosure is:

- Required by law;

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Information Regarding Reproductive Health Care. Except in certain limited circumstances, we will not use or disclose your medical information for the conduct of any criminal, civil, or administrative investigation, or to impose any criminal, civil or administrative liability on you or any other person, for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. This includes using or sharing your information to identify you or any other person for the purposes described above. For example, if law enforcement authorities request information about your reproductive health care in order to criminally prosecute you or individuals who provided such care, we would not furnish such information if the reproductive health care was lawful in the state in which it was obtained or was protected by federal law. In addition, we will not use or disclose your medical information potentially related to reproductive health care to a government health oversight agency, for judicial or administrative proceedings, for law enforcement purposes, or to coroners or medical examiners, unless we first obtain an attestation from the requester that the use or disclosure is permissible under the federal privacy rule. For example, we would require an attestation from law enforcement authorities requesting information about your reproductive health care in order to criminally prosecute you or individuals who provided such care that disclosing your information in response to such a request was permissible under the federal privacy rule.

Disclosures of Records Containing Drug or Alcohol Abuse Information. In accordance with federal and state law, when applicable, we may not release your Protected Health Information if it contains certain types of drugs or alcohol abuse information without your written permission except in limited situations.

Substance Abuse Treatment Records. We may receive substance abuse disorder (SUD) treatment information about you from SUD treatment programs subject to special federal regulations applicable to SUD treatment records. For information subject to the federal SUD regulations, we will only use or disclose such information in accordance with your consent, which may permit us to use or disclose your SUD treatment information for our treatment, payment, or health care operations purposes described above. However, your SUD treatment records in our possession, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual

unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or to us, as provided by the regulations. 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. Generally speaking, we will give you greater privacy protections for any SUD treatment information that we may have about you when required by the federal SUD regulations referred to above, which will control over other laws that might permit or require disclosure of such information.

Incidental Uses and Disclosures. We will make every physical and technical effort to safeguard your Protected Health Information. However, there may be occasions where others may inadvertently see or overhear your Protected Health Information.

Disclosures to You. We may disclose your Protected Health Information to you, including upon a written request by you, in accordance with your request.

De-Identified Information. We may use your Protected Health Information or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.

Possible Redisclosure of Your Information. Your medical information may be disclosed to third parties who are not subject to the federal privacy rule and who may redisclose your information.

Uses and Disclosures where You Have an Opportunity to Object and Opt Out

For Individuals Involved in Your Care or Payment for Your Care. Due to the nature of our field, we will use our best judgement when disclosing Protected Health Information to family members, other relatives, or any other person that is involved in your care, taking into account the circumstances and your best interest, and considering any preferences you have expressed about this. Please inform the facility, when you do not wish a family member or other individual to have access to your Protected Health Information.

For Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclose whenever possible.

For Fundraising Activities. We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

Use of Substance Abuse Treatment Information for Fundraising. If we intend to use your substance abuse treatment information in order to contact you for fundraising, we first will

provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Facility Directory. We may include certain limited information about you in our directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, please notify us at the time of admission.

Written Authorization is Required for the Following Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes
2. Uses and disclosures of Protected Health Information for marketing purposes
3. Disclosures that constitute a sale of your Protected Health Information

For Others Uses and Disclosures. Disclosure of your Protected Health Information or its use for any purpose of those listed above will be made with your specific written authorization. If you change your mind after authorizing a use or disclosure of your Protected Health Information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization with not affect or undo any use of disclosure of information that occurred before you notified us of your decision.

State Law. If an applicable federal or state privacy law is more protective of your information or provides you with greater access to or other rights regarding your information than described above, then we will follow the more protective federal or state law.

If you received treatment in Ohio, and if federal privacy law and Ohio law conflict, and Ohio law is more protective of your Protected Health Information or provides you with greater access to your Protected Health Information, we will follow Ohio law.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your Protected Health Information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction

- Accommodate reasonable requests you may have regarding communication of Protected Health Information via alternative means and locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices that are described in this Notice, and the revised Notice will apply to all Protected Health Information that we maintain. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised Notice at your next office visit, and upon your written request, we will provide you with any revised Notice. The revised policies and practices will be applied to all Protected Health Information that we maintain as of the effective date of the revised Notice.

We will not share or disclose your Protected Health Information without your authorization, except as described in the Notice. For uses and disclosures of your Protected Health Information requiring your authorization, we will stop using or disclosing your Protected Health Information after we have received a written revocation of the authorization according to procedures included in the authorization.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your Protected Health Information for payment or health care operations purposes. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, and we may say “no” if it would affect your care.
    - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- The right to receive confidential communications concerning your medical condition and treatment, either by an alternate means or at an alternate location.
- The right to inspect and copy your Protected Health Information. We may charge a reasonable, cost-based fee for copies of your medical record.
- The right to an electronic copy of your medical record(s).
- The right to a summary or explanation of your medical records(s).
- The right to ask us to correct your Protected Health Information that you think is inaccurate or incomplete.

- The right to receive an accounting of how and to whom your Protected Health Information has been disclosed. We will include disclosures except for those about treatment, payment, and our operations, and some other disclosures, like ones you asked us to make. We will provide one accounting a year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- The right to receive notice of a breach.
- The right to receive a printed copy of this Notice upon request, even if you agreed to receive the Notice electronically.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, if you believe your privacy rights were violated, have questions, or would like additional information regarding this Notice or our privacy practices, please contact:

Facility Privacy Officer
Coshocton Regional Medical Center
1460 Orange Street
Coshocton, OH 43812
740-623-4121

If you believe that your privacy rights have been violated, please contact the Facility Privacy Officer, or you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (**OCR**). We will not retaliate against you for filing a complaint.

Ways to file a complaint with the **OCR**:

Mail:
Centralized Case Management Operations
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue
S.W. Room 509F HHH Building
Washington, D.C. 20201

Email:
OCRComplaint@hhs.gov

Phone:
Toll-free 800-368-1019 TDD toll-free 800-537-7697

Online:
Visit https://www.hhs.gov/ocr/complaints/, for more information on the options listed above, or for an electronic filing option

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We are required by law to maintain the privacy of, and provide individuals with, this Notice of our legal duties and privacy practices with respect to Protected Health Information. We are required by law to abide by the terms of this Notice as currently in effect. We are also required by law to notify affected individuals following a breach of unsecured Protected Health Information. If you have any objections to the contents of this form, please ask to speak with our Facility Privacy Officer in person at the facility or by phone at 740-623-4121.