

Notice of Privacy Practices

Effective Date: April 1, 2003

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.

If you have any questions about this notice, please contact the Health System's Patient Privacy Manager at 614-293-4477.

WHO IS COVERED BY THIS NOTICE

This notice describes The Ohio State University Health System's privacy practices and that of:

- Any healthcare professional authorized to enter information into your medical record maintained by the Health System.
- All departments and units of the Health System including: The Ohio State University Hospitals, The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, OSU & Harding Behavioral Healthcare and Medicine and The Ohio State University Hospitals East.
- Faculty and medical staff.
- Any member of the Volunteer Services program we allow to help you while you are in the Health System.
- All employees, staff and students who participate in Health System services.

These entities, sites and locations may share health information with each other for treatment, payment or health system operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to:

- make sure that your health information is kept private;
- give you this notice of our legal duties and privacy practices; and
- follow the terms of the notice that is currently in effect.

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting this information. This notice will tell you about:

- the ways in which we may use and disclose your health information;
- your rights; and
- our obligations regarding the use and disclosure of health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or share your health information in certain ways. We will explain how and when we may use or share your health information. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of the basic types of situations below:

For Treatment. It is important that we be able to use or share your information to treat you. We may share your information to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. Different departments of the health system also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We may share your information with health-care providers outside of The Ohio State University Health System for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

For Payment. We may use or share your health information so that we are paid for the cost of your care. We may share your information with another provider so that they may be paid for services as well. We may bill and share information with other providers, an insurance company, you or a third party. For example, we may need to give your health plan information about care you received at the Health System so your health plan will pay us or reimburse you for the care. 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. We may also share your health information in order to facilitate payment to another provider who has participated in your care.

For Healthcare Operations. We may use and share your health information for Health System operations. These uses and disclosures are necessary to run the Health System and to ensure that all of our patients receive quality care. For example, we may contact you in order to determine your level of satisfaction with our services or to see how you are doing after you return home. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Health System patients to decide what additional services the health system should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, student trainees and other Health System personnel for review and learning purposes. We may combine the medical information we have with medical information from other health systems to compare how we are doing and to see where we can make improvements in the care and services we offer. When we share information with other health systems for this type of comparison, we remove information that identifies you from this set of medical information so others may use it to study health-care and healthcare delivery without learning who you are. We may also use your information to identify those individuals who are part of our Ambassador Program.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care within the Health System. If you do not wish to receive appointment reminders, or wish to be contacted at a certain telephone number, be sure to tell the representative who is registering you for services.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about treatment options, health-related benefits or services that may be of interest to you.

Fund-raising Activities. We may use your health information to contact you in an effort to raise money for the Health System toward fulfilling its missions of patient care, teaching and research. We may provide demographic information (such as your name, address, phone number and verification information, including the dates you received treatment or services) to Development Office personnel or to a foundation related to the Health System. If you do not want to be contacted for fund-raising efforts, you must notify, in writing, the Senior Director, Medical Center Development & Alumni Affairs, at the following address: 1375 Perry Street, Building 13, 5th Floor, Columbus, OH 43201.

Facility Directory. While you are an inpatient at the Health System, we may include certain information about you in our facility directory. This information includes your:

- name,
- location in the hospital,
- religious affiliation.

The directory information, except for your religious affiliation, is only released to people who ask for you by name. However, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name. You have the right to refuse to have this information included in the facility directory. To opt out of the directory, contact any Registrar or the Admitting Office.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or other designated person who is involved in your medical care. We may also give information to someone who helps pay for your care. For example, we may need to tell the person who comes to pick you up after a surgery, admission or appointment what he or she may need to do to help you once you get home. We may need to use or share information about you in order to inform your family or persons responsible for your care where you are and of your condition. In addition, we may disclose medical information about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. For example, if you are admitted in an emergency and your family does not know where you are, we may contact them to tell them. If you are part of a large disaster, such as a tornado or accident, we may coordinate with disaster relief agencies to contact your family.

SPECIAL SITUATIONS:

Additional uses and disclosures for which authorization or opportunity to agree or object is not required by The Health Insurance Portability and Accountability Act (HIPAA).

Research. Research is one of the missions of The Ohio State University Health System. It can help find cures for diseases, and help you and many other people. You have the opportunity to be part of research at The Ohio State University Health System. Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose medical information. We also may disclose medical information about you to people preparing to conduct a research project. They may be looking for patients with specific medical needs or for certain information. The

medical information they review will be kept confidential. Often, you will need to give permission before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Organ and Tissue Donation. We may release medical information to organizations that handle organ, tissue and eye procurement as necessary, to facilitate organ, tissue and eye donation and transplantation. These organizations may review death charts to determine compliance with federal and state regulations related to donation, procurement and requests for transplantation.

Workers' Compensation. We may release medical information to Workers' Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries or illnesses.

Public Health Risks. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting medical device safety issues and adverse events to the federal Food and Drug Administration's MedWatch program; and reporting disease or infection exposure.

Victims of Abuse, Neglect or Domestic Violence. We may disclose certain health information to government agencies authorized by law to receive reports of abuse, neglect or domestic violence if we believe that you have been a victim.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

Judicial and Administrative Proceedings. We may disclose your health information in the course of an administrative or judicial proceeding, such as in response to a court order.

Law Enforcement. We may release medical information to a law enforcement official if required or permitted by law.

Deceased Person Information. We may release medical information to a coroner or medical examiner or a funeral director as necessary to carry out their duties.

Specialized Government Functions. We may release medical information about you to authorized federal officials for national security and intelligence, military or veterans activities required by law.

USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION

In all other situations (situations that are not treatment, payment, health systems operations or special situations, as we told you about above), we may only share information with your specific written authorization. You may revoke that authorization, 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, except to the extent that we already have used or disclosed your information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although the physical form of your medical information or Designated Record Set is our business record and is the property of the Health System, the information contained in those records is your information, and you have certain rights regarding that information. You have the following rights regarding medical information we maintain about you:

Right to Review and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this information includes medical and billing records, but does not include psychotherapy notes; information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding; or certain lab test results subject to the Clinical Laboratories Improvement Act of 1988. You must submit your request for your medical information in writing to the Director of Medical Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Appeal a Denial of Access to Medical Information. You have the right to access your medical information. There are some limitations to that right. If for clear treatment reasons your health provider has determined that access to your health information is likely to have an adverse effect on you, the hospital or practitioner shall provide the record to a practitioner designated by you to help you with your review of the information.

Your access is limited to your Designated Record Set. Your Designated Record Set is information we used to make decisions about your care. It does not include:

- Information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding, or
- Certain lab test results subject to the Clinical Laboratories Improvement Act of 1988 or
- Other types of information not used by us to make decisions about your health care.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained. We may deny your request if you ask us to amend information that:

- is not part of the information which you would be permitted to inspect and copy or
- we believe is accurate and complete.

Submit your request to the Director of Medical Information Management. Your request must be made in writing and include a reason that supports your request.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. An accounting of disclosures is a list of the disclosures of your health information that we made to others of medical information about you in certain “special situations” as listed above.

These disclosures are not related to treatment, payment, or health care operations and occur when we are not required to obtain your authorization before we shared your information with others. You must submit your request in writing to the Director of Medical Information Management.

Your request must:

- Tell us the calendar dates you want to see. The time period cannot include more than six years of information, and cannot begin prior to April 14, 2003.
- Indicate in what form you want the list (paper copy or electronic).

Charges: There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must make your request for any restrictions in writing to the Director of Medical Information Management. In your request, you must tell us (1) what

information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Director of Medical Information Management or the Health System’s Privacy Office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, be sure to provide an appropriate telephone number.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Contact any registrar or admitting clerk. You may also print a copy of this notice at our web site: www.osumedcenter.edu.

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. Current copies of this notice will be available at any admitting or registration location. The current notice will also be posted at our web site. The effective date of the notice will be posted on the first page.

COMPLAINTS

The Ohio State University Health System is dedicated to ensuring your privacy rights, consistent with HIPAA. If you believe your privacy rights have been violated, you may file a complaint with our Health System by contacting the Customer Service Department of the facility your complaint involved.

The contact numbers are:

University Hospitals and Clinics: (614) 293-8944

The Arthur G. James Cancer Hospital and Richard J.

Solove Research Institute: (614) 293-8609

The Ohio State University Hospitals East: (614) 257-3100

OSU & Harding Behavioral Healthcare

& Medicine: (614) 293-3530

You may also file a complaint with the U.S. Office of Civil Rights, Washington, D.C. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

