

Notice of Privacy Practices

Notice Effective Date: August 1, 2016

Your Rights

When it comes to your health information, you have certain rights. This section will explain your rights and some of our responsibilities. Except as outlined below, we will not use or disclose your personal health information (PHI) for any purpose without a valid authorization from you. For further information or questions about this Notice contact our Privacy Officer located at Berger Health System, 600 North Pickaway Street, Circleville, OH 43113 by mail, by email at Privacy.Officer@bergerhealth.com, or direct by phone at (740) 420-8399 and toll-free at 888-477-2126, ext. 8399.

You have the right to request an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days upon request. We may charge a reasonable, cost-based fee. Contact our Medical Records Department or our Privacy Officer to ask how to do this.

You have the right to request us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why, in writing, within 60 days. Contact our Privacy Officer to ask us how to do this.

You have the right to request confidential or alternate communications. You can ask us to contact you in a specific way. For example, you can ask us to use your work phone not home phone, not to leave voicemails, or send mail to a different address. We will say "yes" to all reasonable requests.

You have the right to request we limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. 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. Contact our Privacy Officer to ask how to do this.

You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority and can act for you before we take action.

You have the right to request a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have requested an electronic copy. We will provide you a paper copy promptly.

You have the right to request a list of those with whom we've shared your health information. You can ask for an accounting of the times we've shared your health information and why, for up to six years prior to the date of the request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months. Contact our Privacy Officer to ask how to do this.

You have the right to file a complaint if you feel your rights are or have been violated. If you feel your privacy rights have been violated you can submit a complaint to our Privacy Officer located at Berger Health System, 600 North Pickaway Street, Circleville, OH 43113 by mail, by email at Privacy.Officer@bergerhealth.com, or direct by phone at (740) 420-8399 and toll-free at 888-477-2126, ext. 8399. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have the right to choose what information you want or do not want to share with your family, close friends, or others involved in your care.

You have the right to choose what information you want or do not want to share in a disaster relief situation.

You have the right to choose if you want or do not want to be included in our patient hospital directory. You may also choose what information want or do not want to include in our patient hospital directory.

You have the right to choose if you want to participate in a Health Information Exchange (HIE) and you have the right to opt-out of the HIE at any time.

You have the right to choose if you want use our secure online patient portal, for enhanced patient-provider communication.

In cases of marketing you have the right to choose if you would like to receive marketing communications from us. We never share your information for marketing purposes unless you give us written permission. If you have provided written authorization for marketing, you have the right to opt-out of receiving marketing communications at any time by contacting our Privacy Officer via mail, e-mail, phone, or on our website.

In cases of fundraising we may contact you for fundraising efforts. You have the right to opt-out of receiving fundraising communications at any time by contacting our Privacy Officer via mail, e-mail, phone, or on our website.

In most cases we will not share psychotherapy notes without your written permission.

Notice of Privacy Practices Continued

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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the ways outlined below. How else can we use or share your health information? We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html. How might we use or disclose your information?

For your care and treatment we can use your health information and share it with other professionals who are treating you. An example of this would be, when a doctor treating you asks another doctor about your overall condition or will use your information to plan a course of treatment for you.

For purposes of appointment reminders or notification of services available at Berger Health System we may use your information to contact you.

For purposes to run our organization we can use and share your health information for clinical improvement, peer review, or accreditation. Another example would be sharing your information with business associates (outside persons or organizations) that assist with auditing, coding, or legal needs.

For billing your services we can use and share your health information to facilitate payment from health plans or other entities. An example of this would be if we give information about you to your health insurance plan so it will pay for your services.

For help with public health and safety we can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

For research purposes we can use or share your information for health research. For example a researcher may wish to compare outcomes related to a particular drug and will need to review a series of medical records. Your information will be protected by strict confidentiality requirements.

For compliance with the law we will share information about you should state or federal laws require it. For example, the Department of Health and Human Services may want to see that we are complying with federal privacy laws.

For purposes related to organ and tissue donation requests we can share health information about you with organ procurement organizations.

For collaboration and work with the medical examiner or funeral director we can share health information with a coroner, medical examiner, or funeral director when an individual dies.

For workers' compensation law enforcement and other government requests we can use or share health information about you; for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

For compliance with lawsuits and legal actions we can share health information about you in response to a court or administrative order, or in response to a subpoena.

Additional considerations

Ohio law requires that we obtain a consent from you in any instance before disclosing the performance or results of an HIV test, 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; and before disclosing information about mental health services you have received.

We are required by law to maintain the privacy and security of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices. We will let you know promptly if any breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Contact our Privacy Officer to assist you.

This Notice of Privacy Practices applies to Berger Health System operating as a clinically integrated health care arrangement composed of Berger Hospital, Berger Hospice, Berger Health Foundation, and Berger Health Partners. This notice applies to all Berger Health System locations both inpatient and outpatient services, including their workforce members defined as employees, volunteers, physicians, students, trainees, interns, consultants, contractors, subcontractors, vendors, etc.

We may make changes to the Terms of this Notice and the changes will apply to all information we have about you. The new notice will be posted and available upon request, at all provider locations and on our website.

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