



MEDICAL CENTER OF NEWARK

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 Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

This notice applies to all records of your care generated by Medical Center of Newark (MCN), outpatient surgery, radiology, laboratory, 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 MCN. 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 MCN 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. Medical Center of Newark is required by law to:

- ❖ Make sure that medical information that identifies you is kept private;
- ❖ Give you notice of our legal duties and privacy practices with respect to medical information about you; and
- ❖ Follow the terms of the notice that are currently in effect.

If you have any questions regarding this notice, please call MCN Compliance Department Privacy Hotline at (740) 522-7897

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

TREATMENT: We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, nursing and other students, and other hospital personnel who are involved in taking care of you at MCN. 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 appropriate meals. Different departments of the hospital also may share your medical information in order to coordinate your individual needs, such as prescriptions, laboratory work and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital—such as your doctors and another health care facility such as a nursing home or home health agency.

FOR PAYMENT: We may use and disclose your medical information so that the treatment and services you receive at MCN may be billed to and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for health care operations. These uses and disclosures are necessary to run MCN and make sure all of our patients receive quality care. For example, 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 use medical information to decide what additional services the hospital should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses and hospital personnel for review and learning purposes. 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 for 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.

APPOINTMENT REMINDERS: 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 your physician offices.

TREATMENT ALTERNATIVES: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest of you.

HEALTH-RELATED BENEFITS AND SERVICES: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

PUBLIC HEALTH RISKS: We may disclose medical information about you for public health activities, including the following; to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of medical device recalls of products they may be using; to conduct post marketing surveillance; to notify the Ohio Department of Health or a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, including AIDS and HIV-related conditions; and to notify your employer of findings if we are providing health care to you at the request of your employer.

AS REQUIRED BY LAW: 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.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your medical information when necessary to prevent a serious threat to your safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIALIZED GOVERNMENT FUNCTIONS: If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities; and to protect the President, foreign heads of state, other authorized persons or to conduct investigations. We may disclose your medical 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.

WORKER'S COMPENSATION: We may release information about you for worker's compensation or similar programs.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process.

CORONERS AND FUNERAL DIRECTORS, AND FOR ORGAN DONATION: We may disclose protected health information to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

ORGAN AND TISSUE DONATION: If you are an organ, tissue or eye donor, we may release medical information to organizations as necessary to facilitate organ or tissue donation and transplantation.

LAW ENFORCEMENT PURPOSES: 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.

RESEARCH: We may use your protected health information for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION REQUIRING US TO GIVE YOU AN OPPORTUNITY TO OBJECT

We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

HOSPITAL DIRECTORY: We may include certain limited information about you in the hospital directory while you are admitted as a patient at the hospital. This information may include your name, location in the hospital, your general condition (undetermined, good, fair, serious, and critical) and your religious affiliation. The directory information, except for your religious affiliation, may 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 rabbi, 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. If you do not want your name listed in the hospital directory, please tell the registrar or nurse.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may use or disclose your medical information to a member of your family, a relative, a close friend or any other person you identify if that information directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it to be in your best interest based on our professional judgment. We may use or disclose your information to notify or assist in notifying a family member, personal representative or any other person responsible for your care of your location, general condition or death. In addition, we may disclose medical information about you to someone authorized by law to assist in disaster relief efforts so your family can be notified of your condition and location. If you do not want your medical information disclosed to others, please notify the registrar.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as directed.

USES AND DISCLOSURES WHICH YOU AUTHORIZE: Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

RIGHTS TO INSPECT AND COPY: You have the right to inspect and copy your protected health information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing or call the Medical Records/Health Information Department at (740) 522-7825, or your doctor's office. 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. We may deny your request to inspect and copy notes from psychotherapy sessions or information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed by contacting the Medical Records/Health Information Department at (740) 522-7825 or one of your physician offices, or wherever your records are located.

RIGHT TO AMEND: If you feel that your medical information 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 kept by or for the hospital. To request an amendment, 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. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us or if the physician or MCN personnel that created the information are no longer at MCN; (2) is not part of the medical information kept by or for the hospital or health system; (3) is not part of the information which you would be permitted to inspect or copy; and (4) is accurate and complete.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS: 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.

RIGHT TO ACCOUNTING OF DISCLOSURES: You have the right to request an accounting of disclosures we made of medical information about you during the six-year period preceding the date of your request, as provided for in the Privacy Rule 45 CFR 164.528. We are not required to provide an accounting of disclosures that occurred prior to April 14, 2003. 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.

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.

THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION: You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your surgeon and the Medical Center of Newark uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Medical Records/Health Information Department. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

RIGHT TO REQUEST A RESTRICTION: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care 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. To request restriction, you must make your request in writing on a form developed by MCN, or you can send a written request to the Medical Records/Health Information Department or to your personal doctor. In your request, you must tell us: (1) What information you want to limit; (2) Whether you want to limit use, disclosure or both; and (3) To whom you want the limits to apply, for example, disclosure to your spouse.

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 MCN registrar or an MCN staff member.

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 MCN Compliance Department Privacy Hotline at (740) 522-7897 or writing to:

Medical Center of Newark
2000 Tamarack Rd.
Newark, OH 43055

You may also file a complaint in writing to the U.S. Department of Health and Human Services. We will take no retaliation if you file a complaint.

Medical Center of Newark
2000 Tamarack Road, Newark, Ohio 43055
(740) 522-7800

Medical Records Release Form
MR-004