

# Notice of Privacy Practice Per BSMH Policy

Notice of Privacy Practices Effective 09/09/2013

Si necesita la versión en español de esta notificación, favor de dejarle saber a la persona en recepción.

**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 questions about your privacy, please call our Privacy Officer, listed on the paper named: "Affiliated Entities and Privacy Officer in Your Local Market."

## Who will follow this notice?

This health system provides health care to our patients, residents and clients through physicians and other health care professionals and businesses. This notice applies to all our locations (see "Affiliated Entities and Privacy Officer in Your Local Market"), including:

- All employees, physicians or volunteers, including students in training.
- Any business associate or partner that uses your health information.

## Our Pledge to You

We know your medical information is personal and we are committed to protect your privacy. We create a record of your care and services to meet legal requirements and to provide you the best care. This notice applies to your medical record that we maintain for services or items we provide you at our locations. Your personal doctor may follow a different notice for your medical record created and maintained in his or her office. We are required by law:

- To keep medical information about you private.
- To give you this notice, explaining our legal duties to protect your privacy.
- To follow the terms of the notice that is currently in effect.
- To notify you if we fail to protect your privacy.

## Changes to this Notice

We may change our policies at any time and the changes will apply to current and any new medical information we collect. Before we make a major change in policy, we will change our notice and post it in waiting areas and on our website at [mercy.com](http://mercy.com) (Scroll to bottom of page and click on "Notice of Privacy Practices" at [mercy.com](http://mercy.com)). You may request the current

notice at any time. When we change our notice, we will offer you a copy of the current notice at your next visit, and we will ask you to acknowledge in writing your receipt of this notice. This notice is currently effective, with the effective date shown just below the title.

## How we may use and share medical information about you

We may use and share medical information about you for:

- Treatment (sharing your medical information with other health care providers involved in your care, or to a specialist for a referral).
- Payment (sending billing information to your insurance company or Medicare).
- Health Care Operations (comparing patient data to improve treatment standards).
- Health Information Exchange (HIE) (An HIE manages electronic medical information often shared between insurance companies and your healthcare providers).
  - 1) We will send your medical information electronically to a HIE to provide health care services or items to you.
  - 2) The HIE will protect the privacy and security of your medical information.
  - 3) The HIE will limit the use of your medical information to permitted individuals.
  - 4) You have the right to request in writing that we do either or both of the following:
    - a) Not send any of your medical information to the approved HIE; or
    - b) Not send specific categories of your medical information to the approved HIE.
  - 5) Any limitations you request of us may prevent the sharing of medical information that is necessary for the provider to give you appropriate care.
  - 6) If you request any limitations, we must honor your request.
  - 7) If you request limitations of specific categories of your medical information, we must honor your request, if the limitation meets applicable state law.

In following privacy laws and regulations, we must meet the stricter of state or federal laws and regulations. Where state laws are stricter than federal laws, we will meet the applicable state law.

**We will use or share your medical information without your permission for:**

- Public Health Registries (disease prevention; birth or death; or disability)
- Other required reporting (quality data and patient satisfaction reporting)
- Health oversight audits or inspections (Health Department, Independent Review Organizations, or Accreditation Surveys)
- Qualified research studies (as approved by an Institutional Review Board)
- Funeral Directors (to identify the decedent for funeral arrangements)

**We will also disclose medical information when required by law for:**

- Domestic Violence, Abuse or Neglect (to protect the health and safety of patients)
- Organ and Tissue Donation & Procurement (when death is certain)
- Workers' Compensation (eligibility for claims due to work-related injury)
- Health, Safety, or other emergencies (to prevent or lessen serious threats to yourself, another person, or the public)
- Law Enforcement or Correctional Institution (while in lawful custody or an inmate)
- Coroners or Medical Examiners (to identify the decedent)
- Judicial or administrative orders (lawsuits or other disputes in response to court order or subpoena)
- Specialized Government functions (military and veteran's activities, national security activities, and protective services for the President and others)

We may share HIV test results without your consent for certain purposes, such as medical emergencies, organ donations, qualified research and other similar purposes. Any such disclosure must be accompanied by the following, or a similar, statement: "This information has been disclosed to you from confidential records protected from disclosure by applicable state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by applicable state law. A general authorization for the release of medical or other information is not sufficient for the purposes of the release of HIV test results or diagnosis."

We may share limited medical information for the purpose of raising funds for the hospital. We may share information including your name, address, other contact information, age, gender and date of birth; dates of health care provided including department of service, treating physician, outcomes and health insurance status. You may opt out of receiving fundraising communications by contacting the Executive Director of the foundation at any time. You may opt back into future communications by contacting the same individual. As a hospital patient, the patient directory lists your name, room number, phone number, your general condition and your religious preference. We will release all but your religious preference to anyone who asks about you by name. In our Emergency Departments, we may release your status to anyone who asks about you by name. We may share your religious preference with clergy, even if they do not ask about you by name. You may opt out of the patient directory, status releases, and disclosures to clergy by telling your admissions nurse.

We may share your medical information with your friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

We may share your medical information with business associates that contract with this health system. All business associates must follow this notice and are directly responsible for compliance with applicable state and federal privacy laws and regulations.

Authorizations and other uses of medical information in any other situation not covered by this notice, we will ask for your written permission before sharing your medical information. For example, your permission is required to release your information for most research or marketing, to sell your medical information, or to share your psychotherapy notes. If you provide written permission to release your information, you can later notify us in writing to cancel your permission.

Your rights regarding medical information about you in most cases, you have the right to look at or get a copy of medical information that we maintain, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies.

We must provide a free copy of your medical information when requested for the Bureau of Workers' Compensation, the Industrial Commission or to the Department of Jobs and Family Services. When you provide documentation that you need a copy of your medical record for your Social Security benefit claim, we will provide a copy without charge.

You may receive an electronic copy of your health information when available in an electronic format, and you may direct that

we provide the copy directly to another person or entity. You must provide clear details for the transmission, including complete name and mailing address or other identifying information.

If you believe that your medical record contains incorrect or missing information, you may request a correction by submitting a written request that provides your reason for requesting the change. We could deny your request, if the information were not created by us or if it is not part of the medical information maintained by us or if we determine that the record is correct. You may appeal our decision not to amend your record.

You may request a written list of disclosures of your health information that we or our business associate made in the six years before the date you request the list, if that disclosure is:

- One not permitted by HIPAA law, unless you have received notification from us of an impermissible disclosure.
- For public health activities, except disclosures to report child abuse or neglect.
- For legal and administrative proceedings.
- For law enforcement purposes as provided in §164.512(f) of the HIPAA regulations.
- To avert a serious threat to health or safety.
- For military and veterans activities, the Department of State's medical suitability determinations, and government programs providing public benefits.
- For disclosures for workers' compensation.

You may receive the list of disclosures in paper or electronic form. We will produce the first list requested in a 12-month period for free. We will charge an administrative fee for additional requests, and we will inform you of the cost before you incur any costs.

You may request to receive a written report that lists who has accessed your medical information for up to three years before the date of the request. You may limit the report to a specific date, period or person or to a specific organization or a specific business associate. We will produce the first list requested in a 12-month period for free. We will charge an administrative fee for additional requests, and we will inform you of the cost before you incur any costs.

You may request that we communicate with you in an alternative manner, such as sending mail to an address other than your home. Your request must be in writing detailing the specific way or address for us to communicate with you.

You may request that we limit sharing your medical information that is not otherwise required by law. We will consider your request, but we are not legally required to agree, unless you request restrictions to a health plan about services that you personally paid for. We will inform you of our decision on your request and you may appeal our decision in writing to our Privacy Officer.

If this notice was sent to you electronically, you may request a paper copy of this notice.

Complaints - If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Privacy Officer. You may also contact the Report Line, a 24-hour hotline, at 888-302-9224. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

### **Harness Health Home Delivery Pharmacy**

7160 Industrial Row Dr., Suite 330  
Mason, OH 45040  
Mon. - Fri. 8 a.m.-4:30 p.m.  
866-775-5767 (Opt. 0)



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back into future communications by contacting the same individual. As a hospital patient, the patient directory lists your name, room number, phone number, your general condition, and your religious preference. We will release all but your religious preference to anyone who asks about you by name. In our Emergency Departments, we may release your status to anyone who asks about you by name. We may share your religious preference with clergy, even if they do not ask about you by name. You may opt out of the patient directory, status releases, and disclosures to clergy by telling your admissions nurse.

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### **Harness Health Specialty Pharmacy**

7160 Industrial Row Dr., Suite 331  
Mason, OH 45040

Mon. - Fri. 8 a.m.-4:30 p.m.

To speak to a specialty pharmacist call:  
866-775-5767 Option 6



**Harness Health**  
Pharmacy