

MERCY HEALTH PARTNERS

*of
Southwest Ohio*



Notice of Privacy Practices

Effective 4/14/2003

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.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of your care and services to provide quality care to you and to comply with legal requirements. This notice applies to all of the records of your care that we maintain as a designated record set, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law:

- to keep medical information about you private.
- to give you this notice of our legal duties and privacy practices with respect to medical information about you.
- to follow the terms of the notice that are currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, and on our Web Site at www.e-mercy.com. You can receive a copy of the current notice at any time. The effective date is listed on the title page. You will be offered a copy of the current notice and you will be asked to acknowledge in writing that you were offered a copy of this notice.

How we may use and disclose medical information about you.

We may use and disclose medical information about you: for *treatment* (such as sending medical information about you to a specialist as part of a referral); *to obtain payment for treatment* (such as sending billing information to your insurance company or Medicare); and *to support our healthcare operations* (such as comparing patient data to improve treatment methods).

We may use or disclose medical information about you *without* your prior authorization for several other reasons. We may disclose medical information to your primary care physician if he/she requests such information for your patient medical records maintained by him/her. Subject to certain requirements, we may give out medical information about you without prior authorization for *public health purposes, birth, death, domestic violence, abuse, neglect or other required reporting, health oversight audits or inspections, qualified research studies, funeral arrangements and organ donation, workers' compensation purposes, or to prevent or lessen serious or imminent threats to the health or safety of a person or the public and other emergencies*. We also disclose medical information *when required by law*, such as in response to a request from law enforcement, certain independent review organizations or the coroner's office, in specific circumstances, or in response to valid judicial or administrative orders.

We may disclose 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 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 state law. A general authorization for the release of medical or other information is not sufficient for the purpose of the release of HIV test results or diagnosis.”

We may contact you for *appointment reminders*, or to tell you about or recommend *possible treatment options, alternatives, health-related benefits or services* that may be of interest to you, or to support *fundraising efforts*.

If admitted as a patient, unless you tell us otherwise, we will list *in the patient directory* your name, location in the hospital (room number and phone number), your general condition and your religious affiliation, and will release all information except your religious affiliation to anyone who asks about you by name. In our Emergency Department, we may, unless you tell us otherwise, release your status if a request is made using your name.

Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name.

We may disclose medical information about you to a *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.

Other uses of medical information.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

- In most cases, *you have the right to look at or get a copy of your medical information* that we use to make decisions about your care, 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, however, provide a free copy of your medical information to the Bureau of Workers' Compensation, the Industrial Commission, the Department of Jobs and Family Services, or to you or your representative if the purpose of the request is to support a claim under

the Social Security Act and if your request is accompanied by documentation to support such a claim.

- If you believe that information in your record is incorrect or if important information is missing, ***you have the right to request that we correct the records***, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the existing record is accurate. You may appeal, in writing, a decision by us to not amend a record.
- ***You have the right to a list of those instances where we have disclosed medical information about you***, other than for treatment, payment, healthcare operations or for where you specifically authorized a disclosure. Your written request must state the time period desired for the accounting, which must be less than a 6-year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice was sent to you electronically, ***you have the right to a paper copy of this notice***.
- ***You have the right to request that medical information about you be communicated to you in a confidential manner***, such as sending mail to an address other than your home. Your request must be in writing, detailing the specific way or location for us to use to communicate with you.
- ***You may request, in writing, that we not use or disclose medical information about you*** for treatment, payment or healthcare operations or to persons involved in your care ***except*** when specifically authorized by you, when required by law, or in an emergency. We will consider your request ***but we are not legally required to accept it***. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Officer listed on reverse.

**If you have any questions, please contact
our Privacy Officer listed below.**

Complaints

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your records, you may contact the facility representative or our Privacy Officer (listed at right). You may also contact the Catholic Healthcare Partners ReportLine, 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.

Privacy Officer:

4600 McAuley Place
Cincinnati, Ohio 45242
513/981-6280
513/981-6101 (Fax)

Facility Representatives:

You may call the following numbers to be put in contact with the facility's HIPAA representative:

Mercy Hospital Anderson
513/624-4500

Mercy Hospital Clermont
513/732-8200

Mercy Hospital Fairfield
513/870-7000

*Mercy Franciscan Hospital
Mt. Airy*
513/853-5000

*Mercy Franciscan Hospital
Western Hills*
513/389-5047

Mercy St. Theresa Center
513/271-7010

Mercy Franciscan Terrace
513/761-9036

Mercy Franciscan at Schroder
513/867-4100

Mercy Franciscan at West Park
513/451-8900

Mercy Home Care
513/981-4501

*Mercy Medical Associates –
Bethel*
513/734-6979

*Mercy Medical Associates –
Sardinia*
937/446-2531

Who will follow this notice?

Mercy Health Partners of Southwest Ohio provides healthcare to our patients, residents and clients in partnership with physicians and other professionals and organizations. The privacy practices in this notice will be followed by:

- Any healthcare professional, including any member of our medical staff, who treats you at any of our locations.
- All departments and units of our organization, including Mercy Hospital Anderson, Mercy Hospital Clermont, Mercy Hospital Fairfield, Mercy Franciscan Hospital Mt. Airy, Mercy Franciscan Hospital Western Hills, Mercy St. Theresa Center, Mercy Franciscan Terrace, Mercy Franciscan at Schroder, Mercy Franciscan at West Park, Mercy Medical Associates offices, Mercy Health Solutions offices, Life Management Systems EAP's offices, Mercy Anderson Ambulatory Surgery Center, Mercy Home Care, HealthSpan and Milford Diagnostic Imaging.
- All employees, staff and volunteers of our organization, including staff at Mercy Health Partners of Southwest Ohio, our regional office, and Catholic Healthcare Partners, our parent organization, with whom we may share information.
- Any business associate or partner of Mercy Health Partners of Southwest Ohio with whom we share health information.



www.e-mercy.com