

**Benjamin Rose  
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 CAREFULLY. THIS NOTICE IS EFFECTIVE ON **APRIL 14, 2003**.

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire notice.

**Our Responsibilities:**

Our agency is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.

**Your Rights:**

As a person who receives services from our organization, you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin board in our specific locations as well as on our web site. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

**Understanding Your Health Record/Information**

Each time you receive services from our agency a record of this service is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided

- A tool in educating health professionals
- A source of data for health care research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for agency planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, may access your health information, when and for what purpose, and make more informed decisions when authorizing disclosure to others.

## **How We Will Use or Disclose Your Health Information**

***We use and disclose our client/resident's health information for a variety of reasons. Under Federal law, we have the right to use and/or disclose your health information to provide treatment, to obtain payment for our services and to carry out our health care operations without your prior consent or authorization. However, we will ask for your prior written consent for most disclosures of your health information to third parties in order to comply with more stringent requirements under Ohio law. For uses and disclosures other than for treatment, payment and health care operations, both Federal and Ohio law, with exceptions described below, require us to have your written authorization. If we disclose your health information to an outside entity so that the entity may perform a function on our behalf, we will enter into an agreement with that entity to protect your information in the same manner that we must protect it. The following information describes and gives examples of how we may use and disclose your health information:***

1. **Treatment**: We will use or disclose your information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from our agency.
2. **Payment**: We will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare and Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health care operations**. We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the quality improvement coordinator or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This informa-

tion will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

4. Business associates. There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" including our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
5. Research We may use your health information for research purposes when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
6. Transfer of information at death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
7. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
8. Marketing. We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
9. Fund raising. We may contact you as part of a fund-raising effort.
10. Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
11. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
12. Public health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

13. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
14. Law enforcement/judicial and administrative proceedings. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
15. Appointment reminders. We may use or disclose personal health information to remind you about appointments.
16. Treatment alternatives. We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.
17. Health oversight activities. We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.
18. Reporting Victims of Abuse, Neglect, or Domestic Violence. If we believe that you have been a victim of abuse, neglect, or domestic violence, we will use and disclose your personal health information to notify a government authority if required or authorized by law.
19. Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### **Your Health Information Rights**

Although your health record is the physical property of the agency, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the agency's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our agency. Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or to abide by it. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of this organization, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we

provide you wish such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the appropriate clinician. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).

- Right of access to health information: You have the right to request, either orally or in writing, your medical billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must provide you with copies within 2 days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided our agency. Please note that an accounting will not apply to any of the following types of disclosures:
  1. For treatment, payment or health care operations;
  2. To you or your legal representative, or any other individual involved with your care;
  3. Incident to a use or disclosure permitted or required by the Federal Privacy Rule;
  4. Based on your authorization to release information;
  5. For use in the facility directory;
  6. For national security or intelligence purposes;
  7. As a part of a limited data set for research, public health, or health care operations; and,
  8. To a health oversight agency or law enforcement official for the period of time that the agency or official asked to have the information not disclosed.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website: [www.benrose.org](http://www.benrose.org).
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

### **For More Information or to Report a Problem**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with the persons listed below. You also may file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services at: 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601 or call: 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

If you have questions about this notice or any complaints about our privacy practices:

- **Client Rights Officer:** Alberta Chokshi, LISW
- **The statewide Client Rights Advocate at (614) 466-2333**

