

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.

The terms of this Notice of Privacy Practices apply to Knox Affiliated Health Services operating as a clinically integrated health care arrangement composed of Knox Community Hospital and the physicians and other licensed professionals seeing and treating patients at the hospital. The members of this clinically integrated health care arrangement work and practice at Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, Ohio 43050. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at the Emergency Department registration, Central Registration, front desk or the hospital web site at www.kch.org or a copy may be obtained by mailing a request to Privacy Officer, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization. You have a right to expect that Authorization will be obtained from you regarding uses and disclosures of personal health information when required. Authorization is required for most uses of psychotherapy notes, uses and disclosures of personal health information for marketing purposes and disclosures that amount to the sale of personal health information. Other uses and disclosures not described in this Notice of Privacy Practices will only be made with authorization from you. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment. We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the hospital, you are going to receive home health care, we may release your personal health information to that home health care agency so that a plan of care can be prepared for you.

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Uses and Disclosures for Payment. We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Our Facility Directory. We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by your full name e.g. John Smith. This information, including your religious affiliation, may be also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times It may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

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Fundraising. We may use and disclose your protected health information for fundraising purposes only as permitted by federal privacy regulations and relevant to Ohio laws. We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications. You may call the Marketing Department at Knox Community Hospital and make your wishes known that you would like to "opt out" indicating that you do not wish to receive fundraising materials or communications from us. You may also request a pre-printed, pre-stamped envelope from the Marketing Department and send a statement that you do not wish to receive fundraising materials or communications from us.

Appointments and Services. We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to Health Information Management, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050.

Health Products and Services. We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health

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information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;

- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if in limited instances if we suspect a serious threat to health or safety;
- We may release your personal health information, if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.
- We may release proof of immunization to a school when the State or law requires the school obtain this information prior to admitting the student. We will obtain oral agreement from the appropriate individual (or parent, guardian etc.) prior to disclosing proof of immunization.

Health Information Exchanges

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Health Information Management Department (740-393-9051)

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RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. Usually, this includes medical and billing records, but does not include psychotherapy notes. All requests for access must be made in writing and signed by you or your representative. We will charge you a fee if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form, including fees, from Health Information Management.

We may deny your request to inspect and copy your personal health information in certain very limited circumstances. If you are denied access to your personal health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from Health Information Management.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Health Information Management. The first accounting in any 12-month period is free; you will be charged a fee of \$50.00 for each subsequent accounting you request within the same 12-month period. We have 30 days to fulfill your request for an accounting of disclosures.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to restrict certain disclosures of personal health information to a health plan if you are paying out of pocket, in full, for the healthcare item or service. You have the right to request other restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from Health Information Management. Except for a request to restrict disclosures to a health plan when you have paid out-of-pocket in full for the items or services received from us, we are not required to agree to your restriction request but, will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination.

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You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to Health Information Management.

Notification of a Breach. We are required by law to notify you of a breach (a use or disclosure that was not permitted by law) of unsecured personal health information if it is determined that the breach may affect you.

Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Knox Community Hospital, Attention: Health Information Management, 1330 Coshocton Road, Mount Vernon, OH 43050. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Electronic Health Record. You have the right to obtain a copy of your personal health information in an electronic format and you may request to have the information transmitted to a designated person. You may be charged a fee for the transmission of this information.

Deceased Individuals. We will comply with requirements for privacy of personal health information for a period of 50 years following the date of death of an individual. Personal health information may be released for research purposes as permitted by law; and to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any known prior expressed preference of the individual.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with the Patient Advocate, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201 in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact:

Privacy Officer
Knox Community Hospital
1330 Coshocton Avenue
Mount Vernon, OH 43050
740-393-9888
Privacy.Officer@kch.org

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As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

Knox Community Hospital has the right to make revisions to this Notice of Privacy Practices at any time.

EFFECTIVE DATE

This Notice of Privacy Practices is effective May 12, 2016.