

FULTON COUNTY HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

Effective April 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.

This Notice of Privacy Practices covers all of the activities of Fulton County Health Center, its employees and volunteers, the independent members of its medical staff, and contracted individuals providing services at any location on behalf of Fulton County Health Center.

Each time you visit Fulton County Health Center, we make a record of the information gathered during your visit. This information is used for a number of purposes. These uses are set forth below. You have certain rights regarding this information. Your rights regarding this information are set forth below. Finally, we have certain responsibilities regarding our use of your information. Our responsibilities are set forth below.

USES AND DISCLOSURES OF HEALTH INFORMATION

We are permitted by law to use your health information to:

- provide treatment to you. For example, we will provide your physician(s) with the information we obtain to assist the physician(s) in providing proper care to you. We will also provide this information to subsequent health care providers.
- obtain payment for our services. For example, we may send your insurance company or other payer a bill that may include your health information.
- perform our regular health care operations. For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.

You will be asked to execute an acknowledgment form that indicates that you have received this Notice of Privacy Practices.

We may also use your information to contact you to raise funds for the facility, to provide appointment reminders to you and to advise you of treatment alternatives available to you.

We are permitted, and in some cases required, by law to make certain other disclosures of health information without your authorization. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

- to public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other public health issues;
- to health oversight agencies, such as governmental auditors, the Ohio Department of Health, and other agencies when required;
- to any individual when ordered by a court or other legal process to do so;
- to law enforcement officials when necessary for law enforcement purposes and as permitted under the law;
- to a coroner or medical examiner when necessary to enable them to perform their duties;
- to organ procurement organizations, to enable them to make suitability determinations;
- in cases of emergency;

- to researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy;
- in any other circumstance specifically permitted under Ohio law, to the extent that such law has not been deemed to be preempted by HIPAA, as determined by the Ohio Bar Association or a court of competent jurisdiction.

In addition, unless you object, we may include limited information about you in our facility directory. The information in this directory, which is limited to your name, location in the hospital, general condition and religious affiliation may be disclosed to anyone who asks for you by name; provided, however, that religious affiliation information will only be disclosed to clergy.

We may also disclose information about you to friends or family members who are involved in your care.

We will not use your information for any other purpose without your written authorization. You have the right to revoke any authorization you provide us.

YOUR INDIVIDUAL RIGHTS

You have certain rights regarding your health information. These include:

- the right to obtain a paper copy of this notice;
- the right to inspect and copy your health information (copies are available for a reasonable fee);
- the right to request amendments to your health information you believe to be inaccurate;
- the right to obtain an accounting of our uses and disclosures of your health information unrelated to treatment, payment, or health care operations;
- the right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request);
- the right to request that communications regarding your health information be sent by alternative means or at alternative locations.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your information in accordance with this notice. We are also required to provide you with this notice explaining our duties and practices regarding your health information. We are required to abide by the terms of this notice.

We reserve the right to change the content of this notice and to make new provisions regarding your protected health information. We will provide you a revised notice during your first visit after the revisions are effective.

If you believe your privacy rights have been violated, or if you have any questions regarding this notice, you may contact Fulton County Health Center's nursing home supervisor at 419-335-2015 extension 2234 or Fulton Manor's Director of Social Services at 419-330-2704. In addition, you can file a complaint with the Privacy Officer by calling 419-335-2015 extension 2104 or with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

