Joint Notice of Privacy Practices

Effective date: December 1, 2016

You have the right to:
• Get an electronic or paper copy of your medical record
• Ask us to amend your medical record
• Request confidential communication so that we can contact you in a manner most secure to you
• Ask us to limit what health information about you we share or disclose
• Get a list of those to whom we’ve disclosed your health information
• Get a copy of this privacy notice
• Choose someone to act on your behalf
• File a complaint if you believe your privacy rights have been violated

Your Rights

You may choose to limit the way that we use and disclose your health information under the following circumstances:
• How we sell family, and friends about your condition
• Providing disaster relief
• Including you in a hospital directory where we list your name as a patient in the hospital
• Providing mental health care
• Marketing our services and selling your health information with your written permission
• Fund raising

Your Choices

We may use and disclose your health information as we:
• Treat you
• Run our organization
• Bill for services
• Help with public health and safety issues
• Conduct or support research
• Follow laws
• Respond to organ and tissue donation requests
• Work with a medical examiner or coroner
• Address workers’ compensation, law enforcement and other government requests
• Respond to lawsuits and legal actions

Our Uses and Disclosures

See pages 3 and 4 for more information on these rights and how to exercise them.
Joint Notice of Privacy Practices

Effective date: December 1, 2016

You have the right to:

- Get an electronic or paper copy of your medical record
- Ask us to amend your medical record
- Request confidential communication so that we can contact you in a manner that is more secure
- Ask us to limit what health information about you we share or disclose
- Get a list of those to whom we’ve disclosed your health information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Rights

You may choose to limit the way that we use and disclose your health information under the following circumstances:

- How we tell family and friends about your condition
- Providing disaster relief
- Including you in a hospital directory when you list your name as a patient in the hospital
- Providing mental health care
- Marketing our services and selling your health information with your written permission
- Handwriting

Your Choices

We may use and disclose your health information as we:

- Treat you
- Run our organization
- Bill for services
- Help with public health and safety issues
- Do research
- Follow laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or coroner
- Address workers’ compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Our Uses and Disclosures

See pages 3 and 4 for more information on these rights and how to exercise them.

See page 4 for more information on these choices and how to exercise them.

See pages 4 and 5 for more information on these uses and disclosures.

File a complaint if you believe your privacy rights have been violated

- You can file a complaint if you believe we have violated your rights by contacting us. Any complaints can be made in writing or by phone to The Patient Experience Department, where you are receiving care.

University Hospital and Networks:
401 West 10th Avenue, Room #202, Columbus, OH 43210 or (614) 293-8940

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:
460 West 10th Avenue, Room A201, Columbus, OH 43210 or (614) 293-8609

The Ohio State University Hospital East:
181 Sullivant Avenue, Room 310B, Columbus, OH 43205 or (614) 293-2510

OSU Wexner Medical Center:
1670 Upham Drive, Columbus, OH 43210 or (614) 688-8941

Ohio State University Physicians, Inc.: Attention: Privacy Officer, 700 Ardmore Avenue, Suite 205, Columbus, OH 43202 or (614) 688-1530

You can file a compliant with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting: www.hhs.gov/hipaa/for-complaints

We will not take action against you for filing a complaint.

Other instructions for notice

- Effective date: The effective date of this Notice is December 1, 2016.
- This notice applies to:
  - Brain and Spine Hospital
  - Good Hall
  - OSU Harding Hospital
  - Miller Hall
  - University Hospital
  - Richard M. Ross Heart Hospital
  - University Hospital East
  - The James Cancer Hospital and Solove Research Institute
  - Primary Care & Specialty Care Network
  - The Ohio State University Physicians, Inc., under an Organized Health Care Arrangement; and
  - The Nisonger Center under an Organized Health Care Arrangement.

- Affiliated covered entity: We disclose health information with Madison Health as needed to carry out treatment, payment, and health care operations based on our affiliation with Madison Health. Madison Health is a separate health care provider and is responsible for its own activities, including the notice of Privacy Practices and following privacy laws for all health care services it provides. Madison Health is not in any way providing health care services primarily to or on the Health System’s behalf.

- Updates to our organizations list: From time to time, we may add organizations and affiliations to our list. You may find the most up to date list of entities that file notice covers on our website at http://wexnermedical.osu.edu/privacy.

- OSUMC Chart: You’ve got electronic access to your own health information through OSUMC Chart. OSUMC Chart is an online resource hosted by the Health System that allows you another option to access your health information.

- Privacy Officers: If you have questions about privacy, please contact:
  - Health System Privacy Officer: 614-293-8227
  - OSU Health Sciences University Physicians, Inc. Privacy Officer: 614-688-1530
  - Nisonger Center Privacy Officer: 614-688-8545

- 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.
When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get electronic or paper copy of your medical record and other health information we have about you.
- We will make a copy or provide a summary of your health information, usually within 30 days of your request. We may charge a cost-based fee for the copy.
- You can ask to get a copy of your health information completing the Authorization for Release of Medical Information form and mailing it to Medical Information Management, Box 209, Denver Health Medical Center, 1400 St. Paul Street, Denver, CO 80204, or call 303-803-4120 or to the clinic or office manager where you received treatment.

Ask us to amend your medical record

- You can ask to amend health information about you that you think is incorrect or incomplete.
- We may "no" to your request, but will tell you why in writing within 60 days.
- If we accept your request, we will amend the information in our records and mail you a summary and make the correction to any other health plan or entity to which we have released your health information.
- We will "yes" to all reasonable requests.
- If you make a request for confidential communications, then you must complete the Request for Confidential Communication form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Road, Room 209, Colorado, CO 80204.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone or to a different location).
- We will "yes" to all reasonable requests.
- If you make a request for confidential communications, then you must complete the Request for Confidential Communication form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Road, Room 209, Colorado, CO 80204.

Special notice on email

- The Health System recognizes that patients may prefer email as a way to communicate with us.
- Please be aware that information sent using email may not be secure. There is a possibility that third parties may access your health care information.
- Patients also understand that our email communications are unencrypted.
- If you use email to contact us, you are responsible for your own health care.
- Whenever possible, we prefer that patients use DDCHealthChart to securely communicate with healthcare providers.
- You should not use email to communicate about matters that are sensitive or need protection from the Internet.
- If you use email to contact us about matters that are sensitive or need protection from the Internet, we recommend that you visit the Health System site for more information.

Ask us to limit what we use or disclose

- You can ask us not to use or disclose certain health information for treatment, payment, or operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you agree to a request for a service or care from another provider, in a health care setting, in another state, or in a health care facility, we cannot object to that disclosure.

Get a list of those with whom we’ve disclosed your health information

- You can ask us a list of a time we’ve disclosed your health information for years before the date you ask, who did so, and why.
- We will include all the times disclosed except for those about treatment, payment and health care operations, and certain others, such as when you asked us to make.
- We will provide one list per year for free.

Our Uses and Disclosures

How do we typically use or disclose your health information?
We typically use or disclose your health information in the following ways:

- To treat you
  - Can use your health information and share it with others who are treating you.
- To run our organization
  - Can use and disclose your health information as reasonably necessary for our operations.
- To bill for your services
  - Can use and disclose your health information to bill and get payment from health plans or other entities.

Our Rights

- You can request a copy of disclosed health information by completing the Request for Disclosure of Health Information form and mailing it to the Administrator of Medical Information Management, 600 Ackerman Road, Room 209, Colorado, CO 80204.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

For certain health information, you can tell us your choices about how we disclose. If you have a clear preference for how we disclose your health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right (and choice) to tell us to:

- Disclose health information to your family, close friends or others involved in your care.
- Disclose health information in a disaster relief situation.
- Have your health information shared in a hospital directory if you are a patient in the hospital.

If you are not able to tell us your preferences, for example, if you are unconscious, we may disclose your health information as needed to protect you in an emergency. We will disclose your health information when needed to learn a serious and important threat to the health or safety of others.

In the following cases we never disclose your health information unless we get your written permission to do so:

- Marketing communications as described in the HITECH regulations.
- Selling of your information to others.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising activities. However, you will be given the chance to stop receiving these contacts.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will report a breach of this privacy or security if there is a significant risk of harm to you or others.
- We will disclose the dates of the breach and the names of the entities involved, if any. We will also disclose the type of information involved, if any. We will disclose what we plan to do to correct the breach and prevent it from happening again. We will disclose what we plan to do to correct the breach and prevent it from happening again.

How else can we use or disclose your health information?
We are allowed or required to disclose your health information for certain situations:
- To public health and safety issues.
- Research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers’ compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.
- Health Information Exchange.

Help with public health and safety issues

- Can disclose health information about you for certain situations:
  - Prevent disease.
  - Help with product recalls.
  - Report adverse reactions to medications.
  - Investigate reports of improper use of health information.
  - Prevent or reduce a serious threat to anyone’s health or safety.

Research

- May use your health information for research. Before we use or disclose any of your charts, we will take steps to make personal identifiers not recognizable, so that you cannot be identified. If you certify that you would have agreed to be included in the research project, the research project will be subject to an intensive review and approval process.

We will disclose health information about you if state or federal laws require it:
- By law, we can disclose health information about you to organ procurement organizations.
- By law, we can disclose health information to a coroner, medical examiner, or funeral director when an individual dies.
- By law, we can use or disclose health information about you:
  - For workers’ compensation.
  - For law enforcement purposes or with a law enforcement official.
  - For national security and other official needs.
  - For special government functions such as military, national security, and law enforcement.

We may take part in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and health care operations purposes with other health care providers in the HIE. HIEs allow all of your health care providers to access and use your health information for treatment, payment and other lawful purposes. Based on state law requirements and regulations on the HIE, you may be asked to “opt-in”, “opt-out” or you may be able to “opt-out”.

Changes to the terms of this notice

This notice will explain the terms of this notice and the changes to all insects we have about you. The new notice will be available upon request, in our office, and on our web site.
If you have a privacy concern about how we disclose your health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right (and choice) tell us to tell or not to tell:

- Disclosure health information to your family, close friends or others involved in your care.
- Disclosure health information in a disaster relief situation.
- Disclosure your health information in a hospital directory if you are a patient in the hospital.
- Marketing purposes as described in the HIPAA regulations.
- Sale of your information to others.
- Most sharing of psychotherapy notes.
- We may contact you for fundraising activities. However, you will be given the chance to stop receiving these contacts.

In the following cases we never disclose your health information unless you give written permission to do so:

In the case of fundraising:

We will not sell or disclose your health information except as otherwise described in this Notice of Privacy Practices. We will not use or disclose your health information except as otherwise described in this Notice of Privacy Practices.

Our Uses and Disclosures

How do we typically use or disclose your health information?

We typically use or disclose your health information in the following ways:

- To treat you
- To run our organization
- To bill for your services

If you ask us to limit what we use or disclose your health information, we will honor your request unless prohibited or limited by law. We will also abide by your request as long as we retain the health information.

We will comply with your request as long as we retain the health information.

Our responsibilities

We are required by law to maintain the privacy of your health information. We will let you know if we are required to disclose your health information for purposes other than health care in the HIPAA Notice of Privacy Practices. We will let you know if we are required to disclose your health information for purposes other than health care in the HIPAA Notice of Privacy Practices. We will also let you know if we are required to disclose your health information for purposes other than health care in the HIPAA Notice of Privacy Practices. We will also let you know if we are required to disclose your health information for purposes other than health care in the HIPAA Notice of Privacy Practices.
When it comes to your health information, you have certain rights:

This section explains your rights and some of the responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask us to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a cost-based fee for the copy.
- You can ask us to get a copy of your medical record without completing the Authorization for Release of Medical Information form and making it to the Administrative Director of Medical Information Management, 600 Ackerman Room, Room 208, Columbus, OH 43210 or to the clinic or office manager where you received treatment.

Ask us to amend your medical record:

- You can ask us to amend health information about you that you think is incorrect or incomplete.
- We may “no” to your request, but we will tell you why within 60 days.
- You can request an amendment to an existing record by completing the Request for Amendment to Medical Record form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Room, Room 208, Columbus, OH 43210.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or phone number) or to disclose information to a family member or friend by phone or mail.
- We will “yes” to all reasonable requests.
- If you make a request for confidential communications, then you must complete the Request for Confidential Communications and mail it to the Administrative Director of Medical Information Management, 600 Ackerman Room, Room 208, Columbus, OH 43210.

Special notice on email:

- The Health System recognizes that patients may prefer email as a way to communicate with us.
- Please be aware that information sent using email may not be secure. There is a possibility that emails may not be secure and you may wish to have secure access to other people. We ask that you consider your permission before using email to communicate with you about your health care that involves your health information.
- If you give us your email address, we may email you information about new products and services, tips about healthy living or when we open a new location.
- Parents also ask us to contact their children’s health care via email.

Ask us to limit what we use or disclose:

- You can ask us not to use or disclose certain health information for treatment, payment, or operations. We are not required to agree to your request, and we may “no” if it would affect your care.
- If you pay us for a service or care, your health care team is not required to follow you can ask us to not disclose that health information to your health insurer. We will say “no” unless a law requires us to disclose that health information.
- You can request a restriction on the treatment, payment, and health care operations and the type of health information which you believe the HIPAA regulations.
- We can make a request for a restriction by completing the Request for Restriction of Access/ Use and Disclosure of Health Information form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Room, Room 208, Columbus, OH 43210.

Get a list of those with whom we’ve disclosed your health information:

- You can ask us to give a list of the names and addresses of the people or organizations to whom we disclosed your health information for the reasons stated in this notice within a reasonable time after you ask. We will provide one list per year for free. However, we will charge a fee for any other year one within 12 months.

Get a copy of this privacy notice:

- You can request a copy of this notice at any time even if we have already provided you with the notice electronically. We will provide you with a paper copy.
- You can ask for a paper copy of this notice in a reasonable way, and you can also purchase a copy of this notice from us.
- You can also purchase a copy of this notice from us by calling 1-800-453-0789 or 1-800-453-0789.

For certain health information, you can tell us your choices about how we disclose:

- If we have a clear understanding of how we will use or disclose the health information in the situations described below, tell us if you want us to use or disclose the health information.
- We will give you the opportunity to choose how we use or disclose your health information.
- We will make sure the person has this authority and can act for you before we take any action.

In these cases, you have both the right (and choice) to tell us to:

- Disclose health information to your family, close friends or others involved in your care.
- Disclose the health information in a disaster relief situation.
- Disclose your health information in a hospital directory if you are a patient in the hospital.

In the following cases we never disclose your health information unless we give you written permission to do so:

- Marketing purposes as described in the HIPAA regulations.
- Sale of your information to others.
- Most sharing of psychotherapy notes.

In the case of funding:

- We may contact you for fundraising activities. However, you will be given the chance to stop receiving these contacts.

How do we typically use or disclose your health information?

- We typically use or disclose your health information in the following ways:

To treat you:

- We can use your health information and share it with other professionals who are treating you.

To run our organization:

- We can use and disclose your health information to our business associates for the purposes of performing services on behalf of the Health System.
- We can also disclose your health information to our business associates for the purposes of performing services on behalf of the Health System.

To bill for your services:

- We can use and disclose your health information to bill and get payment from health plans or other entities.

How else can we use or disclose your health information?

- We are allowed or required to disclose your health information for purposes other than health care, research, and as allowed by law. For more information see: www.hhs.gov/ocr/privacy/hipaastatement/understanding/index.html.
- Help with public health and safety issues:
  - Prevent disease.
  - Help with product recalls.
  - Report adverse reactions to medications.
  - During disasters, neglect or domestic violence.
  - Prevent or reduce a serious threat to anyone’s health or safety.

Research:

- We may use your health information for research.
- We may disclose your health information for research purposes.
- We may use and disclose your health information for research purposes in a way that you could not be identified, the research project will be subject to an intense review and approval process.

Comply with the law:

- We may use your health information for the following purposes:
  - For workers’ compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - For health oversight activities.
  - For special government functions such as military, national security, and crime prevention.

Respond to lawsuits and legal actions:

- We may use or disclose health information about you in response to a court or administrative order.
- We may disclose your health information to your attorney or someone working on your behalf.
- We may disclose your health information to the court or legal process.

Health information exchange:

- We may disclose your health information in response to a court or administrative order.
- We may disclose your health information to your attorney or someone working on your behalf.
- We may disclose your health information to the court or legal process.

When we disclose your health information:

- We are required by law to maintain the privacy and security of your health information.
- We will let you know if a breach has occurred that may have compromised the privacy or security of your health information.
- We will follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or disclose your health information other than as described in this notice unless you are written consent if we tell us you can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the terms of this notice:

- Notice of Privacy Practices: Page 3
- Notice of Privacy Practices: Page 4
- Notice of Privacy Practices: Page 5

Our Us and Disclosures:

- We can use and disclose your health information in the following ways:

To treat you:

- We can use your health information and share it with other professionals who are treating you.

To run our organization:

- We can use and disclose your health information to our business associates for the purposes of performing services on behalf of the Health System.

To bill for your services:

- We can use and disclose your health information to bill and get payment from health plans or other entities.

Examples:

- You can request a list of disclosed health information by completing the request for the Disclosure of health information form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Room, Room 208, Columbus, OH 43210.

- You can ask a paper copy of this notice at any time even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

- You can use and disclose your health information in a disaster relief situation.

- We can use your health information about you to manage your treatment and services.

Examples:

- You can give information about you to manage your treatment and services.

- You can give information about you to manage your treatment and services.

Examples:

- A doctor treating you for an injury asks another doctor about your overall health condition.

- We give health information about you to manage your treatment and services.

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Joint Notice of Privacy Practices

Effective date: December 1, 2016

The Ohio State University
Wexner Medical Center

You have the right to:
• Get an electronic or paper copy of your medical record
• Ask us to amend your medical record
• Request confidential communication so that we can contact you in a way that will protect your privacy
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• Fundraising

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The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:
460 W. 10th Avenue, Room A201, Columbus, OH 43210 or 614-293-8609

The Ohio State University Hospital East:
181 Sapato Avenue, Room 3150, Columbus, OH 43205 or 614-293-2570

OSU Hospitals:
1670 Upland Drive, Columbus, OH 43210 or 614-688-8941

Ohio State University Physicians, Inc.:
Attention: Privacy Officer, 700 Arden Ave., Suite 605, Columbus, OH 43202 or 614 688-1730

• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6272, or visiting www.hhs.gov/ocr/hipaa/filing-complaint
• We will not take action against you for filing a complaint.