Joint 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.

Effective date: Dec. 1, 2016

YOUR RIGHTS

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

• You have the right to see or get an electronic or paper copy of your medical record.
• We will provide a copy of your medical record, usually within 30 days of your request. We may charge a cost-based fee for the copy.
• You have the right to ask us to get a copy of your medical record by completing the Authorization for Release of Medical Information form and mailing it to Medical Information Management, Attention Release of Information, 600 Ackerman Road, Room E2098, Columbus, OH 43210.

Ask us to amend your medical record

You have the right to ask us to amend any health information about you that you think is incorrect or incomplete.
• We will provide a copy of our systems for handling your request within 60 days from receiving your request.
• If we agree to the amendment, we will include it in your record. If we disagree, you may choose to file a complaint.

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

• We will give you a list of disclosures made since your record was created, except for certain routine disclosures. We will provide this list within 30 days of your request unless we receive a cost-based fee.

Choose someone to act for you

• If you have given someone medical power of attorney or legal guardianship, that person can exercise your rights and make choices about your health information.

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 research
• Follow laws
• 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

YOUR OPTIONS

You may choose to limit the way we use or disclose your health information in these circumstances:

• How do we typically use or disclose your health information?

We typically use or disclose your health information in these ways:
• For treatment
• For payment
• For healthcare operations

How else can we use or disclose your health information?

We are not allowed or required to disclose your health information for other reasons such as for public health research, and as allowed by law. For more information, visit: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
• Help with public health and safety issues
• We can disclose health information about you for certain situations to prevent or control disease, injury or disability, or to report vital statistics.

Our responsibilities

• We are required by law to maintain the privacy and security of your health information.
• We will let you know if we believe your privacy has been compromised.

Disclosures

We can disclose health information about you for workers’ compensation claims; for law enforcement purposes or with a law enforcement official, with health oversight agencies, and for special government functions such as military, national security and presidential protective services.

• Respond to lawsuits and legal actions

We can disclose health information about you in response to a court or administrative order. Under certain federal and Ohio laws, some requests may require a hearing and court order for the disclosure of any health information.

• Health Information Exchange: We may take part in one or more health information exchanges (HIEs) and may electronically disclose your health information for treatment, payment and healthcare operations purposes with other healthcare providers in the HIEs. HIEs allow all of your healthcare providers to access and use your health information needed for treatment and other lawful purposes. Based on state law requirements and depending on the HIE, you may be asked to “opt in” or you may be “opted out”

• We may use your health information in a research project conducted for our own healthcare purposes, or if it is necessary to carry out treatment and other lawful purposes.

• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

• We will make sure the person has this authority and can act for you before we take any action.

YOUR CHOICES

For certain health information, you can tell us your choices about how we disclose it. You may have a clearer preference for how we disclose information in the situations described below. Let us know what you want to do and we will follow your instructions.

In these cases, we have the right and the choice to tell you:

• Disclose health information to your family, close friends or others involved in your care
• Disclose health information about your health education

Include your health information in a hospital directory or if you are a patient in the hospital

If you are not able to tell us your preference, for example, if you are unconscious, we may disclose your health information if we believe it is necessary to prevent or lessen a serious threat to the health or safety of others.

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

• Marketing purposes as described in HIPAA regulations
• Sale of your information
• Marketing of pharmaceutical products

If you make a request for confidential communications, then you must complete the Request for Confidential Communications form and mailing it to the Administrative Director of Medical Information Management, 600 Ackerman Road, Room E2098, Columbus, OH 43210.

Request confidential communications

You can ask us to contact you in a specific way by giving us your address on the form. It can also be included in your record.
• If you make a request for confidential communications, then we will complete the Request for Confidential Communications form and mail it to the Administrative Director of Medical Information Management, 600 Ackerman Road, Room E2098, Columbus, OH 43210.

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

• You can ask for a list of the times we’ve disclosed your health information for six years before the date you ask us to disclose it and why.

We must follow the duties and privacy practices described in this notice and offer to give you a copy of it.

We may use or disclose health information about you for the following purposes:

• Treat you
• Run our organization
• Bill for services
• Help with public health and safety issues
• Conduct research
• Follow laws
• 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

For more information, visit hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. You will be given an opportunity to review and receive any new notice we provide.

To learn more about your rights, contact:

• The Ohio State University Wexner Medical Center

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You file a complaint if you believe your privacy rights have been violated

You can file a complaint by contacting us if you believe your privacy rights have been violated. Any complaints can be made in writing or by phone to the Privacy Officer. Department where you are receiving care:

• University Hospitals and Networks: 410 W. 10th Ave., Room A021, Columbus, OH 43210 or 614-293-8944
• The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute: 4100 Biological Sciences Drive, Columbus, OH 43210 or 614-294-3609
• Ohio State University Wexner Medical Center East, 1171 Troy Ave., Room C020, Columbus, OH 43210 or 614-257-2166
• Ohio State Harding Hospital, 6770 Sheep Dog Road, Columbus, OH 43210 or 614-688-8941
• Ohio State University Physicians, Inc., Attention: Privacy Office, 750 Ackerman Road, Suite 605, Columbus, OH 43210 or 614-688-5534

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to DOI Independence Ave. SW, Washington, D.C. 20201, calling 877-696-6775 or visiting hhs.gov/ocr/complaints.

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