



Blanchard Valley Health Association

Blanchard Valley Health Association 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.

If you have any questions about this notice, please contact the Blanchard Valley Health Association (BVHA) Privacy Officer at 419-423-5204.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to acknowledge receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

WHO WILL FOLLOW THIS NOTICE

This notice describes the BVHA practices regarding your protected health information. All healthcare components of BVHA will follow this notice, including but not limited to:

- Blanchard Valley Regional Health Center, Findlay and Bluffton
- Bridge Home Health and Hospice
- Birchaven
- Physicians Plus
- Well at Work

- BVHA Medical Offices
- Blanchard Valley Durable Medical Equipment
- BVHA Health Plans

All healthcare components of BVHA may share personal health information of our patients as necessary to carry out treatment, payment and health care operations as permitted by law.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. BVHA is required by law to do the following:

- Make sure your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Make available any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing the BVHA website <http://www.bvha.org>, calling the BVHA Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We will use and disclose your protected health information as necessary to provide, coordinate, or manage your health care and any related services. For instance, doctors, 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 protected 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 protected health information to that home care agency so that a plan of care can be prepared for you.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as necessary, to obtain payment for your health care services. For instance, we may forward information regarding your medical procedures and treatment to your insurance company 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. We may also inform your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, protected health information may be disclosed to obtain approval for a hospital admission.

Health Care Operations

We may use or disclose, as necessary, your protected health information to support the daily activities related to health care operations. These activities may include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical students, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

For example, we may disclose your information to doctors, nurses, technicians, students and other hospital associates for review and learning purposes. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third-party “business associates” who perform various activities (for example, billing, transcription services) for BVHA. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about BVHA and the services we offer. We may also send you information about products or services that we believe might benefit you.

Required by Law

We may use or disclose your protected health information for any purpose if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information for public health activities. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths; cancer surveillance, trauma information to the trauma registry
- Report child/elder abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative order (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at a BVHA site
- Medical emergencies (not on BVHA premises) believed to result from criminal conduct

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your personal health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility, and BVHA created or received your personal health information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Disclosures by the Health Plan

BVHA health plans may also disclose your protected health information. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have other health insurance or are eligible for other benefit programs.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

BVHA Directories

Unless you object, we may disclose in our BVHA directory your name, the location at which you are receiving care, your general condition (e.g. good, fair, etc.), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you

by name. Only members of the clergy will be told your religious affiliation. This information is provided so your family, friends and clergy can visit you and generally know how you are doing.

Fundraising

Unless you object, 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 and may do so by sending your name and address to Blanchard Valley Health Foundation, 145 West Wallace Street, Findlay, OH 45840 together with a statement that you do not wish to receive fundraising materials or communications from us.

Individuals Involved in Your Health Care

Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person you identify who is involved in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information maintained by BVHA. Please be aware that BVHA has the right to deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the personal health information. A designated record set contains medical and billing records and any other records that BVHA uses for making decisions about you. BVHA may charge you a fee for the copying for medical records. This fee is established by Ohio law.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the BVHA Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If BVHA believes that the restriction is not in the best interest of either party, or BVHA cannot reasonably accommodate the request, BVHA is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation

of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing..

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for a BVHA directory, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice. BVHA may charge you a fee if you request more than one accounting in any 12-month period.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from BVHA or view it electronically at <http://www.bvha.org>.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the BVHA Privacy Officer or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact the BVHA Privacy Officer or the BVHA Patient Advocate for further information about the complaint process, or for further explanation of this document. The BVHA Privacy Officer may be contacted at Blanchard Valley Health Association, Administrative Offices, Attention: Privacy Officer, 145 West Wallace Street, Findlay, OH 45840, by phone at (419) 423-5204.

You may also email questions to HIPAAPrivacy&SecurityCommittee@bvha.org. For additional information regarding your privacy rights visit the BVHA website at <http://www.bvha.org>.

This notice is effective in its entirety as of April 14, 2003.