

MID-OHIO VALLEY MEDICAL GROUP, INC.

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

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Mid-Ohio Valley Medical Group, Inc. and that of:

- Any physician or health care professional authorized to enter or access information in your medical record
- All departments and units of this facility
- Any member of a volunteer group we allow to help you while you are receiving our services
- Participants in affiliated health care education programs
- All employees and associated health care personnel.
- Any affiliate engaged in the provision of health care services on behalf of this facility

(In addition, these parties may share medical information with each other for health care services, payment or health care operations purposes described in this notice.)

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. To provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive. This notice applies to all of the medical records of your care generated at or received by our facility.

WE ARE REQUIRED BY LAW TO:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. *Not every use or disclosure in a category will be listed.*

- **For Treatment.** We may use medical information about you for your treatment and to provide you with treatment-related medical health care services. For example, we may disclose medical information about you to physicians, nurses, social workers, technicians, medical students, and/or students participating in health care education, or other health care personnel who are involved in taking care of you during your need for health care services. Our different departments also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. In order to coordinate and continue your care we may also disclose medical information about you to external entities who may be involved in your medical care after you leave our facility.

- **For Payment.** We may use and disclose medical information about you so that the health care services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about health care services you are going to receive to obtain prior approval or to differentiate whether your plan will cover the health care services.
- **For Health Care Operations.** We may use and disclose medical information about you for health care operations. For example, we may use medical information to review our health care services and to evaluate the performance of our staff in caring for you. We may use and disclose medical information to contact you as a reminder that you have an appointment for health care services or medical care.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose health information to contact you to remind you that you have an appointment with us. We may also use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations to handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **News Media.** Sometimes, the circumstances that brought you to the facility are of interest to the media. All facilities use the terms: good, fair, serious, or critical, to indicate a patient's condition without sharing specific medical information.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Business Associates.** Some services, such as interpreting radiology or other tests, are contracted through external business associates. When this is necessary, we will require them to appropriately safeguard any information disclosed to them during the performance of their service.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about possible health care services, health-related benefits, or services that may be of interest to you.
- **Notification & Communication with Family.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information, including electronic protected health information, that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.

- **Disaster Relief.** We may disclose your protected health information, including electronic protected health information, to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law or in response to a valid subpoena.
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may release Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

➤ **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- Prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk;

- For contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence;
- We will only make this disclosure if you agree or when required or authorized by law.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

The following uses and disclosures of your protected health information, including electronic protected health information, will be made only with your written authorization:

➤ **Marketing.** Uses and disclosures of protected health information, including electronic protected health information, for marketing purposes.

➤ **Sale of Protected Health Information.** Disclosures that constitute a sale of your protected health information, including electronic protected health information.

Other uses and disclosures of protected health information, including electronic protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose protected health information, including electronic protected health information, under the authorization. But disclosure we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

➤ **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

➤ **Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the MOVMG Privacy Officer. We have up to 30 days to make your Protected Health

Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

➤ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing to the MOVVMG Privacy Officer.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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| <ul style="list-style-type: none"> Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by or for us; | <ul style="list-style-type: none"> Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete. |
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➤ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the MOVVMG Privacy Officer.

➤ **Right to Request 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.

➤ **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

➤ **Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information and electronic protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for health care services, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You could also ask to be excluded from surveys pertaining to patient satisfaction.

We are not required to agree to your request unless you are seeking to restrict the use and disclosure of your protected health information or electronic protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the MOVVMG Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

WHO TO CONTACT

- If you have questions or wish to inspect, amend or restrict your medical information, you may contact MOVMG's Compliance Officer, Kim Stooke, M.D., at (304) 485-3300.
- If you feel your privacy rights have been violated, you may contact the MOVMG Privacy Officer at (304) 485-3300. You may also file a complaint with the secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right corner, the effective date. In addition, each time you register at or are admitted to our facility for health care services, as an inpatient or outpatient, we will offer you a copy of the current notice in effect. If you are being served by a home health agency, hospice, durable medical equipment or infusion company, you may request a copy of any changes to the current notice to be mailed to you.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not addressed by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.