



## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

When this Notice refers to “we” or “us,” it is referring to Ohio Valley Hospital. Ohio Valley Hospital is participating in an Organized Health Care Arrangement with on-staff, credentialed physicians and can share protected health information with them for treatment, payment, and health care operations.

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by us, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
  - a. Uses or disclosures for purposes relating to treatment, payment and health care operations:
    - i. Treatment. We may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation.
    - ii. Payment. We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment for health care services provided to you.
    - iii. Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you or if we are part of an “organized health care arrangement” with the other entity, such as other hospitals where our physicians practice. For example, we may compile your health information, along with that of other patients, in order to allow us to review that information and make suggestions concerning how to improve the quality of care provided at this facility. We may contact you with birthday greetings, condolences and thank-you notes. Also, we may contact you as part of our efforts to raise funds for Ohio Valley Hospital. All fundraising communications will include information about how you may opt out of future fundraising communications. We will not use or sell protected health information (PHI) for marketing purposes without the patient’s expressed permission.
  - b. to create material(s) that originally had any identifying information concerning you deleted from the final material(s);
  - c. when required by law;
  - d. for public health purposes;
  - e. to disclose information about victims of abuse, neglect, or domestic violence;
  - f. for health oversight activities, such as audits or civil, administrative or criminal investigations;
  - g. for judicial or administrative proceedings;

Lawsuits and Disputes If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. We would only disclose this information pursuant to the rules of civil discovery which require notice to the patient by direct court subpoena along with an order describing the records to be produced or with a request

accompanied by patient authorization.

- h. for law enforcement purposes;  
When required by law, we may disclose health information if asked to do so by law enforcement officials.
  - i. to assist coroners, medical examiners or funeral directors with their official duties;
  - j. to facilitate organ, eye or tissue donation;
  - k. for certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
  - l. to avert a serious threat to health or safety;
  - m. for specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
  - n. for workers' compensation purposes, as permitted by law.
2. We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.
- a. Directories. We may maintain a directory of hospital patients that includes your name and location within the facility. The directory may also include your religious designation and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
  - b. Notifications. We may also disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition, and to organizations that are involved in those tasks during disaster situations.
3. The following categories of information will not be used or disclosed in accordance with the terms set forth in Sections 1 and 2, above. These types of information are provided special protection by law, and will be used and disclosed only as described below.
- a. HIV-Related Information will be used and disclosed only as follows:
    - (1) to you;
    - (2) to the physician who ordered the HIV test, or the physician's designee;
    - (3) to an agent or employee of this physician practice who is involved in your treatment;
    - (4) to a peer review committee;
    - (5) to providers who need the information to treat you in an emergency, or to provide a consultation to us;
    - (6) to a funeral director;
    - (7) to report vital statistics;
    - (8) to comply with public health laws;
    - (9) to insurers, as necessary to allow us to obtain payment for services provided to you;
    - (10) pursuant to a court order;
    - (11) to a county mental health, retardation, or juvenile delinquency facility; or
    - (12) to someone with whom you have sexual or needle sharing contact, but only if your physician believes the contact is at risk of future infection. Before making a notification, your physician will discuss with you the need to notify the contact and/or cease the behavior that poses a risk of infection to the contact. Only after determining that you will not notify the contact and/or cease the infectious behavior will the physician notify the contact. You will be informed of the notification before it occurs. Any information provided to your contact will not identify you, nor any of the other individuals with whom you are known to have sexual or needle sharing contact.

- b. Records of involuntary mental health treatment will be used and disclosed only as follows. However no privileged communications that are created in the course of your treatment will be disclosed without your written authorization:
- (1) to you;
  - (2) to those providing treatment to you;
  - (3) to the county administrator, as permitted by state law; and
  - (4) in the course of legal proceedings under the Mental Health Procedures Act.
- c. Substance abuse records will be used and disclosed only as follows:
- (1) with your written authorization, to medical providers who need the information to diagnose and treat you;
  - (2) to medical providers who need the information to provide life-saving, emergency treatment to you; and
  - (3) with your written authorization, to government or other officials to obtain benefits due to you as a result of your substance abuse or dependence.

#### 4. Health Information of Minors

If you are under 18 years of age, your parent or guardian will control access to, and disclosure of, your health information, subject to the provisions of this Notice, with the following exceptions:

- a. **Communicable Diseases.** If you are being diagnosed or treated for a sexually transmitted disease or any other disease or condition that we are required by law to report to the government or health authorities, you (the minor) will control access to, and disclosure of, your health information that is related to that diagnosis or treatment.
- b. **Mental Health.** If you are over 14 years of age, and you are able to understand the nature of your mental health records and the purpose of releasing them, you will control access to, and disclosure of, the health information related to your mental health treatment.

Except as described above, disclosures of your health information will be made with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

### **YOUR RIGHTS**

1. **To Request Restrictions.** You have the right to request restrictions on the disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. The patient has a right to restrict disclosures for services the patient paid for in full out of pocket. To request a restriction, submit a written request to the Contact Person listed on the final page of this Notice.
2. **To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact Person listed on the final page of this Notice. All reasonable requests will be granted.
3. **To Access and Copy Health Information.** You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. You have a right to electronic copy of your records if requested. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact Person listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. To Request Amendment. You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact Person listed on the final page of this Notice.
5. To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact Person listed on the final page of this Notice.
6. To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.
7. To Breach Notification. You have the right to be notified of any breach of your unsecured healthcare information.

## **OUR DUTIES**

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.

We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted at our facilities, on our website, and will be available from us upon request.

## **COMPLAINTS**

A complaint can be filed with us and with the Secretary of the Federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

## **DESIGNATED CONTACT PERSON:**

*Privacy Officer*  
Ohio Valley Hospital  
25 Heckel Road  
McKees Rocks, Pennsylvania 15136  
412-777-6321

**Effective:** September 23, 2013