

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom ACMC has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the ACMC facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the address on the back of this pamphlet. We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that any health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the ACMC facility that maintains those records, and give the reason for your request. You must address your request to the Privacy Official. ACMC will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of the ACMC hospital that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If ACMC denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the ACMC Privacy Office.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the ACMC facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the

ACMC Privacy Office (at the address listed below). We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures we make to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the ACMC facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the ACMC Privacy Office. We will accommodate all reasonable requests.

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. You may obtain a paper copy of this Notice at any of our facilities or by calling the ACMC Privacy Office. You also can view this Notice at our website, www.acmchealth.org/patientvisitor-rights.aspx

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the ACMC Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with ACMC, you must submit your complaint in writing to the Privacy Office. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

ACMC may change this Notice at any time. Any change in the Notice could apply to 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 at each of our facilities and on our website. The effective date of the Notice is on the first page in the top right corner.

QUESTIONS

If you have questions about this Notice, you may contact the ACMC Privacy Office. A current list of ACMC facilities may be found on our website, or may be obtained by calling the ACMC Privacy Office.

**Privacy Office,
c/o Health Information Management,
2420 Lake Ave., Ashtabula, Ohio 44004
(440) 997-6265**

**Ashtabula County
Medical Center****ACMC Healthcare System**

An affiliate of

**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.

At APMC, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of APMC and its affiliated facilities (APMCHS). This Notice applies to all of the health information that identifies you and the care you receive at APMC facilities. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

APMC HEALTH SYSTEM AND AFFILIATED FACILITIES

All of our facilities, including employed physicians, doctor offices, entities, foundations, home care programs, other services, and affiliated facilities follow the terms of this Notice. These hospitals and locations are listed on our website or may be obtained by calling the APMC Privacy Office.

The doctors and other caregivers at APMC who are not employed by APMC exchange information about you as a patient with APMC employees. In connection with the health care that these health care practitioners provide to you outside of APMC, they may also give you their own privacy notices that describe their office practices.

All of these hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as described below.

HOW APMC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of APMC, we will use your health information within APMC and disclose your health information outside APMC for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at APMC who need the information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside APMC who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations. We may use your health information and disclose it outside APMC for our health care operations. These uses and disclosures help us operate APMC to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at APMC for learning and quality improvement purposes. We may remove information that identifies you so people outside APMC can study your health data without knowing who you are.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health Information Exchanges. APMC participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the APMC Privacy Office.

Organized Health Care Arrangements. We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at APMC.

Philanthropic Support. We may use or disclose certain health information about you to contact you in an effort to raise funds to support APMC and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Patient Information Directories. Our hospitals include limited information about you in their patient directories, such as your name and possibly your location in the hospital and your general condition (for example: good, fair, serious, critical, or undetermined). We usually give this information to people who ask for you by name. We also

may include your religious affiliation in the directories and give this limited information to clergy from the community. We do not release this information if you are being treated on a psychiatric or substance abuse unit. Releasing directory information about you enables your family and others (such as friends, community-based clergy, and delivery persons) to visit you in the hospital and generally know how you are doing. If you prefer that this personal information be kept confidential, you may make that request to the hospital admitting department and we will not release any of this information.

Medical Research. We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other APMC and Cleveland Clinic researchers. All patient research conducted at APMC goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside APMC for research reasons without either getting your prior written approval or determining that your privacy is protected.

Organ and Tissue Donation. We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye donation and transplantation.

Legal Matters. We will disclose health information about you outside APMC when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside APMC for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization and will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Ohio law requires that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, or mental health services that you have received.