

JOINT NOTICE OF PRIVACY PRACTICES

Effective date: April 1, 2003

This Joint Notice of Privacy Practices 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 question about this Joint Notice of Privacy Practices, then please contact The Ohio State University Health System Patient Privacy Manager at (614) 293-4477 or The Ohio State University Physicians' Patient Privacy Manager at (614) 784-7806.

About This Notice

This is a Joint Notice of Privacy Practices ("Notice"). This Notice applies to organizations that form an Organized Healthcare Arrangement and includes:

- The Ohio State University Hospital;
- The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute;
- OSU & Harding Behavioral Healthcare and Medicine;
- The Ohio State University Hospital East; and
- The Ohio State University Physicians, Inc. physician's offices.

For the purposes of this Notice, these organizations together are called The Ohio State University Health System ("Health System" or "we" or "us"). The organizations participating in the Organized Healthcare Arrangement are participating only for purposes of providing this Notice. These organizations are separate healthcare providers. Each organization is individually responsible for its own activities, including compliance with privacy laws and all healthcare services it provides. These organizations are not in any way providing healthcare services mutually or on each other's behalf.

This Notice covers:

- Health System faculty and medical staff; and
- all employees, staff, students, and volunteers who participate in Health System services.

Our Pledge Regarding Protected Health Information

We understand that your health information is personal. When you receive healthcare, you give information about yourself to doctors, nurses, and others who care for you. We use the information you give to create a record about you and the care you receive. We need this record to provide you with quality care and to obey certain laws. This record is personal medical information that is protected by law and is called "protected health information." We keep this protected health information in paper form such as a chart or electronic form on a computer. We are committed to keeping your protected health information safe.

By law, we must:

- make sure that your protected health information is kept private;
- give you this Notice of our legal duties and privacy practices; and
- follow the terms of the Notice that are currently in effect.

This Notice will tell you about:

- the ways we may use and share your protected health information;
- your rights; and
- our responsibilities regarding the use and sharing of protected health information.



How We May Use and Share Your Protected Health Information

We may use and share your protected health information in certain ways. This allows us to better address your healthcare needs in the Health System. We will explain how and when we may use or share your protected health information. We are not able to list each specific way we may use or share your protected health information, but each situation will fall into one of the basic categories below.

For Treatment.

We may use and share your protected health information to treat you. We may share your protected health information with doctors, nurses, technicians, student trainees, and other people who help with your care. Different departments or organizations of the Health System may also share protected health information about you to coordinate services you need, such as prescriptions, lab work, and X-rays. We may share your protected health information with healthcare providers outside of the Health System for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

For Payment.

We may use and share your protected health information so that we are paid for the cost of your care. We may share your protected health information with another provider so that they may be paid for services as well. We may bill and share protected health information with other providers, an insurance company, you, or a third party. For example, we may need to give your health plan protected health information about care you have received at the Health System so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment. We may share your protected health information to facilitate payment to another provider who has participated in your care.

For Healthcare Operations.

We may use and share your protected health information for Health System operations. These uses and disclosures are necessary to run the Health System and to make sure that all of our patients receive quality care. For example, we may contact you to determine your level of satisfaction with our services or to see how you are doing after you return home. We may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many Health System patients to decide what additional services the health system should offer, what services are not needed, and whether new treatments are effective. We may share protected health information with doctors, nurses, technicians, student trainees, and other people who help with your care for review and teaching purposes. We may combine the protected health information we have with protected health information from other health systems to see where we can make improvements in the care and services we offer. When we share protected health information with other health systems for this type of comparison, we remove information that identifies you so others may study healthcare and healthcare delivery without learning who you are.

Appointment Reminders.

We may use and share protected health information to contact you to remind you of an appointment for care within the Health System. If you do not wish to receive appointment reminders or wish to be contacted at a certain telephone number, then be sure to tell the representative who is registering you for services.

Health-Related Benefits and Services.

We may use and share protected health information to tell you about treatment options. We may also use and share protected health information to tell you about health-related benefits and services that may be of interest to you.

Fund-Raising Activities.

We may use your protected health information to contact you to raise money for the Health System. Fund-raising helps the Health System fulfill its missions of patient care, teaching, and research. We may provide demographic information (such as your name, address, and

phone number including the dates you received treatment or services) to the Health System Development Office personnel or to a foundation related to the Health System. If you do not want to be contacted for fund-raising efforts, then you must notify, in writing, the Senior Director, Medical Center Development & Alumni Affairs, at the following address: 205 Meiling Hall, 370 W. Ninth Avenue, Columbus, OH 43210-1238.

Facility Directory.

If you are admitted to the hospital, then we may include your:

- name;
- location in the hospital; and
- religious affiliation in that facility's directory (information desk).

We have a facility directory so that clergy, friends, and family may visit you. The directory information, except for your religious affiliation, is only released to people who ask for you by name. However, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name. You have the right to refuse to have this information included in the facility directory. To opt out of the facility directory, contact any Registrar or the Admitting Office.

Individuals Involved in Your Care or Payment for Your Care.

We may release the protected health information about you to a family member or other designated person who is involved in your medical care. We may also give protected health information to someone who helps pay for your care. For example, we may tell the person who comes to pick you up after a surgery, an admission, or an appointment what he or she must do to help you once you get home. We may need to use or share protected health information about you to tell your family or persons responsible for your care where you are and of your condition. In addition, we may share protected health information about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. For example, if you are admitted in an emergency and your family does not know where you are, then we may contact them to tell them. If you are part of a large disaster, such as a tornado or accident, then we may coordinate with disaster relief agencies to contact your family.

Special Situations:

Additional uses and disclosures for which authorization or opportunity to agree or object is not required by The Health Insurance Portability and Accountability Act ("HIPAA").

Research.

Research is one of the Health System's missions. Research can help find cures for diseases. Research can help you and many other people. You may have the opportunity to be part of research at the Health System. Under certain circumstances, we may use and share protected health information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or share protected health information. We also may share protected health information about you to people preparing to conduct a research project. They may be looking for patients with specific medical needs or for certain protected health information. The protected health information they review will be kept confidential. Often, you will need to give permission before we share your protected health information with others for use in research. If your protected health information is used, then the researcher must keep your protected health information safe and confidential.

As Required by Law.

We will share protected health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety.

We may use and share protected health information about you when necessary to prevent a serious threat to:

- your health and safety;
- the public's health and safety; or
- another person's health and safety.

Organ and Tissue Donation.

We may release protected health information to organizations that handle organ, tissue, and eye procurement to facilitate organ, tissue, and eye donation and transplantation. These organizations may review death records to determine compliance with federal and state rules related to donation, procurement, and requests for transplantation.

Workers' Compensation.

We may release protected health information to Workers' Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries or illnesses.

Public Health Risks.

As required by law, we may share your protected health information with public health authorities to:

- prevent or control disease, injury, or disability;
- report medical device safety issues and adverse events to the Federal Food and Drug Administration; and
- report disease or infection exposure.

Victims of Abuse, Neglect, or Domestic Violence.

We may share certain protected health information with government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been a victim.

Health Oversight Activities.

We may share protected health information with a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or licensure.

Judicial and Administrative Proceedings.

We may share your protected health information in the course of an administrative or judicial proceeding, such as in response to a court order.

Law Enforcement.

We may share your protected health information with a law enforcement official if required or permitted by law.

Deceased Person's Protected Health Information.

We may share protected health information with a coroner, medical examiner, or a funeral director as necessary to carry out their duties.

Specialized Government Functions.

We may share your protected health information with authorized federal officials for national security and intelligence, military, or veterans' activities required by law.

Uses of Protected Health Information that Require Your Written Permission

In all other situations (situations that are not treatment, payment, health systems operations, or special situations, as we told you about above), we may only share protected health information with your written permission. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or share protected health information about you for the reasons covered by your written permission, except to the extent that we have already used or shared your protected health information.

Your Rights Regarding Your Protected Health Information

The physical form of your protected health information and billing records is our business record and is the property of the Health System. The protected health information contained in those records is your protected health information. You have the following rights regarding your protected health information.

Right to Review and Copy.

You have the right to review and get a copy of protected health information that may be used to make decisions about your care. Usually, this protected health information includes information we use to make decisions about your care and billing records, but does not include:

- psychotherapy notes;
- information compiled for use in or created in anticipation of a civil, criminal, or administrative action or proceeding;
- certain lab test results subject to the Clinical Laboratories Improvement Act of 1988; or
- other types of information we did not use to make decisions about your healthcare.

You must submit your request for your protected health information in writing to the Director of Medical Information Management or to the clinic/office manager where you received services. If you request a copy of the

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protected health information, then we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Appeal a Denial of Access to Protected Health Information.

You have the right to access your protected health information. There are some limitations to that right. Your health provider may decide for clear treatment reasons that sharing your protected health information with you will likely have an adverse effect on you. If this happens, then you may choose a different health provider. We will then provide your protected health information to the health provider you choose.

Right to Amend.

If you feel that protected health information we have about you is wrong or lacking information, then you may ask us to change the protected health information. You have the right to request a change for as long as the protected health information is maintained. We may deny your request if you ask us to change protected health information that:

- is not part of the protected health information which you would be permitted to see and get a copy of; or
- we believe is accurate and complete.

Submit your request to the Director of Medical Information Management or to the clinic/office manager where you received services. Your request must be made in writing and include a reason that supports your request.

Right to an Accounting of Disclosures.

You have the right to request an accounting of disclosures of protected health information. This is a list of certain disclosures of protected health information we made in special situations listed above. These disclosures are not related to treatment, payment, or healthcare operations. When we make these disclosures, we are not required to obtain your authorization before we share your protected health information with others. You must submit your request for an accounting of disclosures in writing to the Director of Medical Information Management or to the clinic/office manager where you received services. Your

request must tell us the calendar dates you want to see. The time period may include up to six years of information and must begin on or after April 14, 2003.

There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the protected health information we use or share about you for treatment, payment, or healthcare operations. We are not required to agree to your request. If we do agree to your request, then we will fulfill your request unless the protected health information is needed to provide emergency treatment to you. You must make your request for any restrictions or limitations in writing to the Director of Medical Information Management or to the clinic/office manager where you received services. In your request, you must tell us:

- what protected health information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications.

You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Director of Medical Information Management or to the clinic/office manager where you received services. We will not ask you the reason for your request. We will agree to all reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, then be sure to provide an appropriate telephone number.

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. You may contact any Registrar or the Admitting Office. You may also print a copy of this Notice at our web site: www.medicalcenter.osu.edu.

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 protected health information we already have about you and any protected health information we receive in the future. Current copies of this Notice will be available at any admitting or registration location. The current Notice will also be posted at our web site. The effective date of the Notice will be posted on the first page.

Complaints

The Health System is dedicated to ensuring your privacy rights. If you believe your privacy rights have been violated, then you may file a complaint with our

Health System by contacting the Customer Service Department of the organization your complaint involves or to the clinic/office manager where you received services. The contact numbers are:

University Hospital and Clinics:
(614) 293-8944

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

(614) 293-8609

The Ohio State University Hospital East:

(614) 257-3420

OSU & Harding Behavioral Healthcare & Medicine:

(614) 293-3530

Ohio State University Physicians, Inc.:

(614) 784-7806

You may also file a complaint with the U.S. Office of Civil Rights, Washington, D.C. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Revision Approved by HIPAA Steering Committee May, 2008.