

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. This notice explains our privacy practices and your rights regarding your medical information. If you have any questions or further information about this notice, you can contact a hospital representative at 740-435-CARE (2273) or by email at care@seormc.org.

Our Pledge to Protect Your Medical Information:

Southeastern Ohio Regional Medical Center recognizes that your medical information is personal and we are committed to protecting your privacy. We record the care and treatment you receive in a medical record and, so that we can best meet your medical needs, we share your medical record with all the providers involved in your care. We share your information only to the extent necessary to conduct our business operations, to collect payment for the services we provide you and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission. 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; Follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice

The following parties share Southeastern Ohio Regional Medical Center's commitment to protect your privacy and will comply with this Notice: All authorized health care professionals, associates, volunteers, trainees, students, contractors and medical staff. All entities, sites and locations of Guernsey Health Systems and Southeastern Ohio Regional Medical Center that provide health care to the public including, but not limited to: United Ambulance, Superior Med, LLC., and Cambridge Regional Cancer Center. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations described in this notice.

How We May Use And Disclose Your Medical Information

We use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within the categories.

Treatment

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, nursing and medical students or hospital associates who are involved in your care. 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. The doctor may also need to tell the dietitian if you have diabetes so that we can arrange for nutritional counseling. We also may share your medical information in order to coordinate different things you need such as prescriptions, lab work and diagnostic testing as well as to people who may be involved in your medical care such as family members, clergy, rehabilitation centers and other health care providers.

In addition, unless you opt out, any authorized health care provider who agrees to participate with Health Information Exchanges (HIEs) may also electronically access and use your protected health information to provide treatment to you. If you opt out, your protected health information will not be shared electronically through the HIE network; however, it will not impact how your information is otherwise typically accessed, used and released in accordance with this Notice and the law.

Payment

We may use and disclose your medical information so that the treatment and services you received may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell 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. We may also disclose your medical information to other health care providers who have provided services to you when necessary for them to obtain payment on your behalf.

Healthcare Operations

Use and disclosure of your medical information for healthcare operations is necessary to run the business and ensure that all patients receive quality care. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine your medical information with medical information about other patients to decide what additional services should be offered, what services are not needed, whether treatments are effective and to compare our performance to see where we can make improvements. We may remove information that identifies you from this set of medical information so others may use it to study health care and its delivery without learning who specific patients are. We may also disclose your medical information to another health care provider or health plan for quality assurance and case management, but only if they have or have had a patient relationship with you.

Appointment Reminders

We may use and disclose your medical information to contact you as a reminder that you have an appointment.

Business Associates

Certain parts of our services are performed through contracts with Business Associates that are outside service providers such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide them with minimum-necessary medical information. The law requires that Business Associates maintain the same level of security and privacy of your medical information.

Health-Related Benefits and Services

We may use and disclose your medical information to tell you about new products or services, wellness information or recommend possible treatment options or alternatives.

Fundraising Activities

We may use limited information about you (i.e., name, address, phone number and service dates) to compile a mailing or phone list to solicit contributions to a fundraising effort. You may opt-out of this by giving a written request to the Privacy Officer.

Marketing

We must receive your authorization for any use or disclosure of your medical information for marketing, except if the communication is face-to-face made by you personally.

Sale of Your Medical Information

We must have your authorization for any disclosure which is the sale of your medical information.

Medical Center Directory

You may be asked to be listed in the Medical Center Patient Directory. We may use limited information about you (i.e., name, location, general condition and religious affiliation) in the directory while you are being treated. This information may be given to people who ask for you by name. This is so your family, friends and clergy can contact you and find out how you are doing. You have the right, during the registration process, to be excluded from the directory and restrict what information is included.

Individuals Involved in Your Care or Payment for Your Care

We may release your medical information to a friend or family member who is involved in your medical care or to someone who helps pay for your care. We may also tell them about your condition and that you have been seen by us. In addition, we may disclose your medical information to them should an emergent situation arise while you are being treated.

Research

Under certain circumstances we may use and disclose your medical information for research purposes. For example, a research project to compare the health and recovery of patients who received a medication to those who received another or your medical information may be disclosed while reviewing its suitability for a research project. In all cases where your specific authorization is not obtained, your privacy will be protected by confidentiality requirements applied by the representations of the researchers or their board.

As Required by Law

We will disclose your medical information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

For All Other Uses and Disclosures

All other uses and disclosures of your medical information not contained in this Notice will not be disclosed without your authorization.

Special Situations Organ and Tissue Donation

If you are an organ or tissue donor, we may release your medical information to organizations that handle organ, eye and tissue procurement or to a donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation

We may release your medical information for workers' compensation or similar programs.

Public Health Risks

We may disclose your medical information for public health activities. These activities generally include the following: to 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 of 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.

Health Oversight Activities

We may disclose your medical 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.

Lawsuits and Disputes

In response to a court order, subpoena, discovery request or other lawful process by someone else involved in the dispute, we may disclose your medical information, but only if efforts have been made to contact you about the request or to obtain an order protecting the requested information.

Law Enforcement

We may release your medical information if asked to do so by a law enforcement official: In response to a lawsuit or dispute; To identify or locate a suspect, fugitive, material witness or missing person; About the victim of a crime if, under certain limited circumstances we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at the health care facility; In emergency circumstances to report a crime; the location of a 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 your medical 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 may also release medical information about patients of the medical center to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign dignitaries or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

Your Rights Regarding Medical Information about You Right to Inspect and Request a Copy

You have the right to inspect and request a copy of the medical information that may be used to make decisions about your care. This includes medical and billing

records but does not include psychotherapy notes. You must submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may have the right to request that the denial be reviewed by another licensed health care professional chosen by the medical center who was not involved in the original denial. 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 the medical center. Your amendment request must be made in writing, with a supporting reason and submitted to the Privacy Officer. We may deny your request for an amendment if it is not in writing, does not include a reason to support the request or if you ask us to amend information that: 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 the medical center; Is not part of the information which you would be permitted to inspect and copy; Is accurate and complete.

Right to an Accounting or Disclosures

You have the right to request an accounting of certain disclosures of your medical information made by us after April 14, 2003. You must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003 and should indicate what form you want the list (for example, on paper, electronically, etc.). The first list you request within a 12-month period will be free and we may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation of your medical information we use or disclose about your for treatment, 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. We are not required to agree to your request and, 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 Privacy Officer and, in your request, you must tell us what 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 Restrict Release of Information for Certain Services

You have the right to restrict the disclosure of information to your health plan regarding services for which you have paid out of pocket and in full.

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. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive it electronically, by contacting the Privacy Officer. You may also obtain a copy of this notice at our website www.seormc.org. To obtain a paper copy of this notice please call the Privacy Officer.

Right to Breach Notification

You have the right to be notified of any breach of your unsecured health care information.

Changes to This Notice

We reserve the right to revise or change this Notice and to make the revised or changed Notice effective for the 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 the places of business listed in the 'Who Will Follow This Notice' section. The header of the Notice will contain the effective date. You will also receive a copy each time you arrive for health care services.

Complaint and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with the medical center at 740-435-CARE (2273) or by email at care@seormc.org. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. 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 uses and 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.

This Notice of Privacy Practices is effective, August 1, 2013, based on the privacy practices originally implemented April 1, 2003 and updated November 12, 2012. We must follow the privacy practices described in this Notice; however, reserve the right to change our practices at any time and apply these changes.