NOTICE OF PRIVACY PRACTICES
Wooster Community Hospital

This Notice describes how medical information about you as a patient may be used or disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about our Privacy Practices, including your rights and ability to voice your concerns, please call (330) 263-8615 and ask to speak with one of our Privacy Officers.

Dear Patient: The confidentiality of your health information is important to us. As your community Hospital and health care provider of services, such as home health, we rely on you to give us complete and accurate information about your condition, symptoms and health history. We want you to know about our privacy practices that are intended to safeguard the proper use and disclosure of your health information. Our efforts, in part, also depend on you. Please respect the privacy of other patients' health information, just as you would like them to respect yours.

HIPAA's Privacy Rule and Why You Are Receiving this Notice.

A new law called "HIPAA" protects the use and disclosure of patient health information. This law requires hospitals and doctors to keep your medical records confidential. We may use or disclose health information in ways the law permits, or as you authorize us. HIPAA requires all hospitals to give their patients a. copy of their Notice of Privacy Practices, which explains our obligations and privacy practices and your legal rights.

We are pleased to give you this Notice, so you may know what the Hospital, and the doctors seeing. you at the Hospital, are doing to protect your health information. It also applies to other health care services the Hospital provides in the community, such as home health care or diagnostic testing. This Notice is effective April 14, 2003. We will follow its terms, until it is revised, which HIPAA allows us to do at any time. Revisions will apply to all patient Information that we maintain. If we revise this Notice and our privacy practices, we will let you know by posting a new Notice in the Hospital and on our Internet website (www.woosterhospital.org). You may also ask for a paper copy of our most current Notice.

Our privacy practices follow HIPAA's Privacy Rule. Some of HIPAA's terms may be confusing. Please ask us to explain any term you do not understand. We have a list of HIPAA's definitions and Frequently Asked Questions available on our website (www.woosterhospital.org).

Please take this Notice of Privacy Practices home, read it and share it with other family members. It will help answer questions you might have. To make sure all of our patients receive a Notice, please sign the written Acknowledgment.

A Note about Patients who are Minors. Some of our patients are under the age of 18. HIPAA works with Ohio law regarding the rights of parents and minors. It looks to Ohio law for defining the rights of custodial and non-custodial parents. When our patient is under 18, we will give the Notice to the minor's responsible person (e.g. parent or guardian). The responsible person can sign the Acknowledgment for the minor. If the minor is 14 or older, we encourage you to share this Notice with him/her. If the patient is 18 or older, we will give him/her a separate Notice of Privacy Practices. The Notice refers to "your' health information and "your" rights. "Your" applies to the patient and his/her responsible person, who may exercise rights on the patient's behalf.

Use and Disclosure of Health Information for Treatment, Payment, and Health Care Operations

We may use (in the hospital) or disclose (share) your health information for treatment, payment and health care operations. You do not need to sign an Authorization.

Treatment. When you come to the Hospital, a number of doctors and nurses may be involved in your care, including your family doctor and perhaps radiologists, anesthesiologists and pathologists. If you come to the Hospital through our Emergency Department, you probably will be seen by emergency doctors and nurses. Some of our patients may be seen by nurses in our Home Health Care program. These doctors, nurses and other health care professionals will use and share your health information when you come to the Hospital for treatment or for tests, or if you receive home health care. We may share test results with your doctor's office. We have taken steps to make sure your information is properly accessed and used by doctors on our Medical Staff for treatment. We may send medical information properly needed by a nursing home, home health care agency, other health care providers or suppliers, so your treatment can be continued with a minimum of burden, paperwork, or delay.

Hospital records may contain health information about you that we received from other sources, such as another hospital, nursing home, or home heath care agency. If a doctor, hospital or facility treating you asks for your record, our general policy is to send the entire record. We believe that is in the patients best interest for treatment purposes.

Payment . An example of disclosing your health Information for payment purposes is when we check with your health insurance about eligibility, coverage, and pre-certification. We also need to disclose certain health information when we submit a claim to your health insurance for payment of the treatment we provided. The law allows us to turn over certain information to collection agencies if you do not pay your bill.

Operations. We may use health Information for health care operations in order to evaluate our performance and the performance of our doctors providing you with quality treatment and service. We have taken steps to make sure that your health information is properly accessed and used for these purposes.

Business Associates. On occasion, we may use outside persons called "Business Associates" to perform services for the Hospital. We have entered into contracts with Business Associates to make sure they protect the privacy of your health information.

Communicating with You, Famlly, and Others Caring for You

Communicating with You.

We may contact you for scheduling or reminding you of an appointment, giving you-test results, or informing you about treatment alternatives or other health-related benefits and services, and programs (such as Senior Partners) that may interest you. We may communicate with you by mail or by telephone. We may speak with you at the Hospital. We may mail information to your home address or call you at home. If we call, we will identify ourselves and ask to speak with you. If you are not available, we may leave a message with the person answering the telephone for you to call us. If you have an answering machine, we will leave our number and a message for you to call. If you do not want us to contact you by mail, or while you are in the Hospital, about health-related benefits, services or programs, please let us know that you wish to "opt out." Otherwise, we will presume it is ok.

Your Right to Request that We Communicate with You at a Different Phone Number or Address.

You have the right to request that we contact with you confidentially by alternate means or at a different telephone number or address. Please let us know if you don't want us to mail information to you at your home address, call you at home, or leave a message on the answering machine. You do not have to explain why you are making this request. We will honor reasonable requests. If we cannot honor your request, we will let you know why.

Family and Friends.

Most of our patents would like us to be able to discuss health information with family members or others who are assisting in their care or helping them with their medical bills. This may include discussing or answering questions a family member (such as a spouse or adult children, particularly for our seniors, and with parents or guardians for our younger patients) may have about your condition, medication or treatment needs. It also may include answering questions about a medical bill or balance owed. You have the right to ask us not to speak with family members or friends. Please let us know if those are your wishes. If you do not tell us, we will assume you are permitting us to talk with those involved in your care or helping you. We may need to communicate with family members or others involved in your care in certain emergency situations, or if we are otherwise required by law.

Use and Disclosure of Health Information You Authorize and Your Right to Revoke (Cancel) Authorization

We will not use or disclose your health information for purposes other than treatment, payment or health care operations (unless the law requires us) without your signed, written Authorization. We also will not disclose psychotherapy notes without an Authorization. The date on your Authorization generally should not be more than 60 days before your give it to us. This is for your protection. You may fax the Authorization to us. For more information, please see our website (www.woosterhospital.org) or call us at (330) 263-8615.

For example, we will not give medical information about you to your employer without your Authorization. To protect the patient privilege, our general policy is not to disclose your medical records, even if we receive a subpoena, unless you sign an Authorization, or we receive a court order.

You may authorize us to disclose health information to persons who are not covered by HIPAA. Once that information is disclosed, it no longer is protected by HIPAA. The person authorized to receive it may use or re-disclose it in any way that is not prohibited by law.

You may revoke (cancel) the Authorization in writing at any time. Once we receive your written revocation, we no longer will use or disclose your health information in the way described by the Authorization. However, we cannot be held responsible for any use or disclosure of health information, as permitted by the Authorization, before we have received your written revocation.

Use and Disclosure of Health Information As Permitted or Required by Law

We may use or disclose health information, without an Authorization, as permitted or required by law.

Workers' Compensation. Ohio law permits us to disclose health information, without a separate Authorization, when an employee files a Workers' Compensation Claim or seeks benefits under other State programs.

Public Health Agencies. Ohio law requires us to disclose health Information to public health agencies to help control disease, injury or disability. The law requires us to report cases of suspected abuse or neglect.

FDA and OSHA. Certain Federal laws from the FDA and OSHA require us to report adverse events, product problems, and biological product deviations, so safety precautions, recalls and notifications can be conducted.

Regulatory Agencies. Certain Ohio and Federal governmental regulatory agencies require us to disclose health information for the purpose of monitoring compliance.

National and Homeland Security . We may be required by the government to disclose information concerning patients who are in the Armed Forces or for National and Homeland Security purposes.

Coroner and Funeral Directors. We may disclose health information to the Coroner or to a funeral director to perform legally authorized responsibilities.

Law Enforcement. We may disclose health information to law enforcement officials, so long as that information: (1) is limited to identification purposes; (2) applies to victims of crime; (3) involves a suspicion that injury or death has occurred because of criminal conduct; (4) is needed in a criminal investigation; (5) necessary to prevent or lessen the threat to the health or safety of a person or to the public; or (6) is otherwise required by law.

Your Rights under the Privacy Rule and Our Privacy Practices

In addition to your right to request for confidential communications by alternate means or at a different phone number or address, you have other rights under HIPAA. We want you to know about them and how we may respond to your requests. If you have any questions or need further clarification, please see our website (www.woosterhospital.org) or call our Privacy Officer at (330) 263-8615.

You have the Right to Request Restrictions on Certain Uses and Disclosures of Health Information.

You may request that we restrict certain uses or disclosures of your health information by completing a Request for Restriction form. You may give it to us in person or mail it to us. This request may involve certain restrictions connected with treatment, payment or health care operations. It also may involve a request that we do not disclose health information with family members, friends or others who are involved in caring for you.

HIPAA's Privacy Rule gives hospitals and doctors the right to deny a patient's request to restrict the use or disclosure of health information. While we will consider reasonable requests, it is our policy not to restrict the use or disclosure of health information necessary for providing or arranging for the provision of treatment. It is our policy not to restrict the use or disclosure of health information when submitting a claim to insurance or health plan for reimbursement.

We will consider all other requests for restricted use or disclosure of health information on a case-by-case basis. If we agree to your request, we will be bound to our agreement. If we cannot agree your request, we will let you know.

You have a Right to Access, Inspect and Copy Your Own Health Information.

You have the general right to inspect and copy your own health information in our hospital records (called a "designated record set"). There are some exceptions. For example, you do not have the right to inspect or copy psychotherapy notes or information compiled for civil, criminal or administrative proceedings. Your right also may not extend to information covered by other laws or information obtained from someone other than another health care provider, based on a promise of confidentiality. We may also deny access if, in our judgment, seeing that information could endanger the life or safety of you or another.

You may request access to your Protected Health Information by completing the Request for Access form and presenting or sending it to us. Our practice is to consider all requests according to our legal responsibilities under the Privacy Rule.

We generally will respond to your request within 30 days from the time we receive the competed form. Sometimes, it may take more than 30 days. If that happens, we will let you know and will act on your request as soon as reasonably possible. If we grant your request, we will contact you to set up an appointment for you to inspect your health information and request a copy of it. You may not make changes in the original record.

Alternatively, you may ask to have a written summary of your health information instead of inspecting or copying your records. Under HIPAA, we may charge you for a summary or for copying and sending your medical records. If we are unable to grant your request, because of the reasons listed above, or because the information is not part of a designated record set, we will notify you in writing of the basis for the denial and your rights for review of our denial.

You have the Right to Amend Incorrect or Incomplete Facts in Your Health Information.

You may request to amend incorrect or incomplete health information in your record by completing our written request form and presenting or mailing it to us. We will respond to your request within 60 days from the time we receive your completed form.

We will grant your request if health information that we created is incorrect or incomplete. We may not, under HIPAA, amend your health information if it is not part of a designated record set (someone else created it), if it would not be available for you to inspect (see Right to Inspect, above), or if the information is accurate and complete.

If we grant your request, we will amend the health information in the designated record set. We also will inform you that we have made the amendment, and we will inform persons who have received and may have relied on health information that has been amended.

If we deny your request, we will: (1) notify you in writing of the basis for that denial; (2) inform you of your right to submit a written statement of disagreement and provide you with the appropriate form, which we will keep with your record and will include with future disclosures; and (3) inform you of your right to file a complaint. If you file a statement of disagreement, we may prepare a written rebuttal statement. If you have any questions about this right, please ask our Privacy Officer.

You have a **Right to Receive an Accounting of Disclosures of Health Information.**

You have a right to receive an accounting of disclosures we have made to others of your health information. This right is limited and does not require us to provide you with an accounting of disclosures made for: (1) treatment, payment and health care operations; (2) disclosures made to you or your legal representative; (3) disclosures made according to your signed Authorization; or (4) disclosures made before April 14, 2003. To request an accounting, please complete the Request for an Accounting form.

PATIENT CONCERN AND COMPLAINT RESOLUTION PROCEDURE

We at Wooster Community Hospital are committed to protecting your health information. Despite our efforts, questions, concerns, or problems can arise. If you have a concern, or believe we may have violated your Privacy rights, we encourage you to bring that to our attention immediately. You may do so by filling out a complaint form, contacting our website (www.woosterhospital.org) or calling our Privacy Officer at (330) 263-8615.

We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake, we will do what we can to correct it and take steps to prevent such mistakes in the future. If we did not make a mistake, we will provide you with an explanation. We will make every effort to get back to you within 30 days.

Under no circumstances will we "retaliate" against you for expressing a concern or filing a complaint relating to your Privacy rights. You may contact the DHHS Secretary if you believe your privacy rights have been violated.