

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.**

Southwest Community Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression. Southwest provides free aids and services to people with disabilities or limited English proficiency – speak with your provider to obtain these aids/services.

This Notice of Privacy Practices describes how Southwest Community Health System, Southwest General Health Center, Southwest Community Pharmacy, and Southwest General Medical Group, Inc. (collectively referred to as “Southwest”), including its volunteers and other members of its workforce, physicians and other health care professionals caring for you at Southwest may use and share your Protected Health Information (“PHI”). PHI is information in any form (paper, verbal, electronic, or recording (audio, video, etc.)) that identifies you and that describes your physical or mental health condition and your health care services (past, present and future). Your health information is protected by law for up to 50 years after death. This Notice of Privacy Practices applies to members of the Southwest Medical Staff when they provide care for you at Southwest General Health Center, but does not apply to their private medical practices. Southwest and its Medical Staff are cooperating in the protection of your health information and privacy rights, but such cooperation should not be construed to mean that the Health Center and members of its Medical Staff are the agents or representatives of the other, or in any way are responsible for each other’s actions or failure to act.

We are required by law to maintain the privacy of our patients’ PHI and to provide you with this Notice of Privacy Practices (“Notice”) of our legal duties and privacy practices. We are required to follow the terms of this Notice, so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and any new Notice will be effective for all PHI maintained by Southwest. You have a right to receive a copy of the currently effective Notice at any registration area or information desk in a Southwest facility or medical office, by downloading a copy from our website at www.swgeneral.com, or by contacting the Southwest Privacy Officer at 440-816-4719.

I. HOW SOUTHWEST MAY USE AND DISCLOSE YOUR PHI

Authorization. The ways in which we may use or share your PHI without separate authorization are listed below. We will not use your PHI for any *other* purpose unless you have signed a form authorizing such use or disclosure. We are prohibited from selling your PHI without your authorization, as well as other uses and disclosures for which the Privacy Rule requires your authorization. At any time, you have the right to revoke an authorization to disclose your information if you do so in writing, however, such revocation will not apply to any action we have taken based on your original authorization.

Uses and Disclosures that DO NOT Require Your Authorization

Treatment. We may use and share your PHI as necessary to provide, coordinate or manage your health care treatment. For example, doctors and nurses involved in your care may use your medical information to plan a course of treatment for you. We may also share your PHI with another health care provider who is not associated with us but who provides medical treatment to you. For instance, if you are an inpatient at Southwest and you are to receive home health care after discharge, we may disclose your PHI to that home health care agency so they may plan your care. We may disclose mental health PHI (with the exception of psychotherapy notes) as permitted under HIPAA and state law, to other health care providers for purposes of continuity of care.

Payment. We may use and share your PHI as necessary to receive payment for the health care services provided to you. For example, we may forward your Southwest treatment information to your insurance company to obtain payment for the services provided to you, unless you have paid out of pocket in full for your health care and have requested that we restrict disclosure of your PHI to your health plan with respect to such information.

Health Care Operations. We may use and share your PHI as necessary for our health care operations, which include clinical improvement, business management, accreditation and licensing and defending ourselves in any legal action. Under certain circumstances and as permitted by law, we may also share your PHI with another health care provider or health plan involved in your care or payment for care for their health care operations.

Health Information Exchange. To help enhance the quality of your care, Southwest participates in Health Information Exchanges (HIE). Your healthcare providers can use this secure electronic network to share your health records for a better picture of your health needs. You may opt-out of having your PHI shared through the HIE any time either during registration or by submitting a written request to Health Information Management. Opting out of HIE sharing means your providers will need to obtain your records, as permitted or required by law and as described in this Notice, by other means (e.g., fax, mail, secure email).

Patient Directory. If you are receiving emergency services or are an inpatient here, or if you are at the Health Center for some lengthy outpatient procedures, we may direct people to your room or give your room phone number to anyone who calls or visits the Health Center and asks for you by your name. In some circumstances, we may also give a general statement about your medical condition (for instance “fair” or “critical”). You have the right during registration to request that we not disclose any of this information as part of our Patient Directory.

Family or Others Involved. Unless you object, we may from time to time disclose relevant PHI to family, friends, or others whom you have designated, who are with you at Southwest, or after your death. We would only disclose relevant PHI to those involved to assist in their involvement in caring for you or paying for your care. If you are unable or unavailable to agree or object, or are facing an emergency medical situation or in the case of a public disaster, we may share limited PHI with your family and friends or to an organization that is involved in disaster relief efforts if we believe such a disclosure is in your best interest.

Business Associates. Certain aspects of our services may at times be performed through arrangements with outside persons or organizations known as business associates, such as auditing services or billing service, and at times, to assist in your care. As such, it may be necessary for us to provide your PHI to these business associates. In all cases, business associates are obligated to protect your PHI in the same manner we are and we obtain written assurances from them stating their agreement to protect your PHI.

Fundraising. From time to time, we may use your PHI to contact you to raise money as part of our charitable fundraising efforts. You have the right to opt out of receiving fundraising communications and how to do this will be described in the communications you receive.

Confidential Communication. You have the right to request we communicate with you by particular means or locations, such as if you wish appointment reminders not to be left on voice mail or if you wish for mail to be sent to a different address than your home. We will honor reasonable requests for confidential communication. You should make such requests by informing the Southwest General medical professional during your next visit or when calling to make an appointment.

Research. In limited circumstances, we may use and disclose your PHI for research purposes. For example, a research organization may wish to compare outcomes of all patients who received a particular drug and will need to review a series of medical records. In all cases, either your specific authorization will be obtained or your privacy will be protected by strict confidentiality requirements applied by the Institutional Review Board that reviews research conducted at Southwest or by applicable law.

Public Health Authorities and Government Oversight Agencies. We may disclose your PHI to public health authorities for any purpose required by law such as reporting of certain diseases, injuries, births and deaths, and for required health investigations. We may also disclose your PHI if required by law to a government oversight agency conducting audits, licensure review, or similar activities.

Abuse, Neglect, and Law Enforcement. We may disclose your PHI if such information causes us to suspect abuse or neglect which we are required or permitted by law to report to authorities. We may also disclose your PHI as required by law if we believe you are a victim of abuse, neglect or violence. We may also disclose your PHI to law enforcement officials as required or permitted by law to report wounds, injuries, and suspicion of certain crimes, or with a court order (or warrant) for a serious crime and law enforcement officials are seeking your identification and location.

Food and Drug Administration. We may disclose your PHI to the Food and Drug Administration or its designee, if necessary, to report such things as adverse reactions, product defects, or to participate in product recalls.

Disclosures to Employers. We may disclose your PHI to your employer when we have provided services to you at the request of your employer to determine workplace-related illness or injury. We may also disclose your PHI to workers' compensation agencies, if necessary, for your workers' compensation benefit determination.

Judicial and Administrative Activities. We may disclose your PHI if required to do so by court order or validly issued subpoena or for any other official judicial or governmental administrative action.

Funeral Directors / Coroners / Organ Donation Agencies. We may disclose your PHI to coroners and/or funeral directors consistent with law and we may disclose your PHI, if necessary, to arrange an organ or tissue donation from you or a transplant for you.

For Public Health Reasons or the Safety of Others. We may disclose your PHI in limited instances if we suspect a serious threat to someone else's or the public's health or safety, such as to notify persons that they have been exposed to a communicable disease or are in danger, or in cases of investigating outbreaks of disease. We may provide immunization records to schools when required for public health reasons.

Military / National Security. We may disclose your PHI as required by armed forces services if you are a member of the military; we may also disclose your PHI if required by law for national security or intelligence activities.

Required By Law. We may use and/or disclose your PHI if we are otherwise required by law to disclose the information.

II. RIGHTS YOU HAVE REGARDING YOUR PHI

Access to Your PHI. You have the right to inspect and request electronic or paper copies of your PHI that we maintain or to direct us to send a copy to a third party. We may charge you a reasonable cost-based fee and any postage. We may ask your request to be in writing. Direct requests for hospital records to Health Information Management; Medical Group requests to the provider's office where you had services; and radiology reports and images to the Radiology Department. Online Authorization forms for hospital or radiology records may be completed at www.swgeneral.com/Patients & Visitors. You may access a portion of your electronic medical record any time using the Southwest General HealtheLife patient portal. Go to www.swgeneral.com for more details on setting up an account or ask about HealtheLife during registration.

Amendments to Your PHI. You have the right to request changes to the PHI we maintain about you. We are not obligated to make all requested changes but will give each request careful consideration. All requests must be in writing (signed and dated) and sent to Health Information Management. The request must state the reasons for the change requested. If we make a change you requested, we might also notify others who have copies of the original record if we believe that such notification is necessary. An amendment request form may be obtained at www.swgeneral.com/Patients & Visitors or by contacting Health Information Management.

Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your PHI, which would not include disclosures made for treatment, payment, or health care operations, or when an authorization form was obtained. The first accounting in any 12-month period is free; you may be charged a reasonable cost-based fee for each subsequent accounting you request within the same 12-month period. Requests must be in writing (signed and dated) and sent to Health Information Management. A form may be obtained from the Privacy Officer.

Restrictions on Use and Sharing of Your PHI. You have the right to request us to restrict how we use and disclose your PHI. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests, when appropriate. You have the right to terminate any agreed-to restriction at any time. You also have the right to restrict disclosures of your PHI to your health plan with respect to health care for which you have paid out of pocket in full.

Breach Notification. You have the right to receive notification of breaches of your unsecured PHI.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of discovering a violation of your rights. There will be no retaliation against you for filing a complaint.

Acknowledgment of Receipt of Notice. You may be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at 440-816-4719, 18697 Bagley Road/C-07, Middleburg Hts., Ohio 44130.

This Notice of Privacy Practices is effective August 1, 2013
Form #163584 09/22

Nondiscrimination Notice

Southwest Community Health System (“Southwest”) complies with applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression.

Southwest:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your Southwest provider. If you believe that Southwest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patient Relations Department, 18697 Bagley Rd., Middleburg Heights, OH 44130, 440-816-8954. You can file a grievance in person or by mail. If you need help filing a grievance, Patient Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.