Joint Notice of Privacy Practices

Effective date: December 1, 2016

You have the right to:
• Get an electronic or paper copy of your medical record
• Ask us to amend your medical record
• Request confidential communication so that we can contact you in a certain way to protect your privacy
• Ask us to limit what health information about you we use or disclose
• Get a list of those to whom we’ve disclosed your health information
• Get a copy of this privacy notice
• Choose someone to act for you
• File a complaint if you believe your privacy rights have been violated

You may choose to limit the way that we use and disclose your health information under the following circumstances:
• How we sell, share, and exchange about your condition
• Providing disaster relief
• Including you in a hospital directory where we list your name as a patient in the hospital
• Providing mental health care
• Marketing our services and selling your health information with your written permission
• Fundraising

We may use and disclose your health information as we:
• Treat you
• Run our organization
• Bill for services
• Help with public health and safety issues
• Do research
• Follow laws
• Respond to organ and tissue donation requests
• Work with a medical examiner or coroner director
• Address workers’ compensation, law enforcement and other government requests
• Respond to lawsuits and legal actions

See pages 3 and 4 for more information on these rights and how to exercise them.

See pages 4 and 5 for more information on these uses and disclosures.

File a complaint if you believe your privacy rights have been violated
• You can file a complaint if you feel we have violated your rights by contacting us. Any complaints can be made in writing or by phone to The Patient Experience Department where you are receiving care.

University Hospital and Networks:
401 W. 10TH Avenue, Room 2010, Columbus, OH 43210 or 614-293-8463

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:
460 W. 10TH Avenue, Room 2010, Columbus, OH 43210 or 614-293-8669

The Ohio State University Hospital East:
181 Taylor Avenue, Room 3130, Columbus, OH 43205 or 614-293-2519

OSU Medical Center:
1670 Upham Drive, Columbus, OH 43210 or 614-688-8461

Ohio State University Physicians, Inc.:
Attention: Privacy Officer, 700 Ardmore, Suite 605, Columbus, OH 43202 or 614-681-1530

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6272, or visiting www.hhs.gov/hipaa/lfiling-complaint

We will not take action against you for filing a complaint.
Joint Notice of Privacy Practices

Effective date: December 1, 2016

You have the right to:
- Get an electronic or paper copy of your medical record
- Ask us to amend your medical record
- Request confidential communication so that we can contact you in a manner that protects your privacy
- Ask us to limit what health information about you we share or disclose
- Get a list of those to whom we’ve disclosed your health information
- Get a copy of the privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Rights

You may choose to limit the way that we use and disclose your health information under the following circumstances:
- How we sell, share, and disclose your information
- Providing disaster relief
- Including you in a hospital directory where we list your name as a patient in the hospital
- Providing mental health care
- Marketing our services and selling your health information with your written permission
- Treating you
- Running our organization
- Billing for services
- Helping with public health and safety issues
- Research
- Follow laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or coroner
- Address workers’ compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Choices

We may use and disclose your health information as we:
- Treating you
- Running our organization
- Billing for services
- Helping with public health and safety issues
- Doing research
- Follow laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or coroner
- Address workers’ compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Our Uses and Disclosures

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6673, or visiting www.hhs.gov/ocr/hipaa/filing-complaint.

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- You can file a complaint if you believe we have violated your rights by contacting us. Any complaints can be made in writing or by phone to The Patient Experience Department where you are receiving care.

University Hospital and Networks:
410 W. 10th Avenue, Room 212, Columbus, OH 43210 or 614-293-8440

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:
460 W. 10th Avenue, Room A211, Columbus, OH 43210 or 614-293-8609

The Ohio State University Wexner Medical Center:
185, Saporo Avenue, Room 3130, Columbus, OH 43202 or 614-293-2517

OSU Hospitals:
1670 Upham Drive, Columbus, OH 43210 or 614-688-8941

Ohio State University Physicians, Inc.:
Attention: Privacy Officer, 700 Ardmore, Suite 605, Columbus, OH 43202 or 614-684-1510

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11/2014, 1/17/15
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for the copy.

You can ask for a computer printout of your computer records, completing the Authorization for Release of Medical Information form and mailing it to Medical Information Department, Administrative Director of Medical Information Department, 660 Ackerman Road, Room 208, Columbus, OH 43221 or to the clinic or office manager where you received treatment.

Ask us to amend your medical record

“...you can ask to amend health information about you that you think is incorrect or incomplete.”

We may not “...” to your request, but we’ll tell you why in writing within 60 days.

You can ask us to amend your health information for an amendment to the Request for Amendment to Medical Record form and mailing it to the Administrative Director of Medical Information Department, 660 Ackerman Road, Room 208, Columbus, OH 43221.

Request confidential communications

You can ask us to contact you in a specific way, for example, home or office phone or to a different location.

We will “...” to all reasonable requests.

If you make a request for confidential communications, then you must complete the Request for Confidential Communications form and mailing it to the Administrative Director of Medical Information Department, 600 Ackerman Road, Room 208, Columbus, OH 43221.

Special notice on email

The Health System recognizes that patients may prefer email as a way to communicate with us.

Please be aware that information sent using email may not be secure. There is a possibility that third parties may be able to access your patient information if you send email or messages to them.

If you give us your email address, we may email information about our products and services, tips about healthy living or when we open a new location.

Patients also want to know how we can access their health care whenever possible. Dossiers will be updated via DossiersChart to securely communicate with health care providers. To receive the information, email communications are sent.

You can ask us to not to use or disclose certain health information for treatment, payment or other operations. We are not required to agree to your request, and may say “...” if it would affect your care.

If you fear a service or health care harm because of information, you can ask us to not to disclose that health information to your health insurer. We will say “...” unless a law requires that we disclose that health information.

You can receive a list of all those with whom your health information has been shared. It includes all other individuals or entities to whom you authorized us to disclose your health information, including you.

The list will include all people or entities to whom we disclose your health information, if they are not covered by this notice.

Our Uses and Disclosures

How do we typically use or disclose your health information?

We typically use or disclose your health information in the following ways:

To treat you

We can use your health information and share it with other professionals who are treating you.

To run our organization

We can use and disclose your health information to run our organization, including billing and reimbursement.

To bill for your services

We can use and disclose your health information to bill and get payment from health plans or other entities.

Our Responsibilities

We are required by law to maintain the privacy and security of your health information. We will protect your health information.

We will follow the duties and privacy practices described in this notice and offer you a copy of it. We reserve the right to make changes to this notice, but any changes will apply to health information we create or receive after the date of the change. If you have a question about this notice, please contact our Privacy Office at 600 Ackerman Road, Room 208, Columbus, OH 43221.

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When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of this privacy notice
Choose someone to act for you

> You can request a copy of disclosed health information by completing the Request for
Disclosure of De-Identified Information form and mailing it to the Administrative Director of
Medical Information Management, 600 Ackerman Road, Room 209, Columbus, OH 43210 or to the clinic or office manager where you received treatment.

> You can ask for a paper copy of this notice at any time, even if you have agreed to receive your notices electronically. We will provide you with a paper copy.

> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

> We will make sure the person has this authority and can act for you before we take any action.

For certain health information, you can tell us your choices about how we disclose it. If you have a clear preference for how we disclose your health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right (and choice) to tell us to tell:

- Disclose health information to your family, close friends or others involved in your care.
- Disclose health information in a disaster relief situation.
- Disclose health information in a hospital directory if you are a patient in the hospital.
- Marketing purposes as described in the HIPAA regulations.
- Sale of your information to others.
- Most Sharing of psychotherapy notes.
- We may ask you for funding activities. However, you will be given the chance to stop receiving these contacts.

In the following cases we never disclose your health information unless we get your written permission to do so:

- We will not disclose your health information to a coroner.

In the case of fundraising:

- We may ask you to participate in fundraising activities. However, you will be given the chance to stop receiving these contacts.

Get a list of those with whom we’ve disclosed your health information

- We will ask at a list of the times we’ve disclosed your health information for years before the date you ask, we will disclose to and why.

- We will include all the times disclosed except those about treatment, payment and health care operations, and certain others, such as any asked to act for you. We’ll provide one list per year for free. However, we will charge a fee for you for another one within 12 months.

Our Uses and Disclosures

How do we typically use or disclose your health information?
We typically use or disclose your health information in the following ways:

To treat you
We can use your health information and share it with other professional who are treating you.

To run our organization
We can use and disclose your health information to run our practice, improve your care and contact you when needed.

To bill for your services
We can use and disclose your health information to bill and get payment from health plans or other entities.

How else can we use or disclose your health information?
We are allowed or required to disclose your health information for certain purposes such as health care, research and as allowed by law. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can disclose health information about you for certain situations:
- Prevent disease
- Help with product results
- Report adverse reactions to medications
- Prevent or stop a serious threat to health or safety
- Prevent or reduce a serious threat to anyone’s health or safety

Research
We may use your health information for research. Before we use or disclose any of your health information for research, we will make sure that the research project will benefit you. If that cannot be done, we will not use or disclose your health information for research.

Comply with the law
We will disclose health information about you if state or federal laws require it:
- By law, we can disclose health information about you to an organ procurement organization.
- By law, we can disclose health information to a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement and other government requests
- By law, we can use or disclose health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- For national security oversight agencies
- For special government functions such as military, national security and intelligence activities. 

Respond to lawsuits and legal actions
- By law, we can use or disclose health information about you in response to a court or administrative order. Under certain federal and Ohio laws, some requests may require a heating and a order for the disclosure of any health information.
- We may disclose to a person seeking health information in a case for payment and healthcare operations purposes with other health care providers in the HHS. We’ll allow all of your health care providers to access and use your health information for treatment and other lawful purposes. Based on state law requirements and regulations on the HHS, you may be entitled to “opt out” or “opt-in” if you may be “out”.

Our responsibilities
- We are required by law to maintain the privacy and security of your health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your health information.
- We will follow the duties and privacy practices described in this notice and offer to give you a copy of it.
- You will not use or disclose any health information of others unless you have been asked to do so and we can write it on this form. If you tell us as we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the terms of this notice
Notice of Privacy Practices. This notice describes our terms of the notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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Joint Notice of Privacy Practices

Effective date: December 1, 2016

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- You can complain if you feel we have violated your rights by contacting us. Any complaints can be made in writing or by phone to The Filer (Experence) Department where you are receiving care.

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The Ohio State University Hospital East:
181, South Avenue, Room 3108, Columbus, OH 43205 or 614-293-2519
OSU Hospital:
1070 Upham Drive, Columbus, OH 43210 or 614-688-8941

OSU University Physicians, Inc.: Attaba: Privacy Office, 700 Arborstone, Suite 305, Columbus, OH 43222 or (614) 688-8618

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We will not take action against you for filing a complaint.

For more information, please visit our website:
http://www.osumedicine.osu.edu/privacy.

OSUMedChart, your OSUelectronic access to your own health information through OSUMedchart.osumc.edu/OSUMedchart is an online service hosted by the Health System that allows another you to access your health information.

Privacy Office: If you have questions about privacy, please contact:
Health System Privacy Office: 614-293-8217
Ohio State University Physicians, Inc. Privacy Office: 614-688-1530
Norconsec Center Privacy Office: 614-688-8546

Your Rights
- You have the right to:
  - Get an electronic or paper copy of your medical record
  - Ask us to amend your medical record
  - Request confidentiality communication so that we can contact you in a manner we believe will protect your privacy
  - Ask us to limit what health information about you we use or disclose
  - Get a list of those to whom we will disclose your health information
  - Get a copy of the privacy notice
  - Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
- You may choose to limit the way that we use and disclose your health information under the following circumstances:
  - When we sell, lease, or rent your health information.
  - When we disclose your health information to a family member or friend, except as discussed above.
- We may use and disclose your health information as well:
  - To treat you.
  - To run our organization.
  - For billings.
  - To help with public health and safety issues.
  - To research.
  - To follow laws.
  - To respond to health or disease events.
  - To address workers’ compensation, law enforcement or other government requests.
  - To respond to lawsuits and legal actions.

Our Uses and Disclosures
- For more information on these uses and disclosures:
  - See pages 3 and 4.
- For more information on these rights and how to exercise them:
- See page 5.