

- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- To law enforcement officials as required by law to report wounds and injuries from crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange an organ or tissue donation from you or a transplant for you;
- If you area member of the military as required by armed forces services; we may also release your personal, protected health information if necessary for national security or intelligence activities;
- To workers' compensation agencies if necessary for workers' compensation benefit determination;



## RIGHTS THAT YOU HAVE

**Access to Your personal, Protected Health Information.** You have the right to receive a copy and/or inspect much of the personal, protected health information that we train on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you a reasonable fee if you request a copy of the information. You have the right to electronic copies of your health information

when it is stored in electronic format. Patients or their legal representatives may request access to their personal, protected health information by completing the Authorization for Release of Information Form. This Form is available from the Medical Records Department and the WRH Employee Gateway.

**Amendments to Your Personal, Protected Health Information.** You have the right to request in writing that personal, protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If we make an amendment or correction that you request, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Amendment request forms may be obtained from the Medical Records Department.

**Accounting for Disclosures of Your Personal, Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your personal, protected health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Records Department. The first accounting in any 12-month period is free; you will be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Personal, Protected Health Information.** You have the right to request restrictions on certain uses and disclosures of your personal, protected health information for treatment, payment, or health care operations by contacting the Privacy Officer. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer of WRH at 1900 23rd Street,

Cuyahoga Falls, OH 44223. Any agreed-to restriction will not limit patient directory disclosures unless you exclude yourself from the patient directory. You may ask a provider to restrict certain disclosures of protected health information to a health plan or insurance company, for purposes of payment or health care operations, if you have paid that provider in full for the health care item or service, out of pocket.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, Patient Liaison, Patient Experience Coordinator or the Compliance Hotline. 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 the perceived violation of your rights. There will be no retaliation for filing your complaint.

**Notice of Breach.** You will receive notification if there has been an impermissible use or disclosure resulting in the compromise of your unencrypted personal health information.

## FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer of WRH at 1900 23rd Street, Cuyahoga Falls, OH 44223, telephone (330) 971-7788. You may also call the Compliance Hotline of WRH at (330) 971-7111 or 1-866-265-4575.

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

## EFFECTIVE DATE

**This Notice of Privacy Practices is effective April 14, 2003**

This [brochure/material/handout] is intended to provide general educational material to assist you in making informed decisions regarding your medical care. Specific questions about your unique medical conditions should be referred to your primary care physician.

[westernreservehospital.org](http://westernreservehospital.org)

1900 23rd Street  
Cuyahoga Falls, OH 44223  
(330) 971-7000

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# 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.*



Proudly Physician Owned

**WRH PHYSICIANS, INC.**

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USE AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Western Reserve Hospital (WRH). Members of the work force at WRH will share personal, protected health information of patients as necessary to carry out treatment, payment and health care operations as permitted by law.

WRH is required by law to maintain the privacy of our patients' personal, protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal, protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal, protected health information maintained by us. You may receive a copy of any revised Notice at any WRH point of registration or a copy may be obtained by mailing a request to the Privacy Officer of WRH at 1900 23rd Street, Cuyahoga Falls, OH 44223.

## USES AND DISCLOSURES OF YOUR PERSONAL PROTECTED HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or disclose your personal, protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

**Uses and Disclosure for Treatment.** We will make uses and disclosures of your personal, protected health information as necessary for your treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that

may include procedures, medications, tests, etc. We may also release your personal, protected health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the hospital, you are going to receive home health care, we may release your personal, protected health information to that home health care agency so that a plan of care can be prepared for you. Western Reserve Hospital and related physician offices make electronic medical record information and results available through electronic health systems to WRH-related and affiliated providers as well as unrelated health care providers who agree to access the information solely for the purpose of patient care and treatment. This may include participation in one or more Health Information Exchanges. You may opt out at any time by contacting the Privacy Officer at (330) 971-7788.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your personal, protected health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you, or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your personal, protected health information as necessary and as permitted by law, for our health care operations that include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal, protected health information for purposes of improving the clinical treatment and care of our patients. We may disclose personal, protected health information to doctors, nurses, technicians, medical students, volunteers and other persons for review and learning purposes and for the operation of educational programs. We may also disclose your personal, protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Our Patient Directory.** WRH maintains a patient directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your personal, protected health information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may be also provided to members of the clergy. You have the right during registration to have your information excluded from this directory.

**Family and Friends Involved in Your Care.** With your approval, we may disclose your personal, protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal, protected health information with such individuals without your approval. We may also disclose limited personal, protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organization such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide some of your personal, protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal, protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders not to be left on voice

mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer of WRH at 1900 23rd Street, Cuyahoga Falls, OH 44223.

**Health Products and Services.** We may from time to time use your personal, protected health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

**Research.** In limited circumstances, we may use and disclose your personal, protected health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board that oversees the research, or by representations of the researchers that limit their use and disclosure of patient information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your personal, protected health information without your authorization. We may release your personal, protected health information:

- For any purpose required by law;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect; we may also release your personal, protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;