

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

We are committed to preserving the privacy and confidentiality of your personal health information. While receiving care through MAGRUDER HOSPITAL AND AFFILIATES, we will create, receive, or maintain records that contain personal health information about you. Personal health information is information about you, including information about where you live, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental condition, the provision of health care to you or the payment for that care.

MAGRUDER HOSPITAL AND AFFILIATES are required by certain state and federal regulations to safeguard the privacy of your personal health information. We are also required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice. This Notice informs you about the possible uses and disclosures of your personal health information and describes your rights and our obligations regarding your personal health information. This Notice applies to all information and records related to your care that MAGRUDER HOSPITAL AND AFFILIATES has received or created.

Your Rights

You have the right to:

- Get a copy of this privacy notice
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- Correct your paper or electronic medical record
- Request confidential communication
- Get a copy of your paper or electronic medical record
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Provide disaster relief
- Include you in a facility directory
- Provide mental health care
- Tell family and friends about your condition
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Comply with the law
- Health Information Exchanges
- Respond to lawsuits and legal actions
- Help with public health and safety issues
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Conduct some forms of research
- Participate in a health information exchange with other providers treating you

Your Rights - 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. Ask us how to do this.
- 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.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or mobile phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We aren't required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make or required by law). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

Choose someone to act for you

- 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your 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:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you - We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization - We can use and share your health information to run our hospital and office practices, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Health Information Exchange- We participate, as allowed in Ohio Rev. Code 3798.06, in Ohio's state HIE, Clinisync. You have the right to request that we do not disclose any protected health information or specific categories of protected health information to Clinisync in writing to Magruder Hospital Affiliated Privacy Group, Health Information Management- Privacy Officer 615 Fulton St. Port Clinton, Ohio 43452.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Do research - We can use or share your information for health research.

- Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests
- We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective service
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our admission offices, and on our web site.

If you have any complaints or questions about our privacy policies, please contact:
Privacy Officer,

MAGRUDER HOSPITAL Affiliated Privacy Group
Health Information Management- Privacy Officer
615 Fulton St.
Port Clinton, Ohio 43452
Telephone: 419-734-3131
Fax: 419-732-2678

This Notice of Privacy Practices is posted in all Magruder Hospital and affiliated services buildings and on our web-site(s): Magruder Hospital Privacy Group is an Affiliated Covered Entity.

Federal regulations require us to ask you for your signature indicating that you have received this Notice of Privacy Practices.

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Discrimination is Against the Law.

Magruder Hospital and affiliates comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Magruder Hospital and affiliates does not exclude people or discriminate because of race, color, national origin, age, disability, or sex.

Magruder Hospital and affiliates:

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

If you need these services, contact the Civil Rights Compliance Coordinator of Magruder Hospital and affiliates.

Compliance Officer/Director of Performance Improvement/Risk Management
615 Fulton St. Port Clinton, Ohio
Direct telephone: 419-732-4016; FAX 419-734-4101
Email: kbiggert@magruderhospital.com

If you believe that Magruder Hospital and affiliates 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 the Civil Rights Compliance Coordinator of Magruder Hospital, using the above contact information.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Compliance Coordinator, 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, DC 20201; 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

AFFORDABLE CARE ACT SECTION 1557: LANGUAGE ASSISTANCE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-419-734-3131

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-419-734-3131

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-419-734-3131

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-419-734-3131

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-419-734-3131

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-419-734-3131

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-419-734-3131

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-419-734-3131

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-419-734-3131 (رقم هاتف الصم والبكم)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-419-734-3131

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-419-734-3131
まで、お電話にてご連絡ください。

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-419-734-3131

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-419-734-3131

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-419-734-3131

Magruder Krankenhaus bietet Assistance-Leistungen kostenlos. Wenn Sie diese benötigen Dienstleistungen Kontakt: 1-419-734-3131