Uses and Disclosures for Health Care Operations. We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients, including satisfaction surveys. We may also disclose your 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 Facility Directory. We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your 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 also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom. The patients admitted for services provided by our Behavioral Health Services Department will be excluded from the facility directory listing consistent with other federal and state laws.
Research. In limited circumstances, we may use and disclose your 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 sensitive information in your record. If your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Confidentiality of Alcohol and Drug Abuse Patient Records. The confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by federal law and regulations. Generally the facility may not say to a person outside the program that a patient attends a drug or alcohol program, or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law and regulations do not protect any information about a crime committed by a patient either at our facility or against any person who works for the facility, or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. Ohio law requires that we obtain consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to the State Long-Term Care Ombudsman. For full information on when such consents may be necessary, you can contact the Director of the Corporate Integrity Program.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information as required by law if we suspect or believe you to be a victim of abuse, neglect or domestic violence;
- We may release immunization records to a student’s school but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls;
- We may release your protected health information to your employer when we have provided healthcare to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- We may release your protected health information as required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if necessary to arrange a donation or tissue donation from you or a transplant for you; in any instances where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Rights You Have

Access to Your Protected Health Information. You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you a fee that is consistent with State law if you request a copy of the information. We will also charge for postage if you request a mailed copy. You may obtain an access request form and the charges for copying from our Health Information Management Department at Genesis HealthCare System or at the affiliate location that maintains the patient’s health information. You may also request an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous and specific with complete name and mailing address or other identifying information. You may be charged a fee for labor and supplies in preparing your copy of the electronic health information.

Amendments to Your Protected Health Information. You have the right to request in writing that 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 an amendment or correction request you make is allowed by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from our Quality Management Department at Genesis HealthCare System or at the affiliate location that maintains the protected health information.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your protected health information for six years prior to the date of your request. Requests must be made in writing and signed by you or your representative. Accounting request forms are available in our Health Information Management Department at Genesis HealthCare System or at the affiliate location that maintains the protected health information.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment or health care operations. We are not required to agree to your restriction requests but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. If we agree to a restriction based on your request and your out-of-pocket payment for items or services in full, then we may not share this specific information with your health plan. You also have the right to terminate, in writing, any agreed-to restriction by sending such termination notice to our Health Information Management Department at Genesis HealthCare System, or at the affiliate location that maintains the protected health information.

Breach Notification. In the unlikely event that there is a breach, or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with our Patient Experience Department at Genesis HealthCare System if the violation occurred at either hospital or at the affiliate location where the violation occurred. 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 a violation of your rights. There will be no retaliation for filing a complaint.

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

For Further Information

If you have questions or need further assistance regarding this Notice, you may contact the Corporate Integrity Department at Genesis HealthCare System. Telephone: (740) 586-0712.

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

Last revised on: September 3, 2014

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