
Alliance Citizens Health Association

Alliance Community Hospital
Alliance Visiting Nurses Association
& Hospice
Caring Hands, Incorporated

Community Care Center
Alliance Aultworks Occupational Medicine
Family Care Now

Health Insurance Portability and Accountability Act (HIPAA)

Privacy Notice

What is this Notice?

This Privacy Notice tells you about your rights about your health care records. You get a copy of this Privacy Notice to keep for yourself. You can look at this copy anytime to see what use is made of your health care records and who gets to see them. A government rule effective April 14, 2002 requires that we give you this Privacy Notice to sign. You will receive a new copy at a future visit each time we change this notice.

Our policy has always been to keep your records safe. Your records are usually kept in a folder or binder with your name on it. Parts of your records may be stored in a computer. Your records tell what treatments and tests you have had, and what decisions the doctors have made.

This Privacy Notice is in four parts:

- What your health care records are and your Rights about those records.
- Who can see them without your permission.
- Who can not see them unless you give a written permission.
- Our policies to protect health care records.

What is your health care record?

Your health care record contains any information about you that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; or (3) the past, present, or future payment for your health care services. For purposes of this Privacy Notice, Alliance Citizens Health

Association (ACHA) includes various healthcare professionals including doctors and employees who see and treat you at our facilities. These facilities are listed at the top of this Privacy Notice.

This Notice Describes How
Your Medical Information
May Be Used and Disclosed
and How You Can Get
Access To This
Information.
Please Review Carefully.

What are your Privacy Rights?

The law gives you the right to:

- Look at or get a copy of the health information we have about you, in most cases;
- Ask us to correct certain information, including certain health information, about you if you believe it is wrong or incomplete. Most of the time, we cannot change or delete information, even if it is incorrect. However, if we decide we should make a change, we will add the correct information to the record.

We will note that the new information takes the place of the old information. The old information will remain in your record. If we cannot honor your request to change the information, you can have the written disagreement placed in your record.

- Ask for a list of people or companies to whom we gave (disclosed) your information;
- Ask us to limit the use or disclosure of health information about you more than the law requires. The law does not make us agree to your request;
- Tell us where and when to send messages that include health information about you, if you think sending the information to your usual address could put you in danger. You must write out your request. You must be specific about where and how to contact you;
- Ask for and get a copy of the Privacy Notice from any of our facilities;
- Remove permission you had already given us to use or disclose health information that identifies you, if we have not already used or disclosed the information. You must remove your permission in writing.

Reasons your Health Information may be seen without your written permission?

For your medical treatment and payment:

- Provide for your treatment
- Tell you of treatment alternatives
- Remind you of appointments
- Evaluate your care
- Give information to others for payment purposes
- Give information to our business associates

For your personal reasons:

- Communicate with your family
- Notify people on your behalf
- List you in a directory
- Get an interpreter for you
- Send information for workers compensation
- Notify a funeral director

For other reasons that help improve health

- Research
- Procurement organizations
- Marketing
- Public health
- Food and Drug Administration

Other special uses:

- Law enforcement request
- Correctional institutions
- Members of the military
- Non-violation of notice
- Disclosure by whistle blower
- Investigations or audits
- Your employer when the employer has requested we provided health care to you (in most cases, you will receive notice that we gave your employer information)

Who cannot see your Health Information without written permission?

In most cases, Ohio Law requires us to get your permission before disclosing information about:

- HIV tests or diagnosis of AIDS
- Drug or alcohol treatment
- Mental health services
- Certain information to the State Long-Term Care Ombudsman.

What policies do we have to protect your health care record?

Patient Directory: We use a Facility Directory at Alliance Community Hospital and Community Care Center. We will ask at the time of registration if you would want your name on the list. This list is not posted in a public area. By having your name on the list, we can tell family and friends your room number and your general condition. We also use this list to direct mail and flowers. If you do not want to be on this list, let us know. We will also ask if you have a religious affiliation. If you do not want clergy (ministers, rabbis, etc.) to know this information, let us know when we ask at registration.

Fundraising: We may occasionally contact you and request donations. If you do not want to receive fundraising requests from us, you may ask us not to do so. Please put your request in writing to:

Director of the Foundation
Alliance Community Hospital
200 East State Street
Alliance, OH 44601

Business Associates: We require Business Associates to protect the privacy of your health information. Business Associates are companies or individuals who help us with health care operations. These health care operations may include audits, accreditation, legal services, and other services.

Complaints: If you think we have not kept your health information private, you can register a complaint.

Alliance Community Hospital
Privacy Officer
200 East State Street
Alliance, OH 44601
330-596-7161
hipaa@achosp.org

Or write a letter to the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. You must write the letter within 180 days of the violation of your privacy rights.

You can feel confident that there is no retaliation for filing a complaint. We take all complaints seriously and will follow up with any complaint.

Whenever we give you a written copy of the Privacy Notice, we will ask you to sign a receipt.

If you had requested and received an electronic version of the Privacy Notices, you may also request a paper copy.

You can see the Privacy Notice on our web site: www.achosp.org

The effective date of the Notice of Privacy is April 14, 2003.

Effective Date of Revised Notice of Privacy Practice

April 10, 2006

This revision stays in effect until we replace it with another Notice.