



# **SOUTHWOODS**

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# **HEALTH**

## **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.

PLEASE REVIEW CAREFULLY

This Notice of Privacy Practices describes how we at **Southwoods Health**, through our healthcare entities, **The Surgery Center at Southwoods, LLC d.b.a. The Surgical Hospital at Southwoods** and its affiliates, **Triad Health Services, LLC** and **Southwoods Anesthesia, LLC d.b.a. Southwoods Physician Services**, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, you can receive any revised Notice of Privacy Practices by contacting the Privacy Officer at 330-729-8000.

**How We May Use and Disclose Your PHI.** Your PHI may be used and disclosed by your health care provider, our office staff and others outside of our facility that are involved in your care and treatment for the purpose of providing healthcare services to you, to obtain payment for your healthcare bills and to support the operation of **Southwoods Health**.

Following are examples of the types of uses and disclosures of your protected health care information that **Southwoods Health** is permitted to make.

**Treatment:** We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in your care. Different departments of our facility also may share PHI about you in order to coordinate your needs, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to individuals outside of **Southwoods Health** who may be involved in your medical care, such as family members or others we use to provide services who are part of your care. When required, we will obtain your authorization before disclosing any of your information. Only the minimal amount of information will be revealed during any disclosures.

**Payment:** This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

**Healthcare Operations:** We may use or disclose, as-needed, your PHI in order to support the business activities of your healthcare provider and **Southwoods Health**. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing marketing and fundraising activities, and conducting or arranging for other business activities.

We will share your PHI with third party "business associates" that may perform various activities (e.g., billing, transcription services) for **Southwoods Health**. Whenever an arrangement between our facility and a business associate involves the use of disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization, or Opportunity to Object.** You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or

disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclosed.

We may use and disclose your PHI in **Facility Directories**: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care. All of this information will be disclosed to people that ask for you by name.

**Other Permitted and Required Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.** We may use or disclose your PHI without your authorization in the following situations:

**Required by Law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority who is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence.

**Food and Drug Administration:** We may disclose your PHI to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal.

**Law Enforcement:** These law enforcement purposes include (1) legal processes and those otherwise required by law (2) limited information requests for identification and location purposes (3) pertaining to victims of a crime (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs on the premises of **Southwoods Health** and (6) medical emergency (not on **Southwoods Health** premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors and Organ Donation:** For identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. PHI may be used and disclosed for cadaveric, organ, eye or tissue donation purposes.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 elseq., Privacy of Individually Identifiable Health Information.

**Your Rights.** Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your healthcare provider and **Southwoods Health** use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative actions or proceeding and protected health information that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Medical Records Department if you have questions about access to your medical record. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members

or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to restrictions you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your healthcare provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

**You have the right to request to receive confidential communication from us by alternative means or at an alternative location.** We will accommodate reasonable requests. Please make this request in writing to our Medical Records Department.

**You may have the right to have your healthcare provider amend your PHI.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Medical Records Department to determine if you have a question about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 1, 2015. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us.** You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you must make your request in writing to the Privacy Officer.

**Complaints.** You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. There will be no retaliation for filing a complaint.

For further information or if you have questions or need further assistance regarding this notice you may contact:

Privacy Officer  
Southwoods Health  
7629 Market Street, Suite 200  
Youngstown, OH 44512  
Phone: 330-729-8000