NOTICE OF PRIVACY PRACTICE

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.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the Lindner Center of HOPE (LCOH) and each of the health care providers seeing and treating patients at this facility. The information in this Notice of Privacy Practice (Notice) will be followed by:

• Any healthcare professional authorized to enter information into your medical record;
• All departments, programs, and units of LCOH;
• All employees, volunteers, and staff of LCOH;
• Any other entities that have a business relationship with LCOH for purposes of health care operations, as permitted by law. HIPAA and regulations passed thereunder, commonly known as HIPPAA. These entities may share personal information with each other for purposes of treatment, payment, and other health care operations related to the organized health care arrangement that is the covered entity.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

We are required by law to maintain the privacy of your personal health information. We call this information “protected health information” or PHI. We must follow the terms of this Notice to the extent that we are covered under it. This Notice applies to all the records of your care generated by LCOH or on behalf of LCOH by other entities that are subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations thereunder.

You may view a copy of this Notice of privacy practices by accessing the website at www.lindnercenterofhope.org.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

LCOH understands that medical information is PHI. LCOH is committed to protecting your PHI. LCOH will create a record of the care and services you receive from us. This record becomes part of the health care records of other facilities or other entities that may then be involved in your care. This Notice applies to all of the records of your care generated by LCOH or on LCOH premises. This Notice will tell you about the ways in which LCOH may use and disclose your PHI. This Notice also describes your rights under federal and state law to review and use your medical records and to request a restriction of certain PHI disclosures. LCOH may use or disclose your PHI only as described in this Notice.

LCOH is required by HIPPAA to:

• Maintain the privacy of your PHI in compliance with legal requirements;
• Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
• Follow the terms of this Notice that are currently in effect.

Generally, we may not use or disclose your PHI, without your permission, except as otherwise permitted under HIPAA or other applicable law.

Furthermore, LCOH may use or disclose your PHI as required by law. If you think LCOH has used or disclosed your PHI inappropriately, you may file a complaint with LCOH.

The following are the circumstances under which we will permit or disclose your PHI:

For Treatment. We may use or disclose your PHI to carry out activities directly related to providing you with health care services.

• To prevent or control disease, injury or disability;
• To report births or deaths;
• To report child abuse or neglect;
• To report product problems or defects;
• To notify persons of recalls, replacements or repairs relating to products they may be using; and
• To notify your employer and your health care facility who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition.

For Payment. We may use or disclose your PHI for payment purposes. For example, doctors, nurses and other professionals involved in your care may use information in your medical record and share it with other health care providers who are involved in your care.

• To prevent or control disease, injury or disability;
• To report births or deaths;
• To report child abuse or neglect;
• To report product problems or defects;
• To notify persons of recalls, replacements or repairs relating to products they may be using; and
• To notify your employer and your health care facility who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition.

Payment includes any activities to bill or collect payment for services of the entity that receives the information.

For Health Care Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our health care operations, which include quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

• To prevent or control disease, injury or disability;
• To report births or deaths;
• To report child abuse or neglect;
• To report product problems or defects;
• To notify persons of recalls, replacements or repairs relating to products they may be using; and
• To notify your employer and your health care facility who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition.

Research. Under certain circumstances, we may use or disclose your PHI for research purposes. For example, a research project may involve comparing the effectiveness of different treatments for patients. We may also disclose PHI to researchers conducting certain types of research.

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Fundraising Activities. In preparing fundraising materials and mailing lists, LCOH and/or LCOH business associates are permitted to use your demographic information if you are a current or former patient including your name, address, and date of birth. LCOH is not permitted to use or disclose any PHI for fundraising activities except as otherwise permitted under HIPAA or other applicable law.

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For Advert to a Serious Threat to Health and Safety. We may disclose PHI if we believe that the use or disclosure is necessary for law enforcement to identify or apprehend an individual who has escaped from a correctional institution or to protect the patient or another individual.

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Organ and Tissue Donation. We may use or disclose information to an organ procurement or transplant organization or other similar entity for

As Required By Law. We will disclose PHI when required to do so by federal, state or local law.

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Disclosures About Victims of Abuse, Neglect or Domestic Violence. We may disclose PHI to notify the appropriate government authority as required or permitted by law. In all cases, we will disclose only to the extent that we believe a patient has been the victim of abuse, neglect or domestic violence.

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Health Oversight Committee. We may disclose PHI to a health oversight agency for the purpose of conducting activities authorized by law. This includes, for example, audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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facilitating donation and transplantation.

- **Workers’ Compensation.** We may release PHI as authorized by (or necessary to comply with) workers’ compensation laws. For example, we may release information to a party responsible for payment of workers’ compensation benefits and to any agency responsible for administering and/or adjudicating claims for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Law Enforcement and Judicial Government Proceedings.** We may disclose your PHI for law enforcement purposes or for judicial or governmental proceedings if required to do so by court order, subpoena or discovery request.
- **Coroners/Medical Examiners/Funeral Directors.** We may, consistent with applicable law, release PHI to a coroner or medical examiner, or funeral director.
- **For Specific Government Functions.** We may release PHI of military personnel (and foreign military personnel) in certain situations, and we may release PHI of inmates to correctional facilities in certain situations. We may also apply to disclose PHI to protect the national security or the protection of the President of the United States or for national security duties.

**Confidentiality of Alcohol and Drug Abuse Patient Records.** The confidentiality of alcohol and drug abuse patient records maintained by the LCOH is protected by federal law and regulations. Generally, we may not say to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as an alcohol or drug abusing unless: (1) you consent 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 you either at our facility or against anyone who works for the facility or about any threat to the facility, or criminal activity. Federal law 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.

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS-related condition; before disclosing information about drug or alcohol treatment you have received or are receiving in a drug or alcohol treatment program; before disclosing information about mental health services you have received. For full information on when such consents may be necessary, you can contact Philip J. Schuler, Lindner Center of HOPE, 4075 Old Western Road, Mason, OH 45040.

**OHIO LAW MAY BE MORE STRINGENT THAN HIPAA**

Certain provisions of Ohio law may be more stringent than HIPAA. If such provisions are more stringent than HIPAA, then according to HIPAA, we must comply with the more stringent provisions of Ohio law.

**OTHER USES OF PROTECTED HEALTH INFORMATION REQUIRE AUTHORIZATION**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to LCOH will be made only with your written authorization. Your written authorization is required for uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI. If you give us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time unless we have already taken action based on it. If you revoke your authorization, we will no longer use or disclose PHI for the reason covered by your written authorization, unless you authorized disclosure for a research project and your information is needed to protect the integrity of the project.

You understand that LCOH is unable to take back any disclosures which we have already made with your authorization, and that we are required to retain all records of the disclosures even if you revoke your authorization. You have the right to view and obtain a copy of PHI contained in our designated record set for as long as we maintain the “designated record set.” A “designated record set” contains medical and billing records and any other records that we use for making decisions about needed services to provide your care and treatment. You have the right to inspect PHI electronically or receive an electronic copy if the PHI is maintained in electronic format. Usually, you have the right to access medical and billing records, subject to certain limitations. For example, we may not have the right to obtain psychotherapy notes or other information if disclosure would have an adverse effect on you or if the information is compiled by us in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of this information, we may charge a reasonable, cost-based fee, including postage, to cover the costs associated with your request.

We may deny your request in very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care provider or by telephonic review by your personal physician or the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that PHI in the designated record set which we maintained is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by LCOH.

To request an amendment, you must make the request in writing signed by you or your representative and submit it to the Privacy Officer. In addition, you must provide a reason that supports your request. LCOH may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by LCOH, unless you provide us with reasonable information showing that the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which we would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Certain Disclosures.** You have the right to request an accounting of certain disclosures which LCOH made of your PHI within the six years prior to your request and on or after August 18, 2008. This applies to disclosures other than those to provide you health care operations as described in this Notice. It excludes disclosures we may have made to you, with your authorization, in response to a facility directory inquiry, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

To request this list or an accounting of the disclosures of your PHI, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before August 18, 2008. Your request should indicate in which form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable, cost-based fee for the cost of providing copies of the list. LCOH will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any cost is incurred.

- **Right to Request Limitations.** You have the right to request a restriction or limitation on our uses and disclosures of your PHI for treatment, payment or health care operations. You also have the right to request a limit on the PHI that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are required to comply with a requested restriction on the disclosure of your PHI to a health plan if the disclosure is for purposes of carrying out payment or health care operations and is not other wise required by law and the PHI pertains solely to a health care item or service that you and your health plan have paid LCOH in full out of pocket. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell the Privacy Officer: (1) what information you want to limit; (2) whether you want to limit LCOH’s use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse or your former clergy. 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.

- **Right to Request a Notice.** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request a change in the manner or method of how we communicate with you about your PHI, you must make your request in writing to the Privacy Officer. LCOH will comply with your request but you must also agree to the use of reasonable efforts to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a notice in the Event of Breach.** We are required to notify you by first class mail or email (if you have told us you prefer to receive information by e-mail), of any unauthorized acquisition, access, use or disclosure of certain categories of PHI that could result in a substantial risk of financial or reputational harm to you.

- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask LCOH to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at www.lindnercenterofhope.org.

To obtain a paper copy of this Notice, please contact the Privacy Officer.

**CHANGES TO THIS NOTICE**

LCOH reserves the right to change this Notice to the extent that it is necessary to comply with applicable law or regulations. We are required to provide notice of any changes in our Notice. LCOH will post a copy of its current Notice on location and at www.lindnercenterofhope.org.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the LCOH Privacy Officer, 4075 Old Western Road Row, Mason, OH 45040. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. All complaints must be submitted in writing.

You will not be penalized by LCOH on the grounds that a complaint was filed.

This Notice of Privacy Practice is effective August 18, 2008. Revised September 18, 2013.