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 agreed to participate with LCOH as part of an organized health care arrangement for purposes of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations passed thereunder, commonly known as HIPPAA. These entities may share personal information with each other for purposes of treatment, payment, and health care operations related to the organized health care arrangement.

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

We are required by law to maintain the privacy of our patient's personal health information. We call this information “protected health information” or PHI. We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the terms of this Notice at any time in accordance with applicable law. In the event of an alteration of this Notice, we will provide you with a copy of the revised Notice. You may request a copy of any revised notice by mailing a request to Privacy Officer at Lindner Center of HOPE, 4075 Old Western Row Road, Mason, OH 45040. You may view a copy of the notice on our Web site at www.lindnercenterofhope.org.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

LCOH understands and agrees that the use and disclosure of your personal health is personal. LCOH is committed to protecting your PHI. LCOH will create a record of the care and services you receive from us. This record is necessary in order to provide you with services and to comply with legal requirements. 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 with respect to your PHI. LCOH must 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, only PHI that has been designated as PHI has been used or disclosed by your in accordance with the specific terms of your permission. The following are the circumstances under which we are permitted to use or disclose your PHI.

USES OR DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION.

Without your authorization or permission, HIPAA allows LCOH to use or disclose PHI in certain circumstances. These uses or disclosures are necessary to provide health care services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose PHI within and among our workforce and other entities that have a need to use or disclose your PHI to carry out the operations of our facility. We also are permitted to make limited disclosures of PHI to a public or private entity that is authorized to arrange disaster relief efforts in your behalf in the event you are facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individual. Without your authorization, we may disclose limited PHI to a public or private entity that is authorized to arrange disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

• Business Associates. Certain of your health care services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your PHI.

• 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 insurance status. LCOH is not permitted to use or disclose any PHI about your illness or treatment. You have the right to request that we not send you information about fundraising. If you request such limit efforts to honor such request. You may make the request by sending your name and address to the Privacy Officer at Lindner Center of HOPE, 4075 Old Western Row Road, Mason, OH 45040 or call 933-536-4673, together with a statement that you do not wish to receive fund-raising materials or communications from us.

• To Send You a Survey. Research. Under certain circumstances, we may ask our clients to evaluate our services and to provide us with information about their treatment. We may use this information to improve our services and to develop new services that may be of interest to you. You have the right to request to receive communications regarding your PHI from us by alternative means or at an alternative location. We agree to comply with reasonable requests. For example, if you are deaf or hard of hearing, we may send your request in writing or offer you a sign language interpreter free of charge. We may also send your request or responses to you by alternative means or at an alternative location. We agree to comply with reasonable requests. For example, if you are deaf or hard of hearing, we may send your request in writing or offer you a sign language interpreter free of charge. We may also send your request or responses to you by alternative means or at an alternative location.

We may also disclose PHI to a public or private entity that is authorized to conduct a research project (for example, to help them look for patients with specific medical needs) so long as the PHI they review is not removed from our premises. We may also disclose PHI to a public or private entity that is authorized to conduct a research project (for example, to help them look for patients with specific medical needs) so long as the PHI they review is not removed from our premises. We may also disclose PHI to a public or private entity that is authorized to conduct a research project (for example, to help them look for patients with specific medical needs) so long as the PHI they review is not removed from our premises.

• To notify persons of recalls, replacements or repairs relating to products they may be using; and

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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. We may disclose PHI to notify a family member or other person responsible to your location of your whereabouts and general condition if we reasonably believe a patient has been the victim of abuse, neglect or domestic violence.

• To health oversight agency or plan as required by law. For example, for 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.

• To Advert a Serious Threat to Health and Safety. Consistent with Ohio law, we may use and disclose certain PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. In addition, we may use and disclose any information that 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 other institution. We may use and disclose any information that 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 other institution.
GIFTING OF PRIVACY PRACTICE

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. LCHO may deny your request for an amendment if it is not in writing or does not include a reason that supports your request. In addition, we may deny your request if you ask us to amend information that:
• was not created by LCHO, unless you provide us with reasonable information showing that the information was created by the person or entity that created the information. You may provide us with information showing that the information was created by the person or entity that created the information.
• is not part of the information which you 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 LCHO 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 required by law and for 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 period of time which may not be longer than six years and may not include dates before August 18, 2008. Your request should indicate in what 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 will charge a reasonable, cost-based fee, which is based on our cost of providing the list. LCHO 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 a Restriction. 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 the purposes of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service that you and not your health plan have paid 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 LCHO’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 Copy of Communications. You have the right to request that we communicate with you about your PHI in a certain way or to 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. LCHO reserves the right to make reasonable efforts to accommodate your request. You may also use 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 notice by e-mail) of any unauthorized acquisition, access, use or disclosure of certain categories of protected health information if we determine that the breach could pose a significant 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 LCHO to give you a copy of this Notice at any time.

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

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

CHANGES TO THIS NOTICE

LCHO reserves the right to change this Notice. LCHO reserves the right to make the revised or changed Notice effective for all PHI which we already have about you as of the date of the revised or changed Notice. The Notice will prominently display its effective date. LCHO 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 LCHO Privacy Officer, 4073 Old Western Row Road, Mason, OH 45040 or by telephone 513-536-4673. 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.

We will not be penalized by LCHO on the grounds that a complaint was filed.

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