

# 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 it carefully.*

At Blanchard Valley Health System (BVHS) we understand that your health information is personal and sensitive. This Notice of Privacy Practices (Notice) is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully. We maintain records of the care, treatment, and services you receive at our facilities and are committed to protecting the confidentiality of that information. This Notice explains how we collect, use, and safeguard your health information and your rights regarding that information.

This Notice applies to all Personal Health Information (PHI) that identifies you and is created or maintained by BVHS, whether in paper, electronic, or other formats, including photographs and video. This PHI includes past, present, or future physical or mental health information.

We are required by federal and state law to maintain the privacy of your health information and to abide by the terms of this Notice. These laws also require us to inform you about our practices for handling your information. When there is a difference between federal and state privacy laws, we follow the law that offers greater protection or broader access to your information.

This Notice covers all facilities, departments, and affiliated entities under BVHS. It describes how we may use or disclose your health information for purposes related to your care, payment for services, and healthcare operations, as well as other situations permitted or required by law.

At BVHS some of the doctors, specialists, or other caregivers who provide services to you may not be directly employed by our organization. These outside providers may share information about your care with our staff to ensure coordinated and safe treatment.

When you receive care from these external providers outside of BVHS, they may give you their own privacy Notices explaining how they handle your health information in their offices.

## Uses and Disclosures of Your Health Information

We may use or disclose your health information for treatment, payment, and health care operations as permitted by law. For certain uses and disclosures not described in this Notice, we will obtain your written authorization. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures for which we will always obtain your prior authorization, including most marketing communications, the sale of your health information, and psychotherapy notes.

In all cases, including marketing communications, the sale of your health information, and psychotherapy notes, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

- **Marketing communications** do not require prior authorization when they are made in person, involve nominal promotional gifts, or relate to your treatment, care coordination, or prescription refill reminders, including communications about health-related products or services we offer or that are directly related to your care.
- **Most sales** of your health information require authorization unless permitted for treatment, payment, or required by law.
- **Psychotherapy notes** require authorization unless otherwise permitted or required by law.



## Treatment

We will make uses and disclosures of your personal health information as necessary to provide, coordinate or manage your health care and related services. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For example, if you are going to receive home health care after you leave the hospital, we may release your personal health information to that home health care agency so that a plan of care can be prepared for you. In emergencies, we will use and disclose your personal health information to provide the treatment you require.

## Payment

We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For example, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may also inform your health plan about a treatment you are going to receive to obtain prior approval or determine if your health plan will cover the treatment.

## Health Care Operations

We will use and disclose your personal health information as necessary, and as permitted by law, to support the daily activities related to health care operations. These activities may include, but are not limited to, clinical quality improvement, professional peer review, business management, training students, accreditation and licensing. For example, we may use and disclose your personal health information to medical staff, clinicians or other hospital associates for review and learning to support improving the clinical treatment and care of our patients. We may also disclose your personal 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.

## Contacting You

We may use and disclose health information to contact you about appointments and other matters related to your care, including research opportunities, and other education or patient care activities. We may contact you by mail, telephone, text message, or email using the contact information you provide. Standard message and data rates may apply for text messaging.

We may also communicate with you through secure electronic systems such as a patient portal. Messages sent through these systems may contain information related to your health care, appointments, billing, or other services.

## Health Information Exchange (HIE) Notice

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. Participation in the Health Information Exchange is voluntary, and you may opt out at any time by filling out the request found on the BVHS website: <https://bvhealthsystem.org/patient-and-visitor-information/im-a-patient/request-to-change-consent-to-health-exchange>.

## Business Associates

Certain aspects and components of our services are performed through contracts with third-parties outside of the BVHS organizations, such as auditing, legal services, technical support, etc. It may be necessary for us to provide personal health information 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 and security of your information.

## Technology Support

BVHS uses various technologies, which may include artificial intelligence and other automated tools, to support clinical documentation, improve operations, and assist with billing and administrative functions. These technologies are subject to safeguards designed to protect the privacy and security of your health information in accordance with applicable law.



## Research

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been 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.

## Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. For example, we will release your personal health information:

- for any purpose required by law;
- for public health activities, such as required reporting of disease, injury, birth, death, public health investigations, report reactions to medications or problems with products, notify a person whom may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- for suspected child or elder abuse or neglect, as required by law;
- if we believe you to be a victim of abuse, neglect, or domestic violence, as required by law;
- disclosing 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;
- to the Food and Drug Administration if necessary to report adverse events, track products, product defects, to participate in product recalls, conduct post-marking surveillance as required;
- to your employer when we have provided health care 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;
- to a government oversight agency conducting audits, investigations, or civil or criminal proceedings as required by law;
- as required by a subpoena or discovery request; in some cases you will have notice of such release;
- to law enforcement officials as required by law to report wounds, injuries and crimes;
- to coroners and/or funeral directors consistent with law;
- to arrange an organ or tissue donation from you or a transplant for you;
- for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- in limited instances if we suspect a serious threat to health or safety;
- if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities;
- to workers' compensation agencies if necessary for your workers' compensation benefit determination and other similar legally established programs;
- if you are an inmate of a correctional facility, BVHS may disclose for the purposes of the institution being able to provide you with health care; for your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

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 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 may contact the BVHS Privacy Officer.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.



## Facility Directory

Unless you object, we may disclose your name, the location at which you are receiving care, your general condition (*e.g.* good, fair), and your religious affiliation in the BVHS directory. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation. This information is provided so your family, friends and clergy can visit you and generally know how you are doing.

## Fundraising

We may contact you to donate to a fundraising effort for or on our behalf. You have the right to “opt-out” of receiving fundraising materials/communications and may do so by sending your name and address to **Blanchard Valley Health Foundation, 1900 South Main Street, Findlay, Ohio 45840**, together with a statement that you do not wish to receive fundraising materials or communications from us. Choosing to opt-out will not affect the care you receive.

## Your Rights Regarding Health Information

### Right to Access Your Health Information

You may inspect and obtain a copy of your protected health information that is contained in a “designated record set” for as long as we maintain the personal health information. A designated record set contains medical and billing records and any other records that BVHS uses for making decisions about you. If your information is maintained electronically, you may request an electronic copy, which we can transmit to you or to a person or entity you designate. All requests should be made in writing and signed by you or your representative. BVHS may charge you reasonable cost-based fees for our labor and supplies in preparing your copy of medical records. This fee is established by federal and Ohio law.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; audit trails, and protected health information that is prohibited from release pursuant to applicable law.

We will respond to your request for records within 30 days. If we are unable to provide the information within that time, we may extend the deadline by an additional 30 days and will notify you in writing of the reason for the delay.

### Right to Amendments to Your Personal Health Information

You have the right to request in writing that personal 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 should be in writing, signed by you or your representative, and should state the reasons for the amendment/correction request. If an amendment or correction you request is made 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.

### Right to Receive a List of Disclosures

You have the right to receive an accounting of certain disclosures made by us of your personal health information for six (6) years prior to the date of your request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Requests should be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

### Right to Request Limits on How We Use or Share Your Information

You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to approve every request. However, if you pay for a service in full and ask us not to disclose it to your health plan, we will comply. 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.



## Right to Request Confidential Communications

You may request in writing that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

## Right to Be Notified of a Breach

We will notify you if a breach occurs that may have compromised the privacy or security of your information.

## Right to File a Privacy Complaint

If you believe your privacy rights have been violated, you may file a complaint with the BVHS Privacy Officer. 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 against you for filing a complaint.

## Right to Direct Us to Send Your Information to Someone Else

You have the right to request that we send a copy of your health information to another person or organization that you designate. Your request should be made in writing, signed by you or your authorized representative, and must clearly identify the person or organization and where the information should be sent. If your health information is maintained electronically, you may request that it be provided in an electronic format when available. We will comply with your request when it is clear, complete, and permitted by law. BVHS may charge a fee, cost-based for labor, supplies, and postage as allowed by federal and Ohio law.

## Right to Receive a Copy of This Notice

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. This Notice is available in alternative formats upon request.

## Supplemental

### Changes to this Notice

BVHS may change this Notice at any time. Any change in the Notice could apply to health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website, [bvhealthsystem.org](http://bvhealthsystem.org).

### Questions

You may contact the BVHS Privacy Officer for further information about the complaint process or for further explanation of this document. The BVHS Privacy Officer may be contacted at **Blanchard Valley Health System, Administrative Offices, Attention: Privacy Officer, 1900 South Main Street, Findlay, Ohio 45840**, or by phone at **419.423.4500**.

### Documents

Documents referred to within this Notice, for example, Requests for Amendment, Restriction, Confidential Communications, Authorization for Uses and Disclosures of Patient Information, Notice of Privacy Practices, etc. can be located at [bvhealthsystem.org](http://bvhealthsystem.org) or you may contact the Privacy Officer to obtain a copy of the form you need.

### Effective Date

This Notice of Privacy Practices is effective April 14, 2003.  
Revision dates: 01/10/07, 08/22/13, 04/12/26.

