NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This NOTICE describes how medical information about you is used and disclosed and how you can request to restrict such uses and disclosures. We are required to abide by the standards set forth in this Notice of Privacy Practices for as long as we continue in business. We may change the terms of this Notice at any time; however, any such changes will not become effective until after the time of your next admission to the care, treatment, or services provided by the Facility. To the extent any terms of this Notice are inconsistent with the applicable Federal and State laws, this Notice will be superseded by such laws.

We are committed to protecting your privacy. We understand the importance of your health information to you and your family. We are required to provide this Notice to you under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As required by HIPAA, this Notice describes our duties and practices for maintaining the privacy of your health information and your choices regarding access to, disclosure of, and amendments to your health information. It also describes how we may use and disclose your health information for purposes of treatment, payment, and health care operations. We must obtain your written authorization before disclosing your health information for purposes other than treatment, payment, or health care operations unless otherwise required by law.

We respect your right to privacy and are committed to the protection of your health information. We will provide you with a copy of this Notice before or at the time we provide services to you. This Notice applies to all of the information that we maintain about you and to the manner in which it is used and disclosed. To the extent any terms of this Notice are inconsistent with the applicable Federal and State laws, this Notice will be superseded by such laws. This Notice is current as of [insert date].

This Notice applies to all of the services and activities we provide for you. We are required to abide by the current version of this Notice or any version that we may have in effect at the time we disclose your health information.

We reserve the right to change the terms of this Notice and make the revised Notice effective for all of your information that is in our possession or control at the time of the notice change. If we change our practices to which this Notice does not apply, we will obtain your written consent before making the change. Upon request, a copy of this Notice may be provided in a language other than English. You may contact [insert name] at [insert contact information] to obtain a hard copy of this Notice or to ask questions about it.

If you have any questions about this Notice, please contact [insert name] at [insert contact information]. This Notice does not replace your rights under applicable Federal and State laws. To the extent any terms of this Notice are inconsistent with the applicable Federal and State laws, this Notice will be superseded by such laws.

To learn more about your rights, please contact [insert name] at [insert contact information]. You may also contact [insert name] at [insert contact information] to file a complaint if you believe your rights have been violated.

Effective Date of Notice: [insert date]

THE UNITYPOINT HEALTH OHCAS.

INFORMATION WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the purposes described in this notice. To the extent any terms of this Notice are inconsistent with the applicable Federal and State laws, this Notice will be superseded by such laws.

USING YOUR HEALTH INFORMATION FOR TREATMENT.

We may use or disclose your health information without your permission for the purposes of treatment. Services to you.

USING YOUR HEALTH INFORMATION FOR PAYMENT.

We may use or disclose your health information without your permission for the purposes of payment. Services to you.

USING YOUR HEALTH INFORMATION FOR HEALTH CARE OPERATIONS.

We may use or disclose your health information without your permission for the purposes of health care operations. Services to you.

USING YOUR HEALTH INFORMATION FOR PUBLIC HEALTH ACTIVITIES.

We may use or disclose your health information without your permission for the purposes of public health activities. Services to you.

USING YOUR HEALTH INFORMATION FOR HEALTH OVERSIGHT ACTIVITIES.

We may use or disclose your health information without your permission for the purposes of health oversight activities. Services to you.

WHO MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may disclose your health information to another person or entity as described in this notice for purposes described in this notice. To the extent any terms of this Notice are inconsistent with the applicable Federal and State laws, this Notice will be superseded by such laws.

We may disclose your health information to another person or entity as described in this notice for purposes described in this notice. Services to you.

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