



Direction Home of Eastern Ohio, Inc.

1030 N. Meridian Road

Youngstown, Ohio 44509

330-505-2300 | 800-686-7367

www.dheo.org

We provide choices for people to live independently in the place they want to call home.

REVISED NOTICE OF PRIVACY PRACTICES
(Effective 2003; Latest Revision 2024)

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.

We at Direction Home of Eastern Ohio, Inc. (“we” or Direction Home of Eastern Ohio) are committed to safeguarding the privacy and security of Protected Health Information (PHI) of consumers (“consumers” or “you”) in paper and electronic form (“ePHI”). This includes protecting the PHI of all individuals, regardless of races, color, sex, gender, age, religion or religious creed, national origin, ancestry, citizenship, marital status, sexual orientation, gender identity, gender expression, genetic information, physical or mental disability, military or veteran status, or any other characteristic protected under federal, state, or local law. We have adopted privacy practices that comply with HIPAA’s Privacy and Security Rules to protect the use and disclosure of your PHI.

We are providing this Notice of Privacy Practices to consumers at the initial contact.

Please keep this Notice of Privacy Practices in a safe place at home. Read it. Feel free to share it with your family or personal representative. This Notice of Privacy Practices is available any time on our website: www.dheo.org.

Not every use or disclosure of PHI, with or without a signed authorization, is listed in this Notice of Privacy Practices. Uses or disclosures not specifically listed in this notice generally require a signed authorization. If you have questions or concerns about our policies, or if you need another paper copy of this notice, please call our Privacy Officer at (330)505-2390.

Use and Disclosure of PHI for Treatment, Payment, Health Care Operations (TPO)

We will create, receive, access, or store your PHI, which we may use or disclose to other covered entities, business associates for treatment, payment, or health care operations (“TPO”) without your need to sign an authorization.

Definitions:

Business Associates

We may contract with outside third-parties or entities called “Business Associates,” who may access, use, store, transmit, or disclose PHI to perform covered functions for us on your behalf. Business associates, including their agents and subcontractors, must protect the privacy and security of your PHI to the same extent as covered entities.

Covered Entities

“Covered Entities” include: health care providers (doctors, nurses, licensed social workers, nursing homes, home health agencies, durable medical equipment suppliers, other health care professionals and suppliers who may be or become involved in your care); governmental programs and payers; and commercial group insurers and health plans. Direction Home of Eastern Ohio is a covered entity. HIPAA’s Privacy and Security Rules apply to us and to other covered entities.

Designated Record Set

A “Designated Record Set” means a group of records containing PHI in paper or electronic form that is stored and maintained by or for a covered entity, which may include medical, healthcare and service records, billing claims/payment information, eligibility and enrollment information, and other information used to make decisions about consumers.

Disclosure of PHI

Disclosure means our releasing, transferring, providing access to, divulging or sharing your PHI with third parties outside of Direction Home of Eastern Ohio, which may include business associates, governmental and commercial insurers and healthcare plans, as well as other agencies and programs including the Ohio Department of Aging and Ohio Department of Medicaid, which may store and safeguard your PHI.

Electronic Protected Health Information (“ePHI”)

“Electronic Protected Health Information” (abbreviated “ePHI”) means individually identifiable health and demographic information in electronic form, that is created or received by covered entities or their business associates that relates to the consumer’s past, present or future physical or mental condition, the provision of health care treatment/services to the consumer, and the past, present or future payment for the provision of health care treatment/services to the consumer.

Health Information Exchange

Health information exchange (HIE) is the electronic transmission of healthcare-related data among medical facilities, health information organizations and government agencies according to the national standards. The purpose of HIE is to promote the appropriate and secure access and retrieval of a patient’s health information to improve the cost, quality, safety and speed of patient care. While HIE typically refers to the act of exchanging information between two or more healthcare organizations or providers, it may also refer to an organization that is responsible for facilitating the exchange.

Healthcare Operations

We will use PHI about you and disclose PHI about you to operate Direction Home of Eastern Ohio. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share our information with our “business associates,” such as our billing services, that perform administrative services for us. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification, or licensing activities, or their health care fraud and abuse detection and compliance efforts.

Individual

“Individual” means the consumer/waiver consumer to whom PHI applies. We will use the term “Consumer” synonymously with the terms “Individual” and “Waiver Consumer.”

Information Blocking

Information blocking is a process by a health IT developer, health information network, health information exchange or healthcare provider that, except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity, is likely to interfere with access, exchange, or use of electronic health information.

Minimum Necessary

Except when PHI is used or disclosed for treatment, we will limit the use or disclosure of your PHI to the minimum necessary to perform the intended purpose of that use, disclosure, or request for PHI. In some cases for good cause, we may redact certain information.

Payment

We may use and disclose your PHI to obtain payment for the services we provide. For example, we give your health plan the information it needs before it pays us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Personal Representative

“Personal Representative” means persons acting on behalf of the consumer, including family, spouse, guardian, attorney-in-fact under a health care power of attorney, or other persons assisting the consumer. Personal representative has the same meaning as authorized representative under Ohio Administrative Code (OAC), Sections 173-42-01 and 5160-1-33.

Protected Health Information (“PHI”)

“Protected Health Information” (abbreviated “PHI”) means individually identifiable health and demographic information in oral, paper, or electronic form, that is created or received by covered entities or their business associates that relates to the consumer’s past, present or future physical or mental condition, the provision of health care treatment/services to the consumer, and the past, present or future payment for the provision of health care treatment/services to the consumer. For the purposes of this document, PHI includes and may be used interchangeably with ePHI.

Safeguards

We and our business associates are required to adopt administrative, physical, and technical “safeguards” to store and protect the privacy and security of your PHI in compliance with HIPAA.

Sign in Sheet

We may use and disclose PHI about you by having you sign it when you arrive at our locations. We may also call out your name when we are ready to see you.

Treatment

We may use PHI about you to provide medical care. We disclose PHI to our employees and others who are involved in providing the care you need. For example, we may share your PHI with other physicians, or other health care providers who will provide you services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose PHI to members of your family or others who can help you when you are sick or injured, or after you die. We will not disclose your PHI to persons who are not involved (or who do not become involved) in your treatment or payment for treatment without your signed authorization.

Use of PHI

Use means our accessing, storing, sharing, employing, applying, utilizing, examining, or analyzing your PHI within Direction Home of Eastern Ohio and its workforce, which includes our employees, staff, volunteers, and interns. We will use your PHI for treatment, payment, and healthcare operations.

Communicating with You, Your Family, Personal Representative, and Persons Involved in Your Care

Communicating with You

We may contact you (or your personal representative) for scheduling appointments, reminding you of appointments, and arranging for related services or eligible programs. We may contact you at home by mail, email, telephone, or text. If we call you, we will identify ourselves and ask to speak with you or your personal representative. If you or your personal representative are not available, We may leave a message to call us, but we will not disclose details about your PHI in that message.

You May Request that We Contact You by Different Means

You may request us to contact you by different means or at a different telephone number, address, email address, or text number from what you normally use. Let us know if you do not want us to send information to you at your home address, a particular email address, text number, call you at home, or leave a message. You do not have to give reason for your request.

Communicating with Your Family, Personal Representative, and Others

We may disclose your PHI to notify or assist in notifying a family member, your personal representative, or another person responsible for your care, about your location, your general condition or, unless you had instructed us otherwise, in the event of death. In the event of a disaster, we may disclose PHI to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Please tell us with whom we may communicate and whom we may not discuss your condition, treatment, or services. We will communicate with family members or others involved in your care, unless you tell us not to, in emergencies or if required by law.

Deceased Consumers

We will disclose PHI of deceased consumers to the probate court's appointed executor or administrator of the deceased consumer's estate. We also will disclose PHI to the consumer's spouse, family, personal representative, or others involved in the consumer's care or management of the consumer's affairs, unless doing so is inconsistent with the consumer's express wishes known to us. We may disclose PHI of any deceased consumer without an authorization after 50 years after the consumer's death.

Healthcare Information Exchange Notice

Direction Home of Eastern Ohio participates in one or more Health Information Exchanges. Your healthcare provider can use this electronic network to securely provide access to you health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt out at any time by notifying our Health Information Management Services/ Medical Records department at (330)505-2424.

Contacting You about Other Services, Sale of Health Information, and Fundraising and Your Ability to Opt-Out

Marketing, Services and Related Programs

We will never sell or disclose your PHI to third-parties for marketing without your signed authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by Direction Home of Eastern Ohio and tell you which health plans we participate in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take a refill of your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you.

If you do not want to be contacted or receive information about these services and programs, you may opt out by calling **(800)686-7367 extension 112**. Opting out will not affect any care, treatment, or services we are providing to or arranging for you.

Sale of Health Information

We will not sell your PHI without your prior written authorization. The authorization will disclose that we will receive compensation for your PHI if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

Fundraising

We or a business associate may contact you about fundraising. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive fundraising materials or be contacted about fundraising, you may opt out by contacting (800)686-7367 extension 112. Opting out will not affect any care, treatment or services we are providing to or arranging for you.

Disclosure of PHI Without an Authorization as Required by Law

We may use or disclose PHI without an authorization, as permitted or required by law, to the following, which include:

Public Health Agencies. Ohio law requires us to disclose PHI to public health agencies for reporting births and deaths, to help control disease, injury or disability. The law requires us to report cases of suspected abuse, neglect, or domestic violence.

Food and Drug Administration (FDA) and Occupational Safety and Health Administration (OSHA). Certain Federal laws from the FDA and OSHA require us to disclose PHI in reporting adverse events, product problems, and biological product deviations, so safety precautions, recalls and notifications can be conducted.

Regulatory Agencies. We will disclose PHI to certain Ohio and Federal governmental regulatory and health oversight agencies for purposes of their reviewing health care systems, civil rights, privacy laws, and compliance with other governmental programs.

National and Homeland Security. We will disclose information concerning consumers, when appropriate, to authorized federal officials for intelligence and other National and Homeland Security purposes.

Specialized Government Function. We may disclose your PHI for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Protective Services for the President and Others. We will disclose information concerning consumers, when appropriate, to authorized federal officials, so they may provide protection to the President, other authorized persons, or foreign heads of state and officials, or to conduct special investigations.

Red Cross and Armed Forces. We will disclose PHI to the Red Cross or Armed Forces to assist them in notifying the consumer's family member of the consumer's location, general condition, or death.

Coroners, Medical Examiners, and Funeral Directors. We will disclose PHI to coroners, medical examiners, or funeral directors for them to perform legally authorized responsibilities.

Organ or Tissue Donation. We may disclose PHI to organizations involved in procuring, banking, or transplanting organs and tissue.

Law Enforcement. We will disclose PHI to law enforcement officials when it: (1) is limited to identification purposes; (2) applies to victims of crime; (3) involves a suspicion that injury or death has occurred because of criminal conduct; (4) is needed in a criminal investigation; (5) necessary to prevent or lessen the threat to the health or safety of a person or to the public; (6) in response to a valid court order; (7) to identify or locate a suspect, fugitive or missing person; (8) to report a crime on Direction Home of Eastern Ohio premises; or (9) as otherwise permitted or required by law.

Judicial and Administrative Proceedings. We are sometimes required by law to disclose your PHI in the course of any administrative or judicial proceedings to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have not been resolved by a court or administrative order.

Emergency or Disaster. If the President declares an emergency or disaster, and the Secretary of Health and Human Services HHS declares a public health emergency, the Secretary may waive our obligation to comply with any or all of the following privacy requirements to: (1) obtain the consumer's agreement to speak to family members or friends involved in the consumer's care; (2) honor a request to opt out of the facility directory; (3) distribute a Notice of Privacy Practices; (4) consumer's right to request privacy restrictions; or (5) the consumer's right to request confidential communications. Waiver only applies if we are in an emergency area for the emergency period and for up to 72 hours until we implement our disaster protocol.

Preventing Threats of Serious Harm. We will disclose PHI if a reasonable belief exists that it may prevent or lessen a serious and imminent threat to your health and safety, the safety of another person, or the public, and disclosure is made to a person(s) reasonably able to prevent or lessen the threat, including the target of the threat.

Workers' Compensation. We may disclose your PHI as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports

to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) use by the originator of the notes for your treatment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceedings, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reasons, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious and imminent threat to health or safety, or (7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing those notes.

Proof of Immunization. We may disclose PHI to schools for the limited purpose of showing proof of immunization of a student or prospective student, and the parent or guardian does not object.

Research. We may disclose your PHI to researchers conducting research with respect to which your written authorization is not required as approved by an Institution Review Board of privacy board, in compliance with governing law.

Change of Ownership. In the event that Direction Home of Eastern Ohio is sold or merged with another non-profit organization, your PHI will become the property of the new owner, although you will maintain the right to request copies of your PHI be transferred to another physician, medical group, or non-profit organization.

Release of PHI to Other State Agencies

We may share consumer PHI and other personal information with other Ohio agencies, including the Ohio Department of Aging and Ohio Department of Medicaid, as well as with Federal programs, without the need of a signed authorization, to the extent that information is needed to: (1) establish eligibility for the program or services; (2) determine the amount of medical assistance required; (3) provide services to the consumer; or (4) conduct or assist with an investigation, prosecution, or civil/criminal proceeding that is directly related to the administration of Medicaid.

Release of PHI to Long-Term Care Ombudsman

We have a procedure for addressing referrals and interaction with the State's Long-Term Care Ombudsman Program. We may initially accept verbal consent by a consumer, or the consumer's personal representative, to make a referral, including the consumer's name, phone number, address, and concern. We will not disclose medical and other consumer records and PHI without a signed authorization.

Subpoenas, Court Orders, Qualified Protective Orders

We have established a chain of communication and procedure to handle any subpoena, court order, or qualified protective order that seeks a consumer's PHI.

We will not produce your PHI requested by subpoena issued in a civil case unless we receive: (1) a signed authorization from you or your personal representative; (2) a valid court order; or (3) a valid qualified protective order.

We will produce PHI, without the need of an authorization, in response to a valid subpoena or warrant issued by an Ohio or Federal regulatory agency that has oversight responsibilities, legal authority, or as required by law.

Media Requests

We have policies and procedures for protecting and responding to media requests for information about consumers. We will not disclose your PHI or other personal information without your signed authorization.

Other Uses and Disclosures of PHI that Require an Authorization and Your Right to Cancel Authorization

General Policy

We will not use, disclose or release your PHI to non-covered entities without your signed HIPAA-compliant authorization, except as stated in this notice or as permitted or required by law.

Examples of non-covered entities include employers, life insurance companies, attorneys, and other third parties that are not performing treatment, payment, or healthcare operations.

Special Circumstances

Ordinarily, we do not need a signed authorization to use or disclose PHI for providing or arranging for the provision of treatment. An exception exists for psychotherapy notes, which requires a signed authorization before they can be disclosed, unless release is required by law.

Specific authorizations are required under Federal and State law before we can disclose records and PHI related to mental health, alcohol or substance abuse, HIV or AIDS, except for treatment purposes in which case a specific authorization is not required.

Authorization

You, or a guardian, attorney-in-fact under a durable power of attorney for health care, or your personal representative may complete and sign (or authenticate) an authorization on your behalf for the disclosure of PHI. Signing an authorization is voluntary. Treatment/services will not be conditioned on your signing or refusing to sign an authorization.

We will accept originals and facsimiles of your authorization.

Elements of a valid authorization include the following:

- Consumer's name, address, and other identifying information.
- Description of the PHI/ePHI to be used or disclosed.
- The name and address of the entity or person to whom disclosure is to be made.
- A description of each purpose for the requested disclosure.
- An expiration date or event triggering expiration.
- Statements that:
 - ✓ Treatment or services will not be conditioned on the consumer's signing an authorization.
 - ✓ Consumer may revoke an authorization in writing.
 - ✓ PHI disclosed to a non-covered entity may be re-disclosed.
- Signature of the consumer or responsible party.
- Date of signature.

If we keep hard copies of your records, including (but not limited to) assessments and care plans, in a designated record set, we will release the records and disclose your PHI according to your authorization.

If we do not keep and maintain your PHI in a designated record set, we will forward your authorization within 30 days to the entity that is keeping and maintaining your PHI in a designated record set, which may include the

Ohio Department of Aging, the Ohio Department of Medicaid, commercial payers and health plans, so that entity may release the records and disclose your PHI according to your authorization.

Validity and Expiration

Our policy is to honor valid authorizations for 12 months, unless you cancel or specify a different date or event. After that, you or your personal representative must sign a new authorization. This is for your protection.

Cancellation

You may cancel your authorization in writing at any time by notifying us in person or faxing us the written cancellation. Once we receive your written cancellation, we will promptly forward it to the entity that is housing and maintaining your PHI. We no longer will disclose your PHI or release records. We are not responsible for any use or disclosure of PHI in reliance of your authorization before we receive your written cancellation.

Re-Disclosure

Once PHI is disclosed to a non-covered entity, HIPAA no longer applies. A person or entity that is not covered by HIPAA may use or re-disclose medical information it receives in any way that is not otherwise prohibited by law.

| |
|--------------------------|
| Your HIPAA Rights |
|--------------------------|

You have the Right to Request Restrictions on Certain Uses and Disclosures of PHI

You may request that we do not disclose some or all your PHI to family members, guardian, attorney-in-fact under a health care power of attorney, personal representative, friends or others. We will ask you with whom we can and cannot discuss your PHI.

HIPAA's Privacy Rule gives us the right to deny a consumer's request to restrict the use or disclosure of PHI when it is being used or disclosed to other covered entities for treatment.

We will honor your request to restrict disclosure of PHI when submitting a claim to insurance, health plan, or other third-party payer for payment, if you agree to be financially responsible for the entire payment.

We will consider all other requests for restricted use or disclosure of PHI on a case-by-case basis. If we cannot grant your request, We will let you know.

You have a Right to Access, Inspect, and Receive a Copy of Your Own PHI

You have the general right to inspect and have a copy of your own PHI in records that we keep and maintain in a designated record set.

There are some exceptions:

- A consumer does not have the right to inspect or copy restricted information, including psychotherapy notes or information compiled for civil, criminal or administrative proceedings.
- A consumer's right to inspect may not extend to information covered by other confidentiality laws or information created by and obtained from another covered entity.
- Access may be denied if it could endanger the life or safety of you or another.

If we keep and maintain some or all of your records containing PHI in a designated record set, you may request access to your PHI in writing, which you could give, mail or fax to us.

If we do not keep and maintain your records containing PHI in a designated record, and those records are maintained in a designated records set by the Ohio Department of Aging, or the Ohio Department of Medicaid, or by a health plan, we will forward your request within 30 days to the appropriate entity and give you that entity's contact information.

Either we or the appropriate entity maintaining your PHI in a designated record set will consider your request according to HIPAA's Privacy Rule.

Usually, you will receive a response within 30 days from the date the request is received. Sometimes, it may take more than 30 days, in which case a response will be given as soon as reasonably practical.

If your request is granted, an appointment will be scheduled for you to inspect and copy your PHI. You may be charged a reasonable fee for labor, supplies, postage, and copying costs as permitted by HIPAA and Ohio law.

If you request access to PHI that is maintained in an electronic record or electronic designated data set, you may be provided with an electronic "machine readable copy" in a standard format enabling the ePHI to be processed and analyzed by a computer in a manner that accommodates requests for specific formats. If that cannot be done, other arrangements will be made as permitted by HIPAA.

Alternatively, you may ask for a written summary of your PHI instead of inspecting, copying, or electronically accessing your records. We will promptly forward that request to the appropriate entity, which may charge you for a summary.

If your request cannot be granted, you will be notified in writing of the basis for the denial and your appeal rights for review.

If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Direction Home of Eastern Ohio complies with the Information Blocking Rule in accordance with the 21st Century Cures Act. We will not participate in activities likely to interfere with access, exchange or use of your ePHI if you or your representative have requested this access, exchange or use.

You have the Right to Amend Incorrect or Incomplete Information or Supplement in Your PHI

If you believe that your record is incomplete or your PHI is incorrect, you may request that it be amended. You may send your written request by mail or you may fax it to (330)530-8354. If we keep and maintain your records in a designated record set, we will consider your request. If we do not maintain your records in a designated record set, we will forward your request within 30 days to the appropriate entity that is keeping your PHI in a designated record set. Usually, you will receive a response within 60 days from the date your request was received.

Your request to amend your records will be granted if the PHI is incorrect or incomplete. For example, if the name of the drug or its dosage is wrong, you may correct that. If your diagnosis is wrong, you can amend that, too.

Your request cannot be granted if the PHI you seek to be amended is accurate and correct, or is not part of a designated record set, or it was not created by Direction Home of Eastern Ohio.

If your request is granted, the PHI in the designated record set will be amended. You will be informed that the amendment was made, and persons who have received and may have relied on PHI will be informed that the PHI has been amended.

If your request is denied, you will be informed: (1) in writing of the reason for denial; (2) of your right to submit a written statement of disagreement, which will be kept with your record and will be included with future disclosures; (3) of your right to file a complaint. If you file a statement of disagreement, a written rebuttal may be created. If you have questions about this right, please contact our Privacy Officer at **(330)505-2390**.

You have a Right to Receive an Accounting of Disclosures of PHI

You have a right to receive an accounting of disclosures made to others of your PHI up to six years prior to the date in which the request for an accounting is made. There are certain exceptions and limitations, including, but not limited to disclosures made: (1) for treatment, (2) payment, (3) health care operations, (4) notification and communication with family, (5) specialized government functions, (6) disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to the use or disclosure otherwise permitted or authorized by law, (7) disclosure to a health oversight agency or law enforcement official to the extent Direction Home of Eastern Ohio has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

You may request an accounting of disclosures by mailing or faxing the request or contacting our Privacy Officer at **(330)530-8354**. If we made a disclosure of your records that we keep and maintain in a designated record set, we will provide you with an accounting.

If we do not keep and maintain your records, we will forward your request within 30 days to the appropriate entity that keeps and maintains your records in a designated record set.

The first accounting you request within a 12-month period will be free. For additional accountings, you may be charged the cost of preparing the list.

The accounting will include the date of disclosure of PHI; the name of the third-party to whom PHI was disclosed; if known, the address of the third-party; a brief description of the disclosed PHI; and a brief explanation of the purpose for disclosure.

You have a Right to Receive a Breach Notification

We or a business associate or other responsible covered entity will promptly notify you by first-class mail, at your last known address, current e-mail address that you have provided, or other methods as appropriate, upon discovery of a breach of unsecured PHI, which includes the unauthorized acquisition, access, use, or disclosure of your PHI, unless a risk assessment determines that a low probability exists that the compromise of your PHI would cause you financial, reputational, or other harm. Factors for determining whether a breach has occurred include:

- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
- The unauthorized person who used the PHI or to whom the disclosure was made.
- Whether the PHI was actually acquired or viewed.
- The extent to which the risk to the PHI has been mitigated.

Included in the breach notification will be a brief description of what happened, a description of the types of unsecured PHI involved, steps you should take to protect yourself from potential harm, a brief description of what is being done to investigate the breach and mitigate potential harm, as well as contact information for you

to ask questions and learn additional information.

You have a Right to Paper or Electronic Copy of this Notice

You have the right to notice of your legal duties and privacy practices with respect to your PHI, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

| |
|-------------------|
| Complaints |
|-------------------|

We are committed to protecting your PHI. Despite our best efforts, questions, concerns, or problems sometimes may arise. If you have a concern, or you believe that your privacy rights have been violated or breached, we encourage you to contact us immediately. You may mail or fax us a written complaint, or we encourage you to call our Privacy Officer at **(330)505-2390**.

We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake or learn of unauthorized disclosure or breach, we will do what we can to correct it and take steps to prevent such mistakes or problems in the future. If we did not make a mistake, we will provide you with an explanation. We will make every effort to get back to you within 30 days, though sometimes it takes longer, based on the investigation.

We will never retaliate against you for expressing a concern or filing a complaint relating to your privacy rights. If you are not satisfied by our response, or if you choose not to contact us with your complaint, you may contact the Office for Civil Rights for the Department of Health and Human Services, 200 Independence Ave., S.E., Room 509F, HHH Building in Washington, D.C. 20201-0004 in writing or calling (800) 368-1019, within 180 days of the suspected violation or breach.

| |
|--|
| Changes to this Notification of Privacy Practices |
|--|

We reserve the right to change this notice at any time, which we may make effective for PHI we already used or disclosed, and for any PHI we may create, receive, use, or disclose, or store in the future. We will make material amendments based on changes in HIPAA or applicable Ohio law.

We will post a current version of our Notice of Privacy Practices (with the effective date) on our website. We will offer you a paper copy of our most current, revised notice at the initial appointment or anytime you request.