



*BUCYRUS COMMUNITY HOSPITAL  
BUCYRUS, OHIO*

This Notice describes how we may use and disclose your protected health information as required by law. It also describes your rights regarding access to your protected health information.

We are required by law to maintain the privacy of our patients' protected health information and to provide individuals with the following Notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new terms will effect all protected health information that we maintain at that time.

You may receive a copy of any revised Notices from the department of Health Information Services. If you have any questions, comments, or concerns, please contact:

**BCH Privacy Officer  
629 N Sandusky Ave.  
Bucyrus, OH 44820  
(419) 562-4677 x3830**

An electronic copy of this Notice is available at: [www.bchonline.org](http://www.bchonline.org). You also have the right to a paper copy of this Notice if you are viewing this Notice online.

Bucyrus Community Hospital (BCH) operates as an organized health care arrangement composed of Bucyrus Community Hospital, employees and physicians and other health care professionals seeing and treating patients at BCH and its affiliated treatment facilities.



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Bucyrus, OH 44820  
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## **BUCYRUS COMMUNITY HOSPITAL NOTICE OF PRIVACY PRACTICES**

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**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.**



Effective Date: April 14, 2003

# Uses & Disclosures of Protected Health Information

## Treatment

We will use and disclose your protected health information as necessary for treatment purposes. For example, your protected health information may be provided to your primary physician to ensure that he or she has the necessary information to diagnose or treat you.

## Payment

We will use and disclose your protected health information as necessary for payment purposes. For example, we may send information regarding your treatment to your insurance company in order for BCH to receive payment.

## Health Care Operations

We will use and disclose your protected health information as necessary in order to perform normal health care operations. These operations include, but are not limited to, clinical quality improvement, physician peer review, and hospital accreditation. For example, we may provide your protected health information to internal review committees for the purpose of reviewing the actions of health care professionals involved in your care.

## Your Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You have the right to revoke this authorization.

## Appointments and Services

We may from time to time use your protected health information to send you appointment reminders and information about treatment alternatives or other health-related services at BCH. You may request to receive these communications through alternate means (or not at all). For example, you may request that we not leave appointment reminders on your home answering machine. In order to make a 'confidential communication request', please do so by sending your request in writing to the BCH Privacy Officer. We will do our best to honor all reasonable requests.

## Facility Directory (House List)

We maintain an internal House List listing patient name, department, room number, bed number, and phone number. Unless you choose to have your information on this House List kept private, we will disclose this information to anyone who requests it by asking for you by name. You have the right to place access restrictions on your House List information, including what information is provided and/or to whom.

## Family and Friends Involved In Your Care

Unless you object we may disclose your protected health information to your family, friends, and others who are involved in your care or in the payment of your care. If you are not present or unable to object, we will then use our professional judgment to determine if this disclosure is in your best interest.

## Business Associates

We will share your protected health information with third party "business associates" that perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. In all cases, we require these business associates to maintain the privacy of your protected health information.

## Fundraising

We may contact you to donate to a fundraising effort. You have the right to 'opt-out' of receiving fundraising materials/communications and may do so by sending your request along with your name and address to the BCH Privacy Officer. We do not use or disclose your protected health information for the purpose of fundraising.

## Research

We do not use or disclose protected health information for the purpose of medical research.

## Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization. For example:

- We may release your protected health information to the extent that the use or disclosure is required by law;
- We may disclose your protected health information for public health activities as permitted by law. For example, a disclosure may be made to a public health authority for the purpose of controlling disease, injury or disability;
- We may disclose your protected health information as required by law to a public health authority if we suspect child abuse or neglect. We may also release your protected health information as required by law if we believe you are a victim of abuse, neglect, or domestic violence;
- We may disclose your protected health information to the Food and Drug Administration for the purpose of reporting adverse events, product defects or problems, etc.
- We may disclose your protected health information in the course of a judicial proceeding, in response to a court ordered subpoena or discovery request; in some cases you will have notice of such release;
- We may disclose your protected health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- We may disclose your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may disclose your protected health information to law enforcement officials as required by law to report wounds, injuries, and crimes;
- We may disclose your protected health information to coroners and/or funeral directors consistent with law;
- We may disclose your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may disclose your protected health information if we suspect a serious threat to your health or safety;
- We may disclose your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may disclose your protected health information as authorized to comply with workers' compensation programs.

## Your Rights

### Access to Your Health Information

You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the BCH Privacy Officer or the Health Information Services department with any questions or requests.

### Restrictions on Your Protected Health Information

You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or normal health care operations. Although we are not required to agree to your restriction request(s), we will attempt to accommodate reasonable requests if appropriate. We reserve the right to terminate any such requests and you will be notified of any such termination. You also have the right to terminate any agreed-to restrictions. Please contact the BCH Privacy Officer or the Health Information Services department with any questions or requests.

### Amendments to Your Health Information

You have the right to request corrections or amendments to the protected health information that we maintain about you. Under certain circumstances, we are not required to adopt all your requests. All such requests must be in writing. Please contact the BCH Privacy Officer or the Health Information Services department with any questions or requests.

### Accounting of Disclosures of Your Protected Health Information

You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. The first accounting in any 12-month period is free; you may be charged a nominal fee for each subsequent accounting you request within the same 12-month period. All such requests must be in writing. Please contact the BCH Privacy Officer or the Health Information Services department with any questions or requests.

### Complaints

You may submit any complaints to the BCH Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no retaliation from BCH for filing a complaint.

**If you have questions, comments, or would like more clarification regarding this Notice, please contact the BCH Privacy Officer.**