



Depend on us.  
Bowling Green, OH 43402  
Phone: (419) 354-8900



**WOOD COUNTY HOSPITAL**  
**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.

Each time you receive services from Wood County Hospital, and/or its affiliates, we make a record of the information gathered during your visit. This information is used for a number of purposes. These uses are set forth below. You have certain rights regarding this information. Your rights regarding this information are set forth below. Finally, we have certain responsibilities regarding our use of your information. Our responsibilities are set forth below.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We are permitted by law to use your health information to provide treatment to you. For example, we will provide your physician and our other clinicians involved in your care and treatment with the information in our records to assist the physician in providing proper care to you. We will also provide this information to subsequent health care providers. These individuals may create additional information related to the care and treatment they provide you.

We are permitted by law to use your health information to obtain payment for our services. For example, we may send your insurance company or other payor a bill that may include your health information.

We are permitted by law to use your health information to perform our regular health care operations. For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.

In addition to these uses and disclosures, we may use your information to contact you to provide appointment reminders to you or to advise you of information regarding your treatment.

We may use your information to contact you for fundraising purposes. You have the right to opt out of receiving such communications.

We are permitted, and in some cases required, by law to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

to public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other public health issues;

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to health oversight agencies, such as governmental auditors, the Department of Health, and other agencies when required;

to any individual when ordered by a court or other legal process to do so;

to law enforcement officials when necessary for law enforcement purposes and permitted or required by law;

to a coroner or medical examiner when necessary to enable them to perform their duties;

to organ procurement organizations, to enable them to make suitability determinations;

in cases of emergency;

to researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy.

We will not use your information for any other purpose without your written authorization. For example, we will not release information to your attorney without your authorization. You have the right to revoke any authorization you provide us.

### YOUR INDIVIDUAL RIGHTS

You have certain rights regarding your health information. These rights include:

the right to obtain a paper copy of this notice upon request;

the right to inspect and copy your health information (copies are available for a reasonable fee);

the right to request amendments to your health information you believe to be inaccurate;

the right to obtain an accounting of our uses and disclosures of your health information, subject to certain exceptions;

the right to request restrictions on our permitted uses and disclosures of your information although we are not legally obligated to honor this request, unless you have paid cash for your health care services and do not want your information sent to your health plan, in which case we are legally required to honor your request.

the right to request that communications regarding your health information be sent by alternative means or at alternative locations.



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*PATIENT LABEL*

## OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your information in accordance with this notice. We are also required upon your request to provide you with this notice explaining our duties and practices regarding your health information. We are required to abide by the terms of this notice. We are also required to notify you of any breach as a result of which your unsecured protected health information is improperly disclosed, as defined by law.

We reserve the right to change the content of this notice and to make new provisions regarding your protected health information. We will provide you a revised notice upon your request after the revisions are effective.

If you have any questions regarding this notice or wish to exercise any of your rights as described herein, you may contact the Privacy Officer by e-mail at [PrivacyOfficer@woodcountyhospital.org](mailto:PrivacyOfficer@woodcountyhospital.org), or in writing at 950 W. Wooster Street, Bowling Green, OH, 43402. Finally, you can submit a complaint to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.