

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.

Wood County Hospital is committed to protecting your health information. This notice explains your rights, our uses of your information, and our legal duties under the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. § 164.520, and federal substance use disorder confidentiality regulations, 42 C.F.R. Part 2.

SECTION 1 — YOUR RIGHTS

You have the following rights regarding your protected health information (PHI):

YOUR RIGHT	WHAT THIS MEANS
Inspect & Copy Records	Request a copy or summary of your health and claims records. We respond within 30 days. A cost-based fee may apply. If your records are maintained electronically, you have the right to obtain an electronic copy in the form and format you request, if readily producible. If not readily producible in that format, we will provide it in a readable electronic form and format we agree upon. (45 C.F.R. § 164.524(c)(2)(ii))
Direct Your Records to a Third Party	You may direct us in writing to transmit an electronic copy of your health information directly to a person or entity you designate. We will comply with reasonable written requests when the records are maintained electronically and the copy is readily producible in the requested format. (45 C.F.R. § 164.524(c)(3)(ii))
Amend Records	Ask us to correct records you believe are inaccurate or incomplete. We may deny the request but will explain why in writing within 60 days.
Confidential Communications	Request we contact you in a specific way or at a different address. We will accommodate reasonable requests and must comply if you indicate a safety concern.
Restrict Uses & Disclosures	Ask us to limit uses or disclosures of your information. We are not required to agree, and may decline if it would affect your care. We MUST agree to restrict disclosures to a health plan for services you paid for out-of-pocket in full.
Accounting of Disclosures	Request a list of disclosures made in the past six years, excluding treatment, payment, and operations. One free accounting per year; a fee applies for additional requests within 12 months.
Paper Copy of This Notice	Request a paper copy at any time, even if you agreed to receive it electronically. We will provide one promptly.
Designate a Personal Representative	A person with your medical power of attorney or legal guardian may exercise your rights on your behalf. We will verify authority before acting.
File a Complaint	If you believe your privacy rights have been violated, you may contact our Privacy Officer or file a complaint with HHS — see below. We will not retaliate.

To File a Complaint: Wood County Hospital Privacy Officer | 950 W. Wooster St., Bowling Green, OH 43402 | (419) 354-8900 (ask for Privacy Officer) or via email: PrivacyOfficer@woodcountyhospital.org | U.S. Department of Health and Human Services, Office for Civil Rights | 200 Independence Ave, S.W., Washington, D.C. 20201 | 1-877-696-6775 | www.hhs.gov/ocr/privacy/hipaa/complaints/ | **We will NOT retaliate against you for filing a complaint.**

SECTION 2 — YOUR CHOICES

For certain health information, you may tell us your preferences. We will follow your instructions.

You have the right to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

If you cannot express a preference (e.g., if you are unconscious), we may share information we believe is in your best interest, or when necessary to lessen a serious and imminent threat to health or safety.

We will NEVER share the following without your specific written authorization:

- Use or disclosure of your information for marketing purposes
- Sale of your information
- Most uses and disclosures of psychotherapy notes

You may revoke a written authorization at any time, except where we have already acted on it.

SECTION 3 — HOW WE USE AND SHARE YOUR INFORMATION

Permitted Without Your Authorization

Minimum Necessary Standard. Except for treatment purposes, we limit our uses and disclosures of your protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure. (45 C.F.R. § 164.502(b))

Treatment

We may use and share your health information with physicians, nurses, and other health professionals who provide or coordinate your care.

Example: We share your test results with a specialist we refer you to.

Payment

We may use and disclose your information to bill and collect payment for services provided to you.

Example: We send your diagnosis and treatment information to your insurer for payment.

Health Care Operations

We may use and share your information to operate our facility, improve care, conduct quality reviews, train staff, and fulfill legal obligations. We may not use genetic information to determine coverage eligibility or pricing (except for long-term care plans).

Example: We review records to evaluate the performance of care providers.

Use of Artificial Intelligence (AI) Tools

We may use artificial intelligence (AI) tools to assist our providers and staff with clinical and administrative functions, including care documentation, clinical decision support, and quality improvement. Any AI tool that accesses your protected health information is required by contract to comply with HIPAA through a Business Associate Agreement, and its use is limited to the purposes described in this notice. AI tools support—but do not replace—the judgment of our licensed professionals, who retain responsibility for all decisions affecting your care.

Other Uses Permitted or Required by Law

We may use or share your information in the following circumstances without your authorization:

- Public health activities (disease prevention, adverse event reporting, recalls, reporting abuse or neglect)
- Health oversight activities authorized by law
- Research, subject to ethical safeguards and legal requirements
- Workers' compensation claims

- Law enforcement purposes
- Judicial and administrative proceedings (court orders, subpoenas)
- Organ and tissue donation and work with medical examiners or funeral directors
- Special government functions: military, national security, and presidential protection
- Serious threat to health or safety
- As required by state or federal law, including to demonstrate HIPAA compliance to HHS

Note: Substance use disorder treatment records subject to 42 C.F.R. Part 2 are subject to additional restrictions beyond standard HIPAA. Disclosures made pursuant to a general consent for treatment, payment, and health care operations may be redisclosed in accordance with HIPAA, except as otherwise restricted by 42 C.F.R. Part 2. See Section 4 for complete details.

SECTION 4 — SUBSTANCE USE DISORDER RECORDS — HEIGHTENED PROTECTIONS

FEDERAL LAW PROVIDES EXTRA PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS | *Required Under 42 C.F.R. Part 2 | Effective February 16, 2026*

If Wood County Hospital creates, receives, or maintains substance use disorder (SUD) treatment records subject to 42 C.F.R. Part 2 ("Part 2"), those records are protected by federal law and are subject to stricter rules than other health information under HIPAA.

What Are Part 2 Records?

Part 2 records are records created by a federally assisted program whose primary function is the diagnosis, treatment, or referral for treatment of substance use disorders. These records receive heightened confidentiality protections to reduce barriers to treatment and prevent stigma and discrimination.

Permitted Uses and Disclosures of SUD Records

If we receive Part 2 records from a Part 2 program pursuant to a general patient authorization, we may use and disclose those records for treatment, payment, and health care operations consistent with HIPAA. However, many disclosures that are otherwise permitted under HIPAA are NOT permitted for Part 2-protected SUD records.

Legal Proceedings — Written Consent or Court Order Required

Your SUD treatment records may NOT be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless:

- You provide written consent; or
- A court issues an order specifically authorizing such disclosure.

Notice of Redisclosure Limitation

Under the 2024 final rule (42 C.F.R. Part 2), how your SUD records may be redisclosed depends on the type of consent under which they were originally shared:

- Records disclosed pursuant to a general patient consent for treatment, payment, and health care operations (TPO) may be redisclosed by the recipient in accordance with HIPAA, except as otherwise restricted by 42 C.F.R. Part 2.
- Records disclosed pursuant to a specific patient authorization (other than a general TPO consent) may only be used or disclosed by the recipient in strict accordance with the terms of that specific authorization.
- In all cases, SUD records may NOT be used in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order, regardless of how the records were originally disclosed. Violations of 42 C.F.R. Part 2 may be reported to the appropriate United States Attorney and are subject to federal criminal and civil penalties.

Your Rights Regarding SUD Records

- You may provide a single written consent for all future uses and disclosures of your SUD records for treatment, payment, and health care operations.
- You may revoke that consent at any time, except where action has already been taken.
- If you are a patient in a Part 2 program, you have the right to receive a separate Part 2 Notice of Privacy Practices describing all permitted uses and disclosures of your SUD records.

Contact our Privacy Officer for more information about your rights with respect to SUD records or to request a Part 2 Notice of Privacy Practices.

SECTION 5 — ADDITIONAL REQUIRED NOTICES

Notice Regarding Redisclosure of PHI

Health information we disclose in accordance with HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. However, if the information is Part 2-protected SUD record, additional federal confidentiality protections continue to apply regardless of who holds the record.

Fundraising

Wood County Hospital may use certain basic information (such as your name and contact information) to contact you about our fundraising activities. If we do so, we will give you a clear and conspicuous opportunity to opt out of future fundraising communications at that time. To opt out at any time, call (419) 354-8900 and ask to speak with our Privacy Officer.

Breach Notification

We are required by law to notify you without unreasonable delay, and within 60 days, if a breach occurs that compromises the privacy or security of your unsecured protected health information.

SECTION 6 — OUR RESPONSIBILITIES

Wood County Hospital is required by law to:

- Maintain the privacy and security of your protected health information
- Follow the duties and privacy practices described in this notice
- Provide you with a copy of this notice upon request
- Notify you promptly in the event of a breach that may compromise your information
- Not use or share your information other than as described in this notice without your written authorization
- Honor your written revocation of authorization, except where we have already acted on it

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

SECTION 7 — CHANGES TO THIS NOTICE

Wood County Hospital reserves the right to change the terms of this notice. Any changes will apply to all protected health information we maintain. The revised notice will be:

- Posted on our website at www.woodcountyhospital.org
- Available upon request at Registration and Patient Services
- Mailed to you at the next appropriate opportunity