

**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.

At Ashtabula Regional Medical Center Healthcare System, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of Ashtabula Regional Medical Center Healthcare System (ARMC-HCS). This Notice applies to all health information that identifies you and the care you receive at ARMC-HCS facilities.

Your health information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment.

Federal and state laws require ARMC-HCS to protect your health information, and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law. For example, where we have identified specific state law requirement in this notice, the referenced ARMC-HCS location will follow the more protective state law requirements.

ASHTABULA REGIONAL MEDICAL CENTER HEALTHCARE SYSTEM

All of our hospitals, employed physicians, doctor offices, entities, foundations, facilities, home care programs, other services, and affiliated facilities in the United States follow the terms of this Notice.

A complete list of ARMC-HCS locations are listed on our website www.armchealth.org/ or may be obtained by calling the ARMC-HCS Privacy Officer 440-997-6209

The doctors and other caregivers at ARMC-HCS who are not employed by ARMC-HCS exchange information about you as a patient with ARMC-HCS employees. In connection with the health care that these health care practitioners provide to you outside of ARMC-HCS, they may also give you their own privacy notices that describe their office practices.

All of these hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as described below.

**HOW ASHTABULA REGIONAL MEDICAL CENTER HEALTHCARE SYSTEM MAY USE AND
DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of ARMC-HCS, we will use your health information within ARMC-HCS and disclose your health information outside ARMC-HCS for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at ARMC-HCS who need the information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside ARMC-HCS who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations. We may use your health information and disclose it outside ARMC-HCS for our health care operations. These uses and disclosures help us operate ARMC-HCS to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at ARMC-HCS for learning and quality improvement purposes. We may remove information that identifies you so people outside ARMC-HCS can study your health data without knowing who you are.

Business Associates. ARMC-HCS may disclose your health information to certain persons or organizations who provide services to ARMC-HCS or on our behalf, known as "business associates." Business associates are required to appropriately protect the privacy and security of your health information.

Contacting You. We may use and disclose health information to reach you about appointments and other matters, including fundraising programs and events, research opportunities, and other education or patient care activities. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health Information Exchanges. We participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment. A full list of these arrangements can be found on our website, www.armchealth.org/ or may be obtained by calling the ARMC-HCS Compliance Officer at 440-997-6770.

Organized Health Care Arrangements. We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities. A full list of these arrangements can be found on our website www.armchealth.org/ or may be obtained by calling the ARMC-HCS Compliance Officer at 440-997-6770.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at ARMC-HCS.

Technological Support. ARMC-HCS uses various technologies to support the work that we describe in this Notice. These technologies, which include artificial intelligence, are used to refine the care we provide, to enhance our operations, and to support our billing services. Use of these technologies are subject to appropriate protections for the privacy and security of your health information.

Philanthropic Support. We may use or disclose certain health information about you to contact you in an effort to raise funds to support ARMC-HCS and its operations. You have a right to choose not to receive these communications. If you do not wish to receive fundraising communications from ARMC-HCS, please call the ARMC Foundation by calling 440-997-6604.

Patient Information Directories. Our hospital include limited information about you in their patient directories, such as your name and possibly your location in the hospital and your general condition (for example: good, fair, serious, critical, or undetermined). We usually give this information to people who ask for you by name. We also may include your religious affiliation in the directories and give this limited information to clergy from the community. We do not release this information if you are being treated on a substance abuse unit. Releasing directory information about you enables your family and others (such as friends, community-based clergy, and delivery persons) to visit you in the hospital and generally know how you are doing. If you prefer that this personal information be kept confidential, you may make that request to the hospital admitting department and we will not release any of this information.

Medical Research. We conduct research to improve the health and care of people throughout the world. Human subjects research conducted at ARMC-HCS using identifiable information must be approved through a special review process to protect patient safety, welfare, and confidentiality. We may use and disclose medical information about our patients for research purposes under specific rules determined by the confidentiality provisions of applicable law, including to contact you about research opportunities, to prepare for research, and to conduct research. In some instances, applicable law allows us to use and disclose your identifiable medical information for research without your authorization, provided we get approval from a special review board. As described below, we may de-identify your health information and biological samples (e.g., excess blood, tissue, etc.) and use and disclose them for research and development purposes consistent with applicable laws. Unless expressly stated otherwise in an informed consent for a research study, you will not receive any compensation for your participation in a research study or the use of your information/biological samples.

De-identified Health Information. We may use your health information to create “de-identified” information which means it is no longer identifiable to another person consistent with applicable federal law. Once this information has been de-identified, it may no longer be protected by federal law or other laws, and we may share it with third parties for purposes consistent with the mission of ARMC-HCS, including, but not limited to, for purposes of research, product development, and improving the care of the communities we serve.

Limited Data Set. We may use your health information to create a “limited data set” by removing certain identifying information. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any third party who receives a limited data set must sign an agreement to protect your health information.

Organ and Tissue Donation. We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage organ, tissue, and eye donation and transplantation.

Public Health and Safety. We will disclose health information about you outside ARMC-HCS when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside ARMC-HCS for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Ohio, Pennsylvania as well as federal law, may require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, genetic test results, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom ARMC-HCS has disclosed your health information without your written authorization. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures, not longer than six (6) years before your request, and ARMC-HCS facility that maintains the records you are requesting. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to ARMC-HCS Health Information Management (HIM) Department or the Privacy Officer at Ashtabula Regional Medical Center, 2420 Lake Ave, Ashtabula, OH 44004. We will respond to you within 60 days. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. We will give you the first listing within any 12-month period free of charge, but we may charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify ARMC-HCS facility that maintains those records, and give the reason for your request. We may deny your request; if we

do, we will tell you why and explain your options. ARMC-HCS will respond to you within 60 days. You must address your request to the ARMC Privacy Office at the following address: 2420 Lake Ave, Ashtabula, OH 44004, Attention Privacy Officer.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records with certain exceptions. For example, you may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed, and dated, to the HIM Department listed at the end of this document. (Requests for billing records should be sent ARMC-HCS Customer Service at the following address: 2420 Lake Ave, Ashtabula Regional Medical Center, Attention Billing, or by calling 440-997-6670). We may charge a fee for processing your request. If ARMC-HCS denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the ARMC-HCS of Corporate Compliance and Business Ethics at the following address: 2420 Lake Ave, Ashtabula OH 44004, Attention Compliance Officer. You can ask to see or get an electronic or paper copy of your medical record and other health information ARMC-HCS has about you. The ARMC-HCS HIM Department's mailing address and contact information are listed at the end of this document.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations. We do not have to agree in most circumstances. We will not agree if granting your request would be harmful or compromise your care. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your health information relating solely to that item or service, we will agree unless a law requires us to share that information. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

A request for a restriction must be signed and dated, and you must identify ARMC-HCS hospital or facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the HIM Department. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. ARMC-HCS HIM Department's mailing address and contact information are listed at the end of this document.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a specific way, such as only by phone or by email, or at a specific location, such as only at work or at home. We will agree to all reasonable requests. You need not tell us the reason for your request, and we will not ask. Your request for confidential communications must be in writing, signed, and dated. It must identify the ARMC-HCS hospital or facility making the confidential communications and specify how or where you wish to be contacted. You must send your written request to the HIM Department. ARMC-HCS HIM Department's mailing address and contact information are listed at the end of this document.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling the ARMC-HCS Compliance Officer at 440-997-6770. You also can view this Notice at our website, www.armchealth.org/.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ARMC-HCS Office of Corporate Compliance or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with ARMC-HCS, you must submit your complaint in writing to the ARMC-HCS of Corporate Compliance, 2420 Lake Ave, Ashtabula OH 44004. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

ARMC-HCS may change this Notice at any time. Any change in the Notice could apply to health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website, www.armchealth.org/.

QUESTIONS

If you have questions about this Notice, you may call ARMC-HCS Compliance Officer at 440-997-6770.

**CONTACT INFORMATION FOR ARMC-HCS HEALTH INFORMATION MANAGEMENT
DEPARTMENT**

Mail should be addressed to the HIM Department 2420 Lake Ave, Ashtabula OH 44004

For more information about requesting your medical records, call the HIM Department at 440-997-6992 or go online at www.armchealth.org/.

**SUBSTANCE USE DISORDER PROGRAMS:
CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS**

ARMC-HCS has specific units, doctors and other caregivers who specialize in providing drug or alcohol treatment-related services (Programs). The patient records maintained by these Programs are protected by additional federal confidentiality laws and regulations. This Section supplements the other content in this Notice and describes:

- How substance use disorder records about you may be used and disclosed by ARMC-HCS
- Your rights with respect to your Program records
- How to file a complaint concerning a violation of the privacy or security of your Program records or of your rights concerning your Program records

You have a right to a copy of this Section (in paper or electronic form) and to discuss it with the Behavioral Health Clinical Manager at 440-997-6641. If you have any questions, your inquiry will be directed appropriately.

Permitted Uses and Disclosures of Program Records. ARMC-HCS may use and disclose your Program records as described below or with your written consent.

Permitted Uses and Disclosures of Program Records Without Consent

- To communicate with other staff within the Program or an entity that has direct administrative control over the Program who have a need for the information in connection with providing diagnosis, treatment, or referral for treatment;
- To a law enforcement agency or official if you commit, or threaten to commit, a crime on the Program's property or against a person who works for the Program;
- To report suspected child abuse or neglect to the appropriate state or local authorities;
- Based on a court order and that order includes a subpoena or other legal mandate requiring that we share your information as further described in the "Using or Disclosing Program Records in Legal Proceedings" below;
- As required by laws that mandate collection of decedent information related to cause of death or other vital statistics;
- To medical personnel in a medical emergency;
- For research, audit, or program evaluation activities;
- To a public health authority, if the information has been de-identified; or
- To a qualified service organization/business associate of the Program which is an individual organization that provides certain services to the Program under a written agreement.

Permitted Uses and Disclosures that Require Consent

- For payment and health care operations purposes, ARMC-HCS requires you to provide a single consent for all future uses or disclosures for payment and health care operations purposes. When your Program records are disclosed to another HIPAA covered entity (such as another health care provider or health insurance company that is subject to the HIPAA requirements) or a business associate (as defined above), the recipient may disclose your information consistent with law and this Notice. However, you will need to provide separate written consent for Program records to be used in a civil, criminal, administrative, or legal proceeding against you.

Revoking Consent. You may revoke your consent in writing at any time by submitting a request to the Behavioral Health Clinical Manager, but we cannot take back any uses or disclosures of your health information already made with your consent. 2420 Lake Ave, Ashtabula OH 44004, Attention Behavioral Health Manager.

Using or Disclosing Program Records in Legal Proceedings. Your Program records or records received from substance use disorder treatment programs or testimony about such records cannot be shared in any civil, administrative, criminal, or legislative proceeding against you without your written consent or a court order. Records shall only be disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or ARMC-HCS. A court order must include a subpoena or other legal mandate requiring that we share your records.

Your Rights Regarding Your Program Records. As a patient in the Program, you have the rights listed in this Notice of Privacy Practices. In addition, you have the following rights specific to your Program records:

- **Right to a List of Disclosures by an Intermediary.** If you consent to share your Program records through an intermediary, such as a health information exchange, you have a right to a list of disclosures by an intermediary for the past three (3) years. To request a list of disclosures by an intermediary, you must submit a request to the intermediary.

Questions or Complaints. If you have questions about this Substance Use Disorder Programs Section, if you believe your privacy rights have been violated, or if you would like to file a complaint, please see “Questions” and “Complaints” above for further information.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICE

ENGLISH: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-858-1813 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-858-1813 (TTY: 711) o hable con su proveedor.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-833-858-1813 (TTY: 711) oswa pale avèk founisè w la.

Chinese (simplified): 备注：您可获得免费的语言协助服务。还可免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 1-833-858-1813 (TTY: 711) 或咨询您的医疗服务提供者。

Chinese (traditional): 注意：您可獲得免費的語言協助服務。同時也免費提供適當的輔助和服務，讓您在無障礙方式獲得資訊。請致電 1-833-858-1813 (聽語障專線：711) 或與您的醫療服務提供者洽談。

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-858-1813 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-858-1813 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-858-1813 (TTY : 711) ou parlez à votre fournisseur.

Nepali: ध्यान दिनुहोस्: तपाईं कालागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। पहुँच योग्य ढाँचा मा जानकारी प्रदान गर्न उपयुक्त सहायक सहायता सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-833-858-1813 (TTY: 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Portuguese: ATENÇÃO: Serviços gratuitos de de assistência linguística estão disponíveis para você. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-858-1813 (TTY: 711) ou fale com seu médico.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة (TTY: 1813 858-833-1) وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم م - 1813 858-833-1 أو تحدث إلى مقدم الخدمة (711)

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-858-1813 (TTY: 711) или обратитесь к своему поставщику услуг.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-858-1813 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean: 주의:

[한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. 1-833-858-1813 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-833-858-1813 (TTY: 711) o parla con il tuo fornitore.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-833-858-1813 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Serbian: PAŽNJA: Besplatne usluge jezičke pomoći su vam na raspolaganju. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u dostupnim formatima su takođe dostupni besplatno. Pozovite 1-833-858-1813 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Croatian: PAŽNJA: Dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 1-833-858-1813 (TTY: 711) ili razgovarajte sa svojim pružateljem usluga.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-858-1813（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。