



**Bethesda Care Arrow Springs**  
Phone: 513-282-7075  
Fax: 513-282-7076

**Bethesda Care Butler County**  
Phone: 513-874-3990  
Fax: 513-860-5071

**Bethesda Care Eastgate**  
Phone: 513-752-3695  
Fax: 513-752-3039

**Bethesda Care Norwood**  
Phone: 513-731-3399  
Fax: 513-731-2882

**Occupational  
Medicine  
Services**

**Bethesda Care Queensgate**  
Phone: 513-241-4135  
Fax: 513-241-6510

**Bethesda Care Sharonville**  
Phone: 513-563-1505  
Fax: 513-769-4776

**Good Samaritan**  
Phone: 513-862-2875  
Fax: 513-862-2860

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Effective Date: May 22, 2009

**BETHESDA HEALTHCARE, INC.  
OCCUPATIONAL MEDICINE CENTERS  
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.**

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations that we have regarding the use and disclosure of your medical information.

Bethesda Healthcare, Inc. facilities which are covered by regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") are required by law to maintain the privacy of your health information, give you notice of our privacy practices with respect to your medical information, and follow the terms of this Notice. This Notice applies to all of the records of your care generated and maintained by Bethesda Healthcare, Inc.'s Occupational Medicine Services, including Bethesda Care Arrow Springs, Bethesda Care Butler County, Bethesda Care Eastgate, Bethesda Care Norwood, Bethesda Care Queensgate, Bethesda Care Sharonville, Good Samaritan Occupational Health, and Work Capacity Services ("Occupational Medicine Center or Centers"). Occupational Medicine Centers will share your medical information as necessary with each other in order to carry out your treatment, obtain payment for the services provided to you or operate their health care facilities.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:** The following categories describe different ways that we may use and disclose your medical information. These are examples and, therefore, not every permitted use and disclosure is listed.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in taking care of you at an Occupational Medicine Center. Different Occupational Medicine Centers may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside an Occupational Medicine Center who may be involved in your medical care after you leave the Occupational Medicine Center, such as other physicians involved in your care, family members, or other health care related entities with whom you seek treatment.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at an Occupational Medicine Center may be billed to and payment may be collected from an employer, a managed care organization (MCO), or a third party. For example, we may need to give your employer information about a test you received at an Occupational Medicine Center so your employer will pay us or reimburse you for the test. We may also tell your employer's MCO about a treatment that you are going to receive in order to obtain prior approval or to determine whether the MCO will cover the treatment. We may also disclose your medical information to other healthcare providers so that they can bill for health care services that they provided to you.
- **For Health Care Operations.** We may use and disclose medical information about you for the Occupational Medicine Centers' operations. These uses and disclosures are necessary to run the Occupational Medicine Centers and make sure that our patients receive quality health care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose medical information to doctors, nurses, technicians, medical and nursing students, and other personnel for review and learning purposes. We may also provide medical information to other healthcare providers who have a relationship with you and need the information for their own healthcare operations.

- Business Associates. We may disclose medical information about you to our business associates who need that information in order to provide a service to us or on behalf of us. A business associate is a person who is not part of the Occupational Medicine Center's workforce, a company or other entity, which uses or has access to protected health information in order to perform a function for or on behalf of an Occupational Medicine Center. For example, business associates of Bethesda Healthcare, Inc. may include copying companies, document shredding companies, consultants, accountants and attorneys.
- Appointment Reminders. We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at an Occupational Medicine Center.
- Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- Employers or Potential Employers. If authorized by you and requested by your employer or potential employer, we may disclose medical information about you created or obtained at an Occupational Medicine Center. For example, if a "return to work" test is performed at an Occupational Medicine Center, the results of the test will be released to your employer but only with your prior authorization. Please note that it is the policy of the Occupational Medicine Centers to not perform any test, medical examination, or services without first obtaining your written authorization if the sole purpose of the test, medical examination, or services is to create information for disclosure to your employer or potential employer.
- Involved With or Concerned About Your Care. We may release information about your condition or treatment to a friend or family member relevant to his/her involvement in your care or payment for your care. We may also disclose your location and condition to assist or notify a family member or personal representative who is involved in your care. We may also disclose your information in a disaster relief effort so that your family can be notified about your condition and location.
- Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.
- As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, Ohio law requires hospitals and other health care providers to report cases of cancer to a registry called the Ohio Cancer Incidence Surveillance System.
- To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Workers' Compensation. We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- Public Health Activities. We may disclose medical information about you for public health activities such as the prevention or control of disease, injury or disability and reporting of reactions to medications or problems with products and to fulfill requirements of the U.S. Food and Drug Administration.
- Health Oversight Activities. We may disclose medical information to a health oversight agency for activities allowed by law such as audits, investigations, inspections and licensure or disciplinary actions.
- Lawsuits and Disputes. We may disclose medical information about you in response to a Court Order, Administrative Order or certain subpoenas.
- Law Enforcement. We may release medical information to a law enforcement official about a death we believe may be the result of criminal conduct; about criminal conduct at an Occupational Medicine Center and, in emergency circumstances, to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

- Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or the law enforcement official.

OTHER USES OF YOUR MEDICAL INFORMATION: Other uses and disclosures of your medical information not covered by this Notice or required by the laws that apply to Bethesda Healthcare, Inc., will be made only with your written permission (your written permission is referred to as an Authorization). For example, we may disclose your medical information to your employer or potential employer as described earlier in this Notice. If you provide your permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons indicated in your written Authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU: You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and obtain a copy of your medical information. This includes your medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

To inspect or obtain a copy of your medical information, you must submit your request in writing to the Office Manager at the address of the Occupational Medicine Center where you received treatment.

We may deny your request in certain circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Bethesda Healthcare, Inc. will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long the information is kept by or for the Occupational Medicine Center.

To request an amendment to your medical information, you must submit your request in writing to the Office Manager at the address of the Occupational Medicine Center where you received treatment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the Occupational Medicine Center;
  - Is not part of the information which you would be permitted to inspect and copy; or,
  - Is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. This list will not include disclosures that we made for purposes of treatment, payment and health care operations. We are also not required to include in this list the disclosures we made by acting upon your written authorizations.

To request an accounting of disclosures, you must submit your request in writing to the Office Manager at the address of the Occupational Medicine Center where you received treatment.

Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction or limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

**We are not required to agree to your request for a restriction or limitation.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice at our website, [www.TriHealth.com](http://www.TriHealth.com).

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 in all Occupational Medicine Centers. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at an Occupational Medicine Center, we will offer you a copy of the current Notice in effect.

**FOR FURTHER INFORMATION:** For further information about the matters covered by this Notice, you may contact the following: The Bethesda Healthcare, Inc. Privacy Officer at 513-569-6507.

**COMPLAINTS:** If you believe your **privacy rights** have been violated, you may file a complaint with Bethesda Healthcare, Inc. or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with Bethesda Healthcare, Inc., you must submit your written complaint to the attention of the Bethesda Healthcare, Inc. Privacy Officer, Corporate Administration Department, 619 Oak Street, Cincinnati, Ohio 45206.

**You will not be penalized for filing a complaint.**