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# Notice of Privacy Practices of Coplin Health Systems

**Please review this Notice carefully as it describes:**

- How health information about you may be used and disclosed.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have the right to a copy of this Notice (in paper or electronic form) and to discuss it with Jason Poling, CIO, Privacy Officer at 304-275-3301 or [HIPAA@Coplinhealth.com](mailto:HIPAA@Coplinhealth.com) if you have any questions.

## Intent of Notice

This Notice describes the privacy practices of Coplin Health Systems. It applies to the health services you receive at Coplin Health Systems. Coplin Health Systems will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out treatment, payment, and healthcare operations.

## Our Privacy Obligations

We are required by law to maintain the privacy of your health information and to provide you with our Notice of Privacy Practices (‘Notice’) of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We may update our privacy practices and the terms of our Notice from time to time. If we make changes, we will provide you with a revised Notice and post it in our office. The new Notice will apply to all health information we maintain, including information created or received before the date of the revision.

If there is a breach of your unsecured health information, we are required to notify you promptly. This means if your health information is accessed, used, or disclosed in a way that is not

permitted by HIPAA, and poses a risk to your privacy, we will inform you about what happened and what steps you can take to protect yourself.

We take our legal responsibilities seriously and are dedicated to ensuring your health information is handled with the utmost care and respect. If you have any questions or concerns about your privacy rights, please feel free to contact us. We are here to help.

## Federal and State Law Notice

Federal and state laws require we protect your health information and federal law requires us to describe to you how we handle this information. When federal and state laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

Federal law (42 U.S.C. 290dd-2) does not override all state laws in the same area. If a use or disclosure is permitted by 42 CFR Part 2 but conflicts with state law, we will adhere to the more restrictive law. However, no state law can permit or require a use or disclosure that is prohibited by the 42 CFR Part 2 regulation.

## How We May Use or Disclose Your Health Information

We are permitted by law to use or disclose your health information for the following purposes without your written authorization or consent:

**Treatment.** We may use your information to provide you with medical treatment or services. We may disclose your health information to others who are involved in taking care of you. We may share your health information with another healthcare provider to deliver, coordinate, or manage your healthcare.

**Payment.** We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or another payer to obtain pre-authorization or payment for treatment.

**Healthcare Operations.** We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting the organization.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times, it may be necessary for us to provide your health information to one or more of these outside persons or organizations to assist us with our healthcare operations. In all cases, our contracts with these business associates require them to protect the privacy of your health information.

**Health Information Exchange.** We may take part in our make it possible the electronic sharing of health information. The most common way to do this is through local or regional health information exchanges ('HIEs'). HIEs help doctors, hospitals, and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved, it helps us keep your health bills lower, for example, by avoiding repeating lab tests, and it helps us improve the overall quality of care provided to you and others. You may opt out of having your health information shared through the HIE at any time either during registration or by submitting a request to a Patient Representative. Opting out of the HIE sharing means your providers will need to obtain your records, as permitted or required by law and as described in this Notice, by other means, such as fax or mail.

**Other Permitted Uses and Disclosures.** We may also use or disclose your information for certain purposes allowed by 45 CFR 164.512 or other applicable laws and regulations, including for the following purposes:

- To avoid a serious threat to your health or safety or the health and safety of others.
- As required by state or federal law such as reporting abuse, neglect, or certain other events.
- As allowed by workers' compensation laws for use in workers' compensation proceedings.
- For certain public health activities such as required reporting of immunizations, disease, injury, birth, and death, or in connection with public health investigations.
- For certain public health oversight activities such as audits, investigations, or licensure action.
- In response to a court order, warrant, or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as military services or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim, or witness, or to report deaths or certain crimes.
- To coroners, medical examiners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

**Potential for Redisclosure.** Please be aware that once we share your reproductive health information or any other health information with someone outside our organization, they may not have to follow the same privacy rules we do. For example, if your information is shared with a company that is not covered by HIPAA, like a marketing firm, they may use or share your information in ways that are not protected under HIPAA. We encourage you to be careful when sharing your health information with others and to ask how they plan to use or protect it.

## Disclosures We May Make Unless You Object

We may disclose your health information in the following situations unless you tell us not to:

**Family Members, Friends, and Others Involved in Your Care.** We may disclose your health information to designated family members, friends, and others who are involved in your care or in the payment for your care to facilitate that person's involvement in caring for you or paying for your care. If you are present and able to make decisions, we will give you the opportunity to object to these disclosures. If you are not present or are unable to make decisions, we may share your information if we determine it is in your best interest.

**Disaster Relief Efforts.** We may disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition, or death.

**Fundraising Activities.** We may use your information to contact you for fundraising efforts. You have the right to opt out of receiving these communications.

**Appointments and Services.** We may use and disclose your information to remind you of upcoming appointments. We may also inform you about treatment options, alternatives, or other health-related benefits and services that may be of interest of you.

**School Immunization Requests.** We may share your health information for purposes of school immunization requests if the school is required by law to have documentation of such immunization(s) for enrollment.

## Uses and Disclosures That Require Authorization

We will obtain your written authorization before using or disclosing your health information for purposes not covered by this Notice or the laws that apply to us. This includes:

**Psychotherapy Notes.** We will obtain your specific authorization before disclosing any psychotherapy notes unless otherwise permitted or required by law, except in certain limited circumstances.

**Sensitive Health Information.** We will obtain your written authorization before using or disclosing any sensitive medical information for purposes other than those described in this Notice or as otherwise permitted or required by federal or state law. This includes getting your written authorization before sharing information about certain conditions, such as mental health, HIV/AIDS status, or genetic information.

**Sale of Health Information.** We will obtain your written authorization before receiving direct or indirect remuneration in exchange for your health information, except in limited circumstances.

**Marketing.** We will obtain your written authorization for any use or disclosure of your health information for marketing purposes, except if the communication is in the form of face-to-face communication with you or involves promotional gifts of nominal value.

**Other Uses and Disclosures.** Any other uses or disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

## Special Protections for Reproductive Health Information

**Reproductive Health Information.** We are committed to protecting the privacy of your reproductive health information. This information includes details related to pregnancy, contraception, pregnancy termination, fertility treatments, and other related services. In line with federal and applicable state laws, we will not use or disclose your reproductive health information for certain purposes without your explicit written permission.

- We will not use or disclose your reproductive health information for any criminal, civil, or administrative investigation or proceedings. For example, if you seek reproductive health services that are legal in your state, we will not disclose your information to law enforcement or other authorities for the purpose of investigating or prosecuting you or your healthcare provider.
- We will not use or disclose your reproductive health information to impose liability on individuals seeking reproductive health care. For instance, if you travel out of state to obtain reproductive health services, we will not share your information with authorities in your home state who may seek to impose legal consequences on you or those who assisted you.

**Attestation Requirement for Certain Uses and Disclosures.** In some situations, we may be asked to share your health information with others, such as law enforcement, courts, or government agencies. Before we do, the person or group requesting your information must provide a statement, called an attestation, that certain conditions have been met. This ensures that your information is not used in ways that are against the law. Here is when we need an attestation:

- **Law Enforcement Requests:** If law enforcement asks for your reproductive health information for an investigation, we will only share it if they confirm that the information will not be used to investigate or prosecute you or your healthcare provider for legal reproductive health care.
- **Court Orders or Subpoenas:** If a court or lawyer requests your information for a legal case, we will require them to confirm that the information will be used properly and in accordance with the law.
- **Government Investigations or Audits:** If a government agency needs your information for auditing or investigating our healthcare practices, we will ask for an attestation to ensure the information is used only for that purpose.
- **Coroners and Medical Examiners:** If a coroner or medical examiner requests reproductive health information, we need them to provide a statement confirming that the information is needed for their official duties, such as investigating the cause of death or performing autopsies.

## Special Protections for Substance Use Disorder Records

**Permitted or Required Uses and Disclosures.** We may use or disclose your substance use disorder treatment records ('Part 2 records') for certain purposes allowed by 42 CFR Part 2 or other applicable laws and regulations, which may include the following purposes:

- To medical personnel in a genuine medical emergency when we cannot get your prior written consent.
- To the Food and Drug Administration (FDA) if there is a risk to your health due to an error in a product's manufacture, labeling, or sale.
- To conduct scientific research if certain conditions are met.
- As authorized by a court order, provided certain regulatory requirements are met.
- To the appropriate state or local authorities to comply with state law reporting requirements of incidents of suspected child abuse and neglect.
- For audits and evaluations to ensure our compliance with regulations and to improve our programs. This includes sharing with government agencies, financial supporters, and entities with administrative control over us.
- To organizations that provide services to us, such as data processing, billing, or laboratory analysis. These organizations, known as Qualified Service Organizations, must agree to protect your privacy and use your information only for the services they provide us with.
- To public health authorities for public health purposes, and your records will be de-identified to ensure they cannot be used to identify you.

**When We Need Your Written Consent.** We are committed to protecting your privacy and ensuring the confidentiality of your Part 2 records. In most situations, we will require your written consent before we can use or disclose your Part 2 records. This includes:

- Treatment, Payment, and Healthcare Operations:** We will obtain your written consent before sharing your records with other healthcare providers, such as specialists or your primary care physician, to ensure you receive comprehensive care. Your consent is also needed for purposes related to payment and healthcare operations, such as billing or insurance claims.
  - You may provide a single consent for all future uses and disclosures for these purposes. This means that once you give your consent, we can use and disclose your records as needed to provide you with care, process payments, and manage our healthcare operations without needing to obtain your consent each time.
- Research:** If your records are to be used for research purposes, we will seek your written consent before allowing researchers to access your information. This ensures you are aware of and agree to the use of your information for research.
- Disclosures to Family Members or Friends:** If you wish for your family members or friends to be informed about your treatment progress or be involved in your care, we will obtain your written consent before disclosing any information to them.
- Substance Use Disorder Counseling Notes:** We will obtain your specific written consent for any use or disclosure of substance use disorder counseling notes, unless otherwise permitted or required by law, except in certain limited circumstances.
- Other Uses and Disclosures:** Any other uses or disclosures of your Part 2 records not covered by this Notice, or applicable laws will be made only with your written consent.

**Restrictions on Legal Use of Records.** Your Part 2 records, or any testimony about them, cannot be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you give specific written consent or there is a court order. If a court order is required, you will be given notice and an opportunity to be heard before your records are used or disclosed, as required by law. Additionally, any court order authorizing the use or disclosure of your records must be accompanied by a subpoena or similar legal mandate.

## Your Rights Regarding Your Health Information

You have several rights concerning your health information. Understanding and exercising these rights helps ensure your privacy and the confidentiality of your information. Here are your rights and how you can exercise them:

**Right to Access Your Health Information.** You have the right to review and obtain copies of your health information, including your Part 2 records, except in certain situations where access may be restricted by law. If we have your health information in electronic format, you can ask for a copy in a reasonable electronic format, which might be free or come with a small fee. To request access, please send us a written request that is signed by you or your legally authorized representative.

In some cases, we might not be able to give you access to your records. If this happens, you can ask for a review of the denial. A different licensed healthcare professional, not the one who made the original decision, will review your request and the denial. We will comply with the outcome of this review.

**Right to Amend Your Records.** You have the right to ask us to change or correct the health information we keep about you. To make a request, you need to submit a written request that is signed by you or your legally authorized representative and explains why you think a change is needed. We will carefully review all requests, but we are not required to make the changes. If we agree to your request, we will update your records and let you know. We cannot change what is already in the record, but we will notify others who have incorrect or incomplete information if needed.

If we deny your request, you can add a note to your record explaining your side of the story. We will send you a written notice explaining why your request was denied and your rights to add your comments.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain times when we have shared your health information over the past six years. This list will not include every time we have shared your information, like when it is for treatment, payment, health care operations, or shared directly with you or with your permission.

For disclosures related to your Part 2 records, you can ask for a list of times we shared this information with your written consent over the past three years. If we used your Part 2 records for treatment, payment, or health care operations through our electronic health record (EHR), you can request a list of those disclosures as well. If you gave us general permission to share your health information, you can request a list of who received your information under that permission. This list will cover disclosures made in the past two years.

To request any of these lists, please send a written request by you or your legally authorized representative. The first list you request in a 12-month period is free; if you ask for additional lists within the same year, there will be a fee. We will let you know the fee when you make your request.

**Right to Request Restrictions.** You have the right to ask us to limit how we use or share your health information. For example, you might want to restrict how we use your information for treatment, payment, or healthcare activities, even if you have already given us permission. You can also ask us not to share your information with your health plan if you have paid for the healthcare service yourself. In this case, we will not share your information with your health plan unless the law requires it.

To make this request, write to us and explain what limits you want and why. We do not have to agree to every request, but we will do our best to honor reasonable ones. If we agree to your request, we will follow the restrictions unless you need emergency care, and the restricted information is needed to treat you. In an emergency, we might use or share the restricted information to make sure you get the care you need. If we agree to any restrictions, we can remove them later if needed. We will let you know if we decide to lift any restrictions.

**Right to Request Confidential Communications.** You can ask us to contact you in a different way or at a different place if that is more convenient or private for you. For example, you might want us to call you at work instead of home, or to send you information by email rather than by mail. To make this request, write to us and let us know how and where you would like to be

contacted. You do not need to explain why you are making the request. We will do our best to meet your request if it is reasonable and possible.

**Right to Revoke.** You have the right to revoke (withdraw) your permission for us to use or share your health information, including your Part 2 records, at any time. To revoke your written authorization or your written consent, please send a written request with your name and the specific authorization and/or consent you want to revoke, and your signature to the contact person below. Please note that revoking your written authorization or written consent will not affect any actions we took before we received your revocation request.

- For General Health Information:** If you have given us general permission to use or disclose your health information, you can cancel that permission at any time. We will stop using or disclosing your health information according to the revoked authorization once we receive your written request.
- For Part 2 Records:** If you have given us consent to share your Part 2 records under 42 CFR Part 2 regulation, you can also revoke this consent at any time. We will follow your request to stop sharing these records once we receive your written revocation.

## Complaints

If you believe your privacy rights have been violated, you can file a complaint, in writing, to the contact person below. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the below address. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
Toll-Free Call Center: 1-877-696-6775

Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

## Contact

If you have questions, need further assistance regarding, or want to make a request related to this Notice, please contact our Privacy Officer for more information:

Contact Person:	<b>Jason Poling, CIO, Privacy Officer</b>
Phone:	<b>1-304-275-3301 or 1-304-514-7331</b>
Address:	PO Box 609 Elizabeth, WV 26143
E-mail:	<b>HIPAA@Coplinhealth.com</b>

## Effective Date

This Notice is effective as of January 21, 2025.