Family and Friends Involved In Your Care. With your approval, we may disclose your PHI to designated family, friends, or others involved in your care that you identify as being involved in your care. We may also disclose payment of your care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or otherwise unable to provide such consent, we may determine a limited disclosure may be in your best interest and disclose your PHI without your approval. We may also disclose limited PHI to a public or private entity authorized to assist in disaster relief efforts when such disclosure is directed to help identify or locate family, friends or others involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our health care operations are accomplished through business contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. Occasionally it may be necessary for us to disclose PHI to our business associates for our business operations. We always require all business associates to use appropriate safeguards and for us to disclose only those aspects and components of your PHI necessary to the business operations. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make any Notice effective for all PHI maintained by us. You may receive a copy of any revised notices at any Patient Registration site or a copy may be obtained by making a request to the Privacy Officer, Highland District Hospital, 1275 North High Street, Hillsboro, Ohio 45133. This notice is also available at Highland District Hospital's website at www.hdhh.org.

Uses and Disclosures of Your Personal Health Information
Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose unless you have given us written authorization. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make any Notice effective for all PHI maintained by us. You may receive a copy of any revised notices at any Patient Registration site or a copy may be obtained by making a request to the Privacy Officer, Highland District Hospital, 1275 North High Street, Hillsboro, Ohio 45133.

Marketing communications unless the communication is made directly to you, in person, is simply a promotional gift, or is for a health-related benefit or education, general health or wellness information, or communication about health related products or services that we offer or that we know may be offered by other persons.

Sale of your health information unless for treatment or payment purposes or as required by law. Psychological notes unless otherwise permitted or required by law.

Uses and Disclosures for Treatment. We will use and disclose your PHI for treatment purposes whenever you or your authorized representative request the treatment. For example, doctors, nurses and other professionals involved in your care will use your medical record and information to carry out treatment. You have the right to request and we will be required to comply with your request by limiting our use and disclosures of your PHI for which we will always obtain a prior authorization and written consent.

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