



Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL 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, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH CARA DOUGLAS, PRIVACY OFFICER AT 419-475-4449 OR HARBORQI@HARBOR.ORG IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures of Your Medical Information.

A. Treatment, Payment, and Operations.

Harbor (sometimes referred to as "we" or "us") is permitted to use your medical information for purposes of treating you, to obtain payment for providing medical services to you, and to assist in its health care operations. We may also use your medical records to assess the appropriateness and quality of care that you received, improve the quality of health care, and achieve better patient outcomes.

Harbor is a subcontractor, as a Care Management Entity, for Aetna Better Health of Ohio, the selected managed care organization for the OhioRISE program for the Ohio Department of Medicaid (ODM). As such, all records, documents, data, or other information produced as a Care Management Entity will be provided to Aetna and ODM to provide care coordination services on their behalf.

Harbor participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. Harbor and other healthcare providers may allow access to your health information through the Health Information Exchange for treatment, payment or other health care operations. This is a voluntary agreement. You may opt-out at any time by notifying Harbor's Medical Records Department or Privacy Officer.

An understanding of what is in your health records and how your health information is used helps you: ensure its accuracy and completeness; understand who, what, where, why, and how others may access your health information; and make informed decisions about authorizing disclosures to others.

(i) Use of your protected health information for treatment purposes. A physician or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. We will also provide your primary physician, other health care professionals, or a subsequent health care

provider, copies of your records to assist them in treating you.

(ii) Use and disclosure of your protected health information for purposes of payment. We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

(iii) Use and disclosure of your protected health information for healthcare operations. Health care operations consist of activities that are necessary to carry out our operations as a healthcare provider, such as quality assessment and improvement activities. For example, members of our medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

B. Appointment Reminders. We may contact you to provide appointment reminders unless you specify otherwise to us.

C. Other purposes for which we can use your protected health information without written authorization from you pursuant to HIPAA. In addition to using your protected health information for purposes of treatment, payment, and health care operations, we may use or disclose your protected health information without your written authorization and without giving you an opportunity to object in the following situations:

(i) As Required by Law. We may use or disclose your protected health information as required by law. We will limit the disclosure to those portions relevant to the requirements of the law.

(ii) Public Health Activities. We may use or disclose your protected health information to public health entities authorized to collect information for the purposes of controlling or preventing disease (including sexually transmitted diseases), injury, or disability. We may also disclose to governmental agencies authorized to receive reports of child abuse or

neglect. We may disclose protected health information to the Food and Drug Administration relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

(iii) Medical Surveillance of the Workplace and Work-related Injuries. We may provide your protected health information to your employer if we are asked by your employer to provide medical services to you for purposes of medical surveillance of the workplace or a work-related illness or injury.

(iv) Victims of Abuse, Neglect, or Domestic Violence. To the extent authorized or required by law, and in the exercise of our doctor's professional judgment, we believe the disclosure is necessary to prevent harm, we may disclose protected health information to law enforcement officials.

(v) Health Oversight Activities. We may disclose your protected health information to a governmental health oversight agency overseeing the health care system, governmental benefit programs, or compliance with governmental program standards.

(vi) Judicial and Administrative Proceedings. We may disclose your protected health information in response to an order of a court or a valid subpoena.

(vii) Law Enforcement Purposes. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, or we may provide limited information for identification or location purposes.

(viii) Information About Deceased Individuals. We

may disclose your protected health information to coroners and medical examiners to carry out their official duties, and to funeral directors as necessary to carry out their duties to the deceased individual.

(ix) Organ, Eye, or Tissue Donation. We may disclose protected health information to organ procurement agencies for the purpose of



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facilitating organ, eye, or tissue donation or transplantation.

(x) Research Purposes. We may disclose protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

(xi) Avoidance of Serious Threat to Health or Safety. We may disclose protected health information if we believe in good faith that such disclosure is necessary to prevent or lessen a serious and immediate threat to health and safety of a person or the public.

(xii) Certain Specialized Governmental Functions. If you are Armed Forces or foreign military personnel, we may disclose your protected health information to your appropriate military command. We may disclose your protected health information to a governmental agency as authorized by the National Security Act or for the protection of the President of the United States, as required by law.

(xiii) Correctional Institutions. If you are an inmate, we may disclose your protected health information to the correctional institution or law enforcement in the course of providing care to you or the health and safety of others responsible for your custody or other inmates.

(xiv) Disclosures for Workers' Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

D. Other uses and disclosures of your protected health information will only be made with your prior written authorization. This includes, but is not limited to: (i) uses and disclosures of psychotherapy notes (if applicable); (ii) certain uses and disclosures for marketing purposes, including direct or indirect remuneration to Harbor; (iii) uses and disclosures that constitute a sale of your protected health information; and (iv) other uses and disclosures not described herein. You may revoke an authorization at any time, provided you do so in writing. We will honor such a revocation except to the extent that we had already taken action in reliance upon your prior authorization.

E. If applicable, federal regulations indicate that confidentiality of client records are protected as required by 42 C.F.R. Part 2. In

summary: (i) There are limited circumstances under which a part 2 program may acknowledge that an individual is present or disclose outside the part 2 program information identifying a person as having or had a substance use disorder; (ii) violation of federal laws and regulations by a part 2 program is a crime and suspected violations may be reported to the United States Attorney for the appropriate judicial district; (iii) an individual's commission of a crime on the premises or against agency workforce members is not protected; and (iv) reports of suspected child abuse or neglect made under state law are not protected. There are limited circumstances in which we may disclose protected health information containing SUD records without your consent: (1) medical emergencies, such as an overdose; (2) audits, or program evaluations; (3) reporting of child abuse or neglect; (4) crimes or threat of crime on our premises or against our staff; (5) disclosures to qualified service organizations that provide services such as billing or data processing; (6) court orders that strictly comply with requirements set forth in 42 C.F.R. Part 2. Except for these specifically enumerated circumstances identified herein, we may not use or disclose SUD records without your written consent or as otherwise required by 42 C.F.R. Part 2. For more information about federal regulations for a 42 C.F.R. part 2 program can be found at <https://www.ecfr.gov>

F. Consent Requirements for SUD Information. For SUD disclosures protected by 42 C.F.R. Part 2, we may not use or disclose your information unless you sign a written consent that includes the following elements: (1) name of the program permitted to disclose the information; (2) name of receiving party; (3) description of specific information to be disclosed; (4) purpose of disclosure; (5) expiration date or event; (6) a statement that you may revoke your consent at any time, unless we have already relied on it; and (7) your signature and date. Any and all SUD disclosures made with your consent will be accompanied by a statement noting that it cannot be redisclosed unless permitted by 42 C.F.R Part 2.

G. Redisdisclosure Restrictions for SUD Information. You may choose to provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. However, SUD information may not be redisclosed by the recipient of the information unless permitted by 42 C.F.R. Part 2 unless you have given written consent. Other health or mental health information may be redisclosed as permitted by HIPAA, but SUD information has great restrictions. Once your SUD information is disclosed to HIPAA covered

entity or business associate, it may be redisclosed under HIPAA unless you request a limitation by contacting Harbor's Privacy Officer(s) at: 419.475.4449.

H. Legal Requests for SUD Disclosure. SUD information will only be disclosed in response to a subpoena, warrant, court order, requests from agencies or other administrative bodies, or other legal request if it strictly complies with the requirements of 42 C.F.R. Part 2, or with your written consent. Protections for SUD information are stricter than HIPAA and will apply when other laws would otherwise permit disclosure. Further, if SUD information is requested by criminal justice agencies (probation, parole, court supervision programs, etc.) you may elect to sign a Release of Information (ROI) form that permits us to disclose your SUD information to the relevant supervising agency for the purpose of monitoring your treatment as a condition of that supervision. Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record, where required by [42 U.S.C. 290dd-2](#) and 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

I. Revocation of Written Consent. You may revoke any ROI regarding your SUD information at any time by requesting the revocation from us, unless we have already acted in reliance on the ROI. If the ROI was signed in participation with court or agency sanctioned supervision, your ability to revoke the ROI may be restricted by the supervising court or agency.

J. Other Uses of SUD Information. Other uses of your protected health information and SUD records not described herein will only be made with your prior written consent.

II. Your Individual Rights. You have the following rights under federal law with respect to your protected health information and may exercise them in the following manner:



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A. The Right to Request Restrictions on the Use of Protected Health Information. You have the right to request that we restrict the use of your protected health information. You have the right to request that we limit our disclosure of your protected health information to treatment, payment, and healthcare operations and disclosures to individuals (family members) involved in your care. Such a restriction, if agreed to by us, will not prevent permitted or required uses and disclosures of protected health information. We are not required to agree to any requested restriction. You also have the right to restrict certain disclosures to a health plan if and when you pay out of pocket and in full for the health care item or service. If we agree to a restriction and you later require emergency treatment by us, we may use the restricted record or may disclose information derived from the restricted record to a health care provider, to provide such treatment to you, provided that the health care provider is notified that they may not further use or disclose the information.

B. The Right to Receive Confidential Communications of Protected Health Information by Alternative Means. We must accommodate a reasonable written request by you to receive communications of your protected health information by alternative means (e.g., via e-mail) or at an alternative location (e.g., at your place of employment rather than at home).

C. The Right to Inspect and Copy your Medical Records. You have the right to inspect and obtain a copy from us of your protected health information in our possession, including an electronic copy of your protected health information that we maintain electronically in a designated record. We may impose a reasonable cost-based fee for the labor involved and supplies used for creating the copy of your medical records.

D. The Right to Amend Protected Health Information. You have the right to have us amend protected health information in our possession. You must make the request in writing and provide supporting reason(s) for the requested amendment. If we grant the request, we will notify you, and we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

E. The Right to Receive an Accounting of Disclosures of Protected Health Information. You have the right to obtain an accounting of

disclosures by us of your protected health information, other than for purposes of treatment, payment, and health care operations. Depending on whether your particular doctor has incorporated electronic health records into his or her medical practice, you may have the right to obtain an accounting of all disclosures of protected health information. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee. Pursuant to 42 C.F.R. 2.24, you have the right to request a list of persons to which your records have been disclosed by any intermediary listed in the accounting of disclosures provided by us, as applicable.

F. The Right to Obtain a Paper or Electronic copy of this Notice Upon Request. You have the right to receive a paper or electronic copy of this Notice upon request.

G. The Right to Opt-Out of Fundraising Communications. In the event we choose to contact you for purposes of fundraising, you will be given the opportunity to opt out of such fundraising communications.

H. The Right to Discuss this Notice with Us. You have the right to discuss the contents of this Notice with us by contacting Harbor's Privacy Officer(s) at: 419.475.4449.

J. The Right to Request and Obtain Restrictions and Disclosures. Upon request, we must provide the restrictions and disclosures requested for a patient's health plan for those services which the patient has paid in full.

III. Our Duties to Safeguard Your Protected Health Information.

A. Our Duties to You. We are required by federal law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information. We will maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information. We have the duty to mitigate any breach of privacy regarding your protected health information. In the event of any breach of privacy regarding your protected health information, the Harbor is required to notify you.

B. Privacy Notice. Harbor is required to abide by the terms of its Privacy Notice as currently in effect.

C. Complaints. You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may obtain and file a Patient Privacy Complaint with our Privacy Officer. You will not be retaliated against for filing a complaint.

D. Contact Person and Telephone Number. If you have questions and/or would like additional information, you may contact Harbor's Privacy Officer(s) at: 419.475.4449.

You also may contact the U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601.
Voice Phone: 312-886-2359.
FAX 312-886-1807.
TDD 312-353-5693.

E. Effective Date. This Privacy Notice is Effective March 12, 2026.

WE RESERVE THE RIGHT TO CHANGE THE TERMS OF OUR NOTICE OF PRIVACY PRACTICES AND TO MAKE THE NEW NOTICE PROVISIONS EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL POST THE REVISED NOTICE IN THE OFFICE AND ON OUR WEBSITE AT: www.Harbor.org AND PROVIDE YOU WITH A COPY UPON REQUEST.