

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Mad River Township is required by applicable federal and state law to maintain the privacy of your protected health information (PHI) and to provide you with notice of its legal duties and privacy practices.

I. HOW WE MAY USE & DISCLOSE YOUR HEALTH INFORMATION

We may use your health information for providing medical treatment, obtaining payment for services, and running our business, as well as for the purposes set forth in this notice or otherwise as authorized or required by law. We will restrict access to your health information to persons directly involved in those functions. Any other uses and disclosures will not be made without your written authorization, which you may revoke at any time. The law also requires your written authorization before we may use or disclose: (a) psychotherapy notes, other than for our treatment, payment, or healthcare operations purposes, (b) any PHI for our marketing purposes, or (c) any PHI as part of sale of PHI.

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

Treatment: Our paramedics and other staff directly involved in your treatment may share your PHI with hospitals, dispatch centers, or other healthcare providers as necessary for your care.

Payment: We may give your health plan or other payer your medical information to bill for services or receive payment. This includes submitting bills to insurance companies (either directly or through a third-party billing company) and performing audits and utilization reviews. We also may disclose your health information to another covered entity or healthcare provider for their payment activities.

Healthcare Operations: We may use or disclose your health information to run our business and ensure all patients receive quality services. For example, we may use your information to review our treatment procedures and evaluate staff performance. We may also disclose your health information to another healthcare provider for its healthcare operations, provided they have or had a direct relationship with your care and the PHI pertains to that relationship.

B. Other Permitted Uses and Disclosures Without Authorization

We are also permitted to use or disclose your PHI without your written authorization in situations including the following:

- For healthcare fraud and abuse detection or for activities related to compliance with the law.
- To a family member, other relative, close personal friend, or other individual involved in your care.
- To a public health authority in certain situations (such as reporting a birth, death, or disease as required by law), as part of a public health investigation, to report child or adult abuse, neglect, or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law.
- For health oversight activities including audits, government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system.
- For judicial and administrative proceedings as required by a court or administrative order, or as otherwise permitted by law in response to a subpoena or other legal process, and for law enforcement activities in limited situations.
- To avert a serious threat to the health and safety of a person or the public at large.
- For workers' compensation purposes and in compliance with workers' compensation laws.

- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law, and if you are an organ donor, to organizations that handle organ procurement or transplantation as necessary to facilitate organ donation.

C. Substance Use Disorder (SUD) Records

We may receive and maintain records related to your substance use disorder care from federally regulated programs covered by 42 C.F.R. Part 2. These "Part 2 programs" include facilities and programs that provide substance abuse services such as diagnosis, treatment, counseling, education, prevention, training, rehabilitation, or referral services. When you give a Part 2 program a general authorization allowing them to share your SUD records with us for treatment, payment, or healthcare operations purposes, we may use and disclose those records for the same treatment, payment, and healthcare operations purposes described elsewhere in this Notice. These records will be subject to the same privacy protections and patient rights as your other health information. If you give us (or another party) a specific, limited authorization for your Part 2 records, we will only use and disclose those records as your authorization specifically permits. Please be aware that SUD information disclosed to us may be redisclosed by us as allowed by applicable privacy laws. We will not use your SUD records from Part 2 programs—or testify about information in those records—in any government proceeding (civil, criminal, administrative, or legislative) against you. The only exceptions are if you authorize us in writing or a court orders disclosure after giving you notice.

II. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

A. Right to Inspect and Copy: You have the right to inspect and copy your health information that may be used to make decisions about your care. You also have the right to request we transmit your PHI to a third party. Requests for copies of your health information must be made in writing to our Privacy Officer at the address listed at the end of this Notice.

B. Right to Request Amendments: If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as we maintain the information. To request an amendment, your request must be made in writing and submitted to the Privacy Officer.

C. Right to Request Restrictions: You have the right to request a restriction or limitation on how we use or disclose PHI for treatment, payment, or healthcare operations, or to restrict the information provided to family, friends, and other individuals involved in your care. We are not required to agree to your requested restriction, except where required by law—including certain requests to restrict disclosures to a health plan when you have paid for services in full out-of-pocket. To request restrictions, you must make your request in writing to the Privacy Officer.

D. Right to Notice of a Breach of Unsecured PHI: If we discover that there has been a breach of your unsecured PHI, we will notify you about that breach by first-class mail sent to your most recent address on file. If you prefer to be notified about breaches by electronic mail, please contact our Privacy Officer to let us know this preference and to provide a valid email address to send the electronic notice.

E. Right to Request Confidential Communications: You have the right to request that we communicate with you regarding medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.

F. Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we made of your PHI for the six years before your request (or for a shorter period if you request). We will provide an accounting of those disclosures that we are required to account for under HIPAA. To request an accounting, you must submit your request in writing to the Privacy Officer.

G. Internet, Email and Right to Obtain Copy of Paper Notice: If we maintain a website, we will prominently post a copy of this Notice on the site and make it available electronically. If you allow us,

we will forward you this Notice by email instead of on paper. You may always request a paper copy of the Notice.

H. Revisions to the Notice: We are required to follow the terms of the version of this Notice currently in effect. However, we reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our website, if we maintain one. You can get a copy of the latest version of this Notice by contacting our Privacy Officer.

I. Your Legal Rights and Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with us or with the government. To submit a complaint, ask questions, or exercise any of the rights described in this Notice, please contact:

Mad River Township

260 E. Main Street P.O. Box: 395

Enon, Ohio 45323

Attn: Assistant Chief Benjamin Bear, Privacy Officer

Phone Number: 937-864-7429 Ext:103

Effective Date: February 16, 2026