

# NOTICE OF PRIVACY PRACTICES



**THIS NOTICE DESCRIBES:  
HOW HEALTH INFORMATION ABOUT YOU MAY BE  
USED & DISCLOSED; YOUR RIGHTS REGARDING YOUR  
HEALTH INFORMATION; AND HOW TO FILE A COMPLAINT  
CONCERNING A PRIVACY OR SECURITY VIOLATION OF YOUR  
HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING  
YOUR HEALTH INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

Southwest General is committed to protecting your health information and we are required by law to respect your right to privacy and to provide you with this Notice of Privacy Practices (“Notice”). This Notice explains how Southwest Community Health System, Southwest General Health Center, Southwest Community Pharmacy, and Southwest General Medical Group, Inc. (collectively “Southwest”)—including its employees, volunteers, physicians, and other health care professionals and workforce members—may use and share your health information; your rights with respect to your health information; and how to file a complaint regarding your privacy, security, and rights. Your health information may consist of paper, verbal, digital or electronic, photographs, videos or other electronic transmissions or audio recordings that identify you and that are created during your care. Your health information is protected by law for up to 50 years after death and for as long as we maintain such information. This Notice applies to members of the Southwest Medical Staff when they care for you at Southwest General Health Center but does not apply to their private medical practices. Southwest and its Medical Staff are cooperating in the protection of your health information and privacy rights, but such cooperation should not be construed to mean that the Health Center and members of its Medical Staff are the agents or representatives of the other, or in any way are responsible for each other’s actions or failure to act.

Southwest is required to follow the terms of this Notice and may update it at any time. Changes apply to all health information we maintain. Changes will be posted in patient sitting areas and on our website. You can request a paper copy of our current Notice anytime at any check-in desk or by contacting the Privacy Officer. You may also download the current Notice at [www.SWGeneral.com](http://www.SWGeneral.com).

## **I. USE AND SHARING OF YOUR HEALTH INFORMATION**

**Authorization.** Southwest may use or share your health information without your written permission, or authorization, when allowed by law and as further described in this Notice. We will not use or share your health information for other reasons—like marketing, selling your information, or sharing psychotherapy or substance use disorder counseling notes—unless you give written permission. You may revoke your authorization at any time in writing, but it will not affect actions already taken based on your original authorization.

### **Permitted Uses and Disclosures (Without Your Authorization)**

**Treatment.** We may use and share your health information within Southwest General or with other health care providers involved in your care. For example: If you are discharged from Southwest with a referral for home health care, we may share your health information with the home health care agency so they may plan your care.

**Payment.** We may use and share your health information as necessary to receive payment for the health care services we provide to you. For example, we may share limited health information with your insurance company for payment of services rendered.

**Health Care Operations.** We may use and share your health information as necessary for health care operations, such as quality assessments, training, and administrative activities.

**Confidentiality for Substance Use Disorder Patient Records.** Certain Southwest facilities, units, and staff specialize in substance use disorder (SUD) treatment (“SUD Programs”). The confidentiality of SUD Program records is protected by special federal law and regulation, in addition to HIPAA. SUD Programs may not tell anyone outside the Program that a patient attends, or attended, the Program or share any information identifying a patient as having or having had a substance use disorder except in limited circumstances as further described in this Notice. We will request a patient in our SUD Program to sign a consent for all future uses and disclosures of their identifiable health information for purposes of treatment, payment, and health care operations.

**Patient Directory.** Our hospital maintains a patient directory so we may share limited information such as a room number, or a general statement about the patient’s medical condition (good, fair, critical) with people who ask for the patient by name. You may request to be removed from the directory during registration or admission. Patients being treated for substance use disorder are excluded from the hospital directory.

**Health Information Exchange (HIE).** Southwest uses secure networks to exchange patient information with other health care providers to coordinate and promote quality of care. You may opt out of sharing your health information via the HIEs at any time, either during registration or by sending a written request to Medical Records. If you opt out, Southwest is permitted by law to obtain or share your records for treatment, payment, and operations using other methods (e.g., fax).

**SUD Program Restriction:** SUD Program records may be shared through the HIEs with written consent from the patient to share for treatment, payment, and health care operations.

**Family or Others Involved.** Unless you object, we may share relevant health information with family or others involved in your care or payment for care. We may also share necessary health information if you are facing an emergency medical situation or in the case of a public disaster if we believe sharing is in your best interest.

**SUD Program Restriction:** Information that identifies a patient as receiving substance use disorder treatment will not be shared with family or others without written consent from the patient, unless the patient is facing an emergency medical situation or in the case of a public disaster and sharing is in the best interest of the patient.

**Business Associates.** Southwest works with outside companies—called business associates—for services like billing, auditing, or helping with your care and we may share your health information with them so they may perform their services. These companies are required by law to protect your information and comply with the federal privacy rules, and we have written agreements in place that require them to follow those rules.

**SUD Program Restriction:** We will only share SUD Program records with our business associates, as necessary, with signed consent from the patient or if otherwise permitted by law. For example, with signed general consent to share for payment purposes, we will share minimum necessary information with our billing vendor to assist with processing the claims for services rendered.

**Funeral Directors/Coroners/Organ Donation Agencies.** We may share limited health information with coroners or funeral directors as allowed by law, and when needed to help with organ or tissue donation or a transplant.

**Research.** Southwest may use or share your health information for research. For example, researchers might review medical records to compare how patients respond to a certain medication. In all cases, we will either get your written permission or ensure your privacy is protected through strict rules set by an Institutional Review Board or by law.

**Philanthropic Support.** We may use or share your information to contact you as part of our charitable fundraising efforts to support Southwest general and its operations. You have the right to opt out of receiving fundraising communications. The process will be described in the communications you receive, or you may contact the Southwest Health Foundation at 440-816-6713.

**Public Health Authorities and Government Oversight Agencies.** We may share your health information with public health authorities for any purpose required by law such as reporting certain diseases, injuries, births, and deaths, and for required health investigations. We may also share your information if required by law with a government oversight agency conducting audits, licensure review, or similar activities. We may share your health information with the Food and Drug Administration or its designee, if necessary, to report such things as adverse reactions, product defects, or to participate in product recalls.

**Abuse, Neglect, and Law Enforcement.**

We may share your health information if we suspect abuse or neglect, or if required by law such as reporting certain injuries (e.g., gunshot wound), certain crimes, or if law enforcement provides a court order. There are protections for patients receiving substance use disorder treatment in a SUD Program (see Section below - Judicial and Administrative Activities).

**Judicial and Administrative Activities.** We may share your information, if required to do so by a court order or validly issued subpoena, or for any other official judicial or governmental administrative action.

**SUD Program Restriction.** Records received from our SUD Programs, or any testimony relaying the content of such records, shall not be used or disclosed in legal proceedings against the patient unless the patient provides written consent or a court order accompanied by a subpoena or other legal mandate compelling disclosure are issued after notice and an opportunity to be heard is provided to the patient or the holder of the record. These protections are designed to ensure confidentiality and encourage individuals to seek treatment without fear of legal consequences.

**Military / National Security.** We may share your health information as required by armed forces services if you are a member of the military; we may also share your information if required by law for national security or intelligence activities.

**Required By Law.** We will share necessary health information when required by law.

**For Public Health Reasons or the Safety of Others.** We may share your health information if we believe there is a serious threat to someone's health or safety—for example, to help investigate a contagious disease outbreak. We may also provide immunization records to schools when required for public health reasons.

**SUD Program Restrictions.** We can only share de-identified information related to SUD program information with public health authorities unless the patient gives written consent.

**Redisclosure Statement.** Information we disclose pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by the federal laws and regulations. However, certain recipients of SUD Program records cannot redisclose unless the patient provides written consent or the redisclosure is permitted or required under applicable privacy laws.

Redisclosure Examples: If you give written consent to share your records for a motor vehicle accident claim, the recipient may not be required to protect the records under federal privacy laws. Likewise, if you give written consent to share SUD Program information with a family member, they may redisclose the information without your consent.

## **II. RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Access to Records.** You have the right to view or request a copy of your health records—paper or electronic—or ask us to send them to someone else. A reasonable fee may apply, and we may ask for your request in writing. Submit requests to the Medical Records Department or online at [www.SWGeneral.com/Patients & Visitors](http://www.SWGeneral.com/Patients%20&%20Visitors). We will respond within 30 days. You can also access parts of your electronic health record anytime through the HealtheLife patient portal. Visit [www.SWGeneral.com](http://www.SWGeneral.com) or ask about HealtheLife during check-in or registration.

**Amendment to Records.** You have the right to request changes (amend) to your health information that you believe is inaccurate or incomplete. All requests must be in writing (signed and dated) and sent to Medical Records. The request must state the reason for the requested change. Southwest will respond in writing within 60 days. We will give each request careful consideration and if your request is denied, we will give the reason and explain your options. Download an amendment request form at [www.SWGeneral.com/Patients & Visitors](http://www.SWGeneral.com/Patients%20&%20Visitors) or contact Medical Records.

**If you choose someone to act or advocate for you.** If you have given someone medical power of attorney or a legal guardian is assigned, that person may exercise your rights and make choices about how your health information is used and disclosed. You may designate an advocate to be present during your care and to help support your comfort, emotional well-being, and communicate your preferences or concerns.

**Accounting of Disclosures.** You have the right to request a list (accounting) of certain disclosures of your health information. We will provide one accounting per year for free but may charge a reasonable cost-based fee for another one within 12 months. Submit your signed and dated written request to Medical Records.

**Restrictions on Use and Sharing.** You have the right to request we limit (restrict) how we use or share your health information for treatment, payment, or health care operations. We are not required to agree to your request, and we may deny the request if we believe it could be harmful or affect the quality of your care. You may cancel a restriction request at any time. If you, or someone other than your health plan, pays for a service or healthcare item in full out-of-pocket, you may ask us not to share your information related to this service with your health plan—and we will honor that request unless a law requires us to share the information.

**Confidential Communication.** You have the right to request we contact you in a specific way or at a certain location (e.g., home or office) or to send mail to a different address. We will honor reasonable requests. Make your request during your visit or when scheduling an appointment.

**Breach Notification.** As required by law, we will promptly notify you in writing if a breach occurs that may have compromised the privacy or security of your information.

**File a Complaint.** If you believe Southwest has violated privacy rights, you have the right to file a complaint with the Southwest Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing within 180 days of discovering a violation of your rights. We support your right to privacy and there will be no retaliation against you for filing a complaint.

**Acknowledgment.** You may be asked to sign an acknowledgment that you received this Notice of Privacy Practices.

**If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at 440-816-4719, or 18697 Bagley Road, Middleburg Hts., Ohio 44130.**

This Notice of Privacy Practices is effective February 16, 2026  
Form #163584 11/2025

## Nondiscrimination Notice

Southwest Community Health System (“Southwest”) complies with applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression.

Southwest:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your Southwest provider. If you believe that Southwest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patient Relations Department, 18697 Bagley Rd., Middleburg Heights, OH 44130, 440-816-8052. You can file a grievance in person or by mail. If you need help filing a grievance, Patient Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.