

August 29, 2017

The Honorable David W. Phillips
Union County Prosecuting Attorney
221 W. Fifth Street
Marysville, Ohio 43040

SYLLABUS:

2017-027

1. Pursuant to R.C. 2317.02(B)(2)(a), a county hospital organized under R.C. Chapter 339 is required to disclose to a law enforcement officer that requests records in accordance with R.C. 2317.02(B)(2)(a) and R.C. 2317.022 “copies of any records ... that pertain to any test ... administered to” a person “to determine the presence ... of [drugs or alcohol] in the person’s [body]” that is relevant to a criminal offense for which the person is being investigated or prosecuted, “except to the extent specifically prohibited by any law of this state or of the United States.” The disclosure of such records does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the records reveal information that constitutes a communication between a patient and a physician, advanced practice registered nurse, or dentist within the meaning of R.C. 2317.02(B)(1).
2. Pursuant to R.C. 4765.06(A), a county hospital organized under R.C. Chapter 339 that is an “emergency medical service organization,” as defined in R.C. 4765.01(H), is required to submit to the State Board of Emergency Medical, Fire, and Transportation Services “any information that the board determines is necessary for maintaining the incidence reporting system” created by the Board pursuant to R.C. 4765.06(A). The disclosure of information by a county hospital pursuant to R.C. 4765.06(A) does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the disclosed information contains a communication between a patient and a physician, advanced practice registered nurse, or dentist within the meaning of R.C. 2317.02(B)(1).



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OPINION NO. 2017-027

The Honorable David W. Phillips
Union County Prosecuting Attorney
221 W. Fifth Street
Marysville, Ohio 43040

Dear Prosecutor Phillips:

We have received your request regarding the responsibility of a county hospital organized under R.C. Chapter 339¹ to disclose the identity and condition of a patient seeking treatment for an illicit drug overdose. The physician-patient privilege set forth in R.C. 2317.02(B)(1) protects the confidentiality of communications between a patient and a physician, advanced practice registered nurse, or dentist. *See* R.C. 2317.02(B)(5)(a) (defining “communication” as used in R.C. 2317.02(B)(1)-(4)). You ask whether, in the case of a patient suffering an illicit drug overdose, a county hospital organized under R.C. Chapter 339² is required by law to disclose the

¹ R.C. 339.01(B) authorizes a board of county commissioners to “purchase, acquire, lease, appropriate, and construct a county hospital or hospital facilities thereof.” *See also* R.C. 339.01(A)(2) (defining “county hospital” to include “all of the county hospital’s branches and hospital facilities, wherever located”). A county hospital is operated by a board of county hospital trustees. *See* R.C. 339.02(B) (requiring the establishment of a board of county hospital trustees to operate a county hospital); R.C. 339.03 (authorizing a board of county hospital trustees to purchase sites for a county hospital, erect necessary buildings, install furniture, and make capital improvements); R.C. 339.06(A) (“[t]he board of county hospital trustees, upon completion of construction or leasing and equipping of a county hospital, shall assume and continue the operation of the hospital”); R.C. 339.06(B) (“[t]he board of county hospital trustees shall have the entire management and control of the county hospital”).

² R.C. 339.061 governs the administration and operation of a county hospital “based in a county that has adopted a charter under Section 3 of Article X, Ohio Constitution.” R.C. 339.061(A). Union County has not adopted a charter pursuant to Ohio Const. art. X, § 3. Therefore, we will not consider the duties and responsibilities of a charter county hospital in answering your question.

identity and condition of the patient regardless of whether this information is a privileged physician-patient “communication” within the meaning of R.C. 2317.02(B)(1).³

R.C. 2317.02(B)(1) prohibits “[a] physician, advanced practice registered nurse, or dentist” from testifying with respect to “a communication made to the physician, advanced practice registered nurse, or dentist by a patient in that relation or the advice of a physician, advanced practice registered nurse, or dentist given to a patient.”⁴ See generally *Med. Mut. of Ohio v. Schlotterer*, 122 Ohio St. 3d 181, 2009-Ohio-2496, 909 N.E.2d 1237, at ¶14 (“[m]edical records are generally privileged from disclosure under R.C. 2317.02(B)(1)”; *Hageman v. Sw. Gen. Health Ctr.*, 119 Ohio St. 3d 185, 2008-Ohio-3343, 893 N.E.2d 153, at ¶9 (“[p]hysician-patient and psychologist-patient privileges have been codified in Ohio to deny the use of such information in litigation except in certain limited circumstances”). R.C. 2317.02(B)(5)(a) defines “communication” to mean “acquiring, recording, or transmitting any information, in any manner, concerning any facts, opinions, or statements necessary to enable a physician, advanced practice registered nurse, or dentist to diagnose, treat, prescribe, or act for a patient.” R.C. 2317.02(B)(5)(a) further states that “[a] ‘communication’ may include, but is not limited to, any

³ “[T]he physician[-]patient privilege does not provide an ‘absolute protection against disclosure of medical information.’” *Evans v. Summit Behavioral Healthcare*, Franklin App. No. 15AP-241, 2016-Ohio-5857, 70 N.E.3d 1217, at ¶31 (quoting *Ward v. Summa Health Sys.*, 128 Ohio St. 3d 212, 2010-Ohio-6275, 943 N.E.2d 514, at ¶30). The protection in R.C. 2317.02(B)(1) extends only to a “communication,” as defined in R.C. 2317.02(B)(5)(a), between a patient and a physician, advanced registered nurse, or dentist. Information that “does not involve something that the patient communicated to the physician or vice versa,” is not protected by R.C. 2317.02(B)(1). *Evans*, 2016-Ohio-5857, at ¶31 (quoting *Medina v. Medina Gen. Hosp.*, Cuyahoga App. No. 96171, 2011-Ohio-3990, at ¶13).

You ask whether any law “overrides” R.C. 2317.02(B)(1) insofar as it requires a county hospital to disclose information that would otherwise be protected by the physician-patient privilege embodied in R.C. 2317.02(B)(1). The scope of this opinion is, therefore, limited to addressing whether a county hospital is required to disclose the identity and condition of a patient suffering from an illicit drug overdose only in those circumstances in which the identity and condition of the patient constitute a communication between a patient and a physician, advanced practice registered nurse, or dentist, under R.C. 2317.02(B)(1) that, absent a statute requiring the disclosure of this information, would be protected from disclosure by R.C. 2317.02(B)(1).

⁴ R.C. 2317.02(B)(1) exempts a physician, advanced registered nurse, or dentist from the mandate in R.C. 2921.22(A)(1), which states that “no person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.” See R.C. 2921.22(G)(1) (division (A) does not require the disclosure of information when “[t]he information is privileged by reason of the relationship between ... physician and patient; advanced practice registered nurse and patient”).

medical or dental, office, or hospital communication such as a record, chart, letter, memorandum, laboratory test and results, x-ray, photograph, financial statement, diagnosis, or prognosis.” *See also State v. Webb*, 70 Ohio St. 3d 325, 334, 638 N.E.2d 1023 (1994) (“[a] ‘communication’ may include ... any ... hospital communication such as a record....” Thus, information placed in hospital records by a physician is privileged” (quoting R.C. 2317.02(B)(3), predecessor to R.C. 2317.02(B)(5)(a))).

The General Assembly designed the physician-patient privilege “to create an atmosphere of confidentiality,” which, in theory, “will encourage the patient to be completely candid with his or her physician, thus enabling more complete treatment.” *Ward v. Summa Health Sys.*, 128 Ohio St. 3d 212, 2010-Ohio-6275, 943 N.E.2d 514, at ¶24 (quoting *State Med. Bd. of Ohio v. Miller*, 44 Ohio St. 3d 136, 139, 541 N.E.2d 602 (1989)). “If the patient feared that such information could be revealed by the treating doctor, [advanced practice registered nurse, or dentist], the patient might refrain from, or be inhibited from, disclosing relevant information.” *Miller*, 44 Ohio St. 3d 136 at 140 (quoting *Huzjak v. United States*, 118 F.R.D. 61, 63 (N.D. Ohio 1987)).

The confidentiality afforded physician-patient communications by R.C. 2317.02(B)(1) is not absolute. R.C. 2317.02(B)(1)(a)-(e) and R.C. 2317.02(B)(3) set forth circumstances in which a physician, advanced practice registered nurse, or dentist may testify or be compelled to testify with respect to a patient communication. *See* R.C. 2317.02(B)(1) (a physician, advanced practice registered nurse, or dentist is prohibited from testifying with respect to a protected patient communication, “except as otherwise provided in this division, division (B)(2), and division (B)(3) of this section, and except that, if the patient is deemed by [R.C. 2151.421] to have waived any testimonial privilege under this division”); R.C. 2317.02(B)(1)(a)(i)-(iii) (waiving the application of the physician-patient privilege in a civil action if a parent or guardian consents, if a spouse or executor consents on behalf of a deceased patient, or if a patient files a medical claim or other similar civil action); R.C. 2317.02(B)(1)(b) (the physician-patient privilege does not apply “[i]n any civil action concerning court-ordered treatment or services”); R.C. 2317.02(B)(1)(c) (the physician-patient privilege does not apply “[i]n any criminal action concerning any test ... that determines the presence” of drugs or alcohol in a patient’s bodily substances); R.C. 2317.02(B)(1)(d) (the physician-patient privilege does not apply in a criminal action against a physician, advanced practice registered nurse, or dentist when the patient communications are related to the action; however, measures must “be taken to ensure that the confidentiality of any patient named or otherwise identified in the [communication] is maintained”); R.C. 2317.02(B)(1)(e)(i)-(v) (the physician-patient privilege does not prohibit a physician, advanced registered nurse, or dentist from testifying in certain disputes over documents executed by a deceased patient); R.C. 2317.02(B)(3)(a) (a physician, advanced practice registered nurse, or dentist may be compelled to testify as provided in division (B)(1)(a)(iii) “only as to a communication” made to, or received by “the patient in question ... that related causally or historically to physical or mental injuries that are relevant to issues in the” civil claim); R.C. 2317.02(B)(3)(b) (“in lieu of personally testifying as to the results of [a] test” described in division (B)(1)(c), “the physician, advanced practice registered nurse, or dentist ... may submit a certified copy of those results”). Furthermore, R.C. 2317.02(B)(7)

protects a physician, advanced practice registered nurse, or dentist from civil liability arising from the disclosure of information by the practitioner to a public transportation employer regarding an employee's use of a drug of abuse. *See also* R.C. 2305.33(B) (“[a] physician is not liable in damages in a civil action for harm that allegedly is incurred by an employee as a result of the physician reporting” information “to the employer of the employee”).⁵

R.C. 2317.02(B)(2) and R.C. 2151.421 set forth circumstances in which a health care professional or health care provider is *required* to disclose information or records that otherwise may constitute confidential physician-patient communications under R.C. 2317.02(B)(1). R.C. 2151.421(A)(1)(a) requires a health care professional, as identified in R.C. 2151.421(A)(1)(b), to report to a public children services agency or a municipal or county peace officer the health care professional's knowledge or reasonable suspicion “that a child under eighteen years of age, or a person under twenty-one years of age with a developmental disability or physical impairment, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child.” The physician-patient privilege does not shield a physician from the requirement to make such a report if:

(a) The ... patient, at the time of the communication, is a child under eighteen years of age or is a person under twenty-one years of age with a developmental disability or physical impairment.

(b) The ... physician knows, or has reasonable cause to suspect based on facts that would cause a reasonable person in similar position to suspect that the ... patient has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the ... patient.

(c) The abuse or neglect does not arise out of the ... patient's attempt to have an abortion without the notification of her parents, guardian or custodian.

R.C. 2151.421(A)(3). The disclosure requirement in R.C. 2151.421 pertains to a health care professional, rather than the hospital or other health care provider that employs that professional.⁶

⁵ R.C. 2305.33(C)(2) states that “[t]his section does not impose, and shall not be construed as imposing, a duty upon a physician to make a report as described in division (B) of this section to an employer of an employee who the physician determines is using a drug of abuse.”

⁶ R.C. 4765.44(B)(1) requires emergency medical service personnel to disclose the name and address of a person who receives naloxone to a law enforcement agency upon that agency's request. *See* R.C. 4765.01(G) (defining “emergency medical service”). Similar to R.C. 2151.421, R.C. 4765.44 governs the disclosure of information by emergency medical services personnel, not an emergency medical services organization.

The disclosure requirement set forth in R.C. 2317.02(B)(2) applies to a “health care provider,” as defined in R.C. 2317.02(B)(5)(b). R.C. 2317.02(B)(5)(b) defines a “health care provider,” as used in R.C. 2317.02(B)(2), to mean “a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner.” *See also* R.C. 2317.02(B)(5)(c)(iv) (“‘[h]ospital’ has the same meaning as in [R.C. 3727.01]”); R.C. 3727.01(B)(2) (defining hospital to mean “an institution classified as a hospital under [R.C. 3701.07] in which are provided to inpatients diagnostic, medical, surgical, obstetrical, psychiatric, or rehabilitation care for a continuous period longer than twenty-four hours or a hospital operated by a health maintenance organization”). A county hospital organized under R.C. Chapter 339 is a “health care provider,” as defined in R.C. 2317.02(B)(5)(b).

R.C. 2317.02(B)(2) provides, in pertinent part:

(a) If any law enforcement officer submits a written statement to a health care provider that states that an official criminal investigation has begun regarding a specified person or that a criminal action or proceeding has been commenced against a specified person, that requests the provider to supply to the officer copies of any records ... that pertain to any test ... administered to the ... person to determine the presence ... of [drugs or alcohol] in the person’s [body] at any time relevant to the criminal offense in question, and that conforms to [R.C. 2317.022],⁷ the provider, except to the extent specifically prohibited by any law of this state or of the United States, shall supply to the officer a copy of any of the requested records the provider possesses. (Footnote added.)

Therefore, R.C. 2317.02(B)(2)(a) requires a county hospital organized under R.C. Chapter 339 to disclose to a law enforcement officer that requests records in accordance with R.C. 2317.02(B)(2)(a) and R.C. 2317.022, “copies of any records ... that pertain to any test ... administered to” a person “to determine the presence ... of [drugs or alcohol] in the person’s [body]” that is relevant to a criminal offense for which the person is being investigated or prosecuted, “except to the extent specifically prohibited by any law of this state or of the United States.” *See also State v. Little*, Auglaize App. No. 2-13-28, 2014-Ohio-4871, 23 N.E.3d 237, at ¶37 (“R.C. 2317.02(B)(2)(a) serves ... to ‘protect the health care provider from potential civil liability arising out of the release of arguably privileged information’” (quoting *City of Cleveland v. Rollins*, Cuyahoga App. No. 79614, 2002-Ohio-1087, at ¶10)).

Various federal and state laws prohibit the disclosure of certain medical information. *See, e.g.*, Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936 (1996) (HIPAA) (codified primarily in Titles 18, 26, 29, and 42 of the United States

⁷ R.C. 2317.022 sets forth the appropriate form for a request for records by a law enforcement officer under R.C. 2317.02(B)(2)(a).

Code);⁸ 42 C.F.R. Pt. 2 (2017) (restricting the disclosure and use of substance use disorder patient records); R.C. Chapter 1347 (protecting information in personal information systems); R.C. 3701.243 (regulating the disclosure of the identity of persons diagnosed with AIDS or related conditions); R.C. 3719.13 (confidentiality of reports that record the administration of a controlled substance); R.C. 5119.27 (governing the confidentiality and disclosure of records or information “pertaining to the identity, diagnosis, or treatment of any person seeking or receiving services that are maintained in connection with the performance of any drug treatment program or services licensed ... or certified by, the director of mental health and addiction services under [R.C. Chapter 5119]”); R.C. 5119.28 (governing the confidentiality and disclosure of records or reports “identifying a person and pertaining to the person’s mental health condition, assessment, provision of care, treatment, or recovery supports ... that are maintained in connection with any services certified by the department of mental health and addiction services”). R.C. 3701.243, for example, limits the disclosure of the results of HIV and AIDS-related testing and the identity of individuals on whom such tests are performed. Pursuant to R.C. 3701.243(B)(1)(h), the results of these tests or the identity of individuals on whom such tests are performed may only be disclosed to a law enforcement authority “pursuant to a search warrant or a subpoena issued by or at the request of a grand jury, a prosecuting attorney, a city director of law or similar chief legal officer of a municipal corporation, or a village solicitor, in connection with a criminal investigation or prosecution.” Accordingly, if a record subject to disclosure under R.C. 2317.02(B)(2)(a) also contains information regarding HIV or AIDS-related testing, R.C. 3701.243 prohibits the disclosure of the HIV or AIDS-related information.

A county hospital organized under R.C. Chapter 339 that is an “emergency medical service organization” as defined in R.C. 4765.01(H) also may be required to disclose information that constitutes a physician-patient communication within the meaning of R.C. 2317.02(B)(1) under the conditions set forth in R.C. 4765.06. *See* R.C. 4765.01(H) (“[e]mergency medical service organization’ means a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of [those professionals] to provide emergency medical services”); *see also* R.C. 4765.01(G) (defining “[e]mergency medical service”). R.C. 4765.06(A) states that “[t]he state board of emergency medical, fire, and transportation services shall establish an emergency medical services incidence reporting system for the collection of

⁸ Pursuant to the HIPAA Standards for Privacy of Individually Identifiable Health Information (more commonly known as the “Privacy Rule”) published by the Department of Health and Human Services under HIPAA, *see* 45 C.F.R. Pts. 160, 164 (2017), a “covered entity” may not disclose “protected health information,” except in the circumstances provided therein. 45 C.F.R. § 164.500(a) (2017); 2017 Op. Att’y Gen. No. 2017-006, at 2-46 to 2-47; *see also* 45 C.F.R. § 160.103 (2017) (defining “covered entity” and “protected health information”). “[I]t is well-settled that Ohio law is more restrictive in regard to disclosure of privileged information than HIPAA.” *Evans*, 2016-Ohio-5857, at ¶29. Therefore, “HIPAA does not preempt R.C. 2317.02(B)” or restrict the disclosure of records otherwise authorized by R.C. 2317.02(B). *Id.*; *see also May v. N. Health Facilities, Inc.*, Portage App. No. 2008-P-0054, 2009-Ohio-1442, at ¶12.

information regarding the delivery of emergency medical services in this state and the frequency at which the services are provided.” The statute requires an emergency medical service organization to “submit to the board any information that the board determines is necessary for maintaining the incidence reporting system.” *Id.* R.C. 4765.06(F) states that “[n]o provider that furnishes information to the board with respect to any patient the provider examined or treated shall, because of this furnishing, be deemed liable in damages to any person or be held to answer for betrayal of a professional confidence in the absence of willful or wanton misconduct” or “shall be liable for the misuse or improper release of the information by the board or any other person.” *See also* R.C. 4765.06(C) (prohibiting the State Board of Emergency, Medical, Fire, and Transportation Services or any employee or contractor of the Board from “mak[ing] public information it receives under [R.C. Chapter 4765] that identifies or would tend to identify a specific recipient of emergency medical services”); R.C. 4765.06(E) (requiring the State Board of Emergency, Medical, Fire, and Transportation Services to “adopt rules ... that specify procedures for ensuring the confidentiality of information that is not to be made public under this section”).

The statutes analyzed above reveal that a county hospital organized under R.C. Chapter 339 is required by law to disclose the identity and condition of a patient suffering an illicit drug overdose in two specific circumstances.⁹ The mandatory disclosure requirements imposed upon a county hospital in these circumstances apply even though the information disclosed is a privileged physician-patient “communication” within the meaning of R.C. 2317.02(B)(1). First, pursuant to R.C. 2317.02(B)(2)(a), a county hospital organized under R.C. Chapter 339 is required to disclose to a law enforcement officer that makes a request in accordance with R.C. 2317.02(B)(2)(a) and R.C. 2317.022 “copies of any records ... that pertain to any test ... administered to” a person “to determine the presence ... of [drugs or alcohol] in the person’s [body]” that is relevant to a criminal offense for which the person is being investigated or prosecuted. A county hospital’s duty to disclose records under R.C. 2317.02(B)(2)(a) is limited only “to the extent specifically prohibited by any law of this state or of the United States.” Thus, if the identity and condition of a patient suffering an illicit drug overdose is part of a record that a county hospital is required to disclose pursuant to R.C. 2317.02(B)(2)(a), a county hospital does not violate the physician-patient privilege in R.C. 2317.02(B)(1) upon the disclosure of the record.

Second, pursuant to R.C. 4765.06(A), a county hospital organized under R.C. Chapter 339 that is an “emergency medical service organization,” as defined in R.C. 4765.01(H), is

⁹ As set forth above, a county hospital also may be compelled by a court to disclose otherwise privileged communications in certain circumstances. *See, e.g.*, R.C. 2317.02(B)(3)(a) (a physician, advanced practice registered nurse, or dentist may be compelled to testify as provided in R.C. 2317.02(B)(1)(a)(iii) “only as to a communication” made to, or received by “the patient in question ... that related causally or historically to physical or mental injuries that are relevant to issues in the” civil claim). However, this opinion addresses only those circumstances in which the disclosure by a county hospital is required by statute.

required to submit to the State Board of Emergency Medical, Fire, and Transportation Services “any information that the board determines is necessary for maintaining the incidence reporting system” created by the Board pursuant to that section. If the identity and condition of a patient admitted to the county hospital for treatment of an illicit drug overdose is included in the information a county hospital is required to disclose under R.C. 4765.06(A), a county hospital does not violate the physician-patient privilege in R.C. 2317.02(B)(1) upon the disclosure of the information.

Accordingly, we conclude that pursuant to R.C. 2317.02(B)(2)(a), a county hospital organized under R.C. Chapter 339 is required to disclose to a law enforcement officer that requests records in accordance with R.C. 2317.02(B)(2)(a) and R.C. 2317.022 “copies of any records ... that pertain to any test ... administered to” a person “to determine the presence ... of [drugs or alcohol] in the person’s [body]” that is relevant to a criminal offense for which the person is being investigated or prosecuted, “except to the extent specifically prohibited by any law of this state or of the United States.” The disclosure of such records does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the records reveal information that constitutes a communication between a patient and a physician, advanced practice registered nurse, or dentist, within the meaning of R.C. 2317.02(B)(1).

We also conclude that pursuant to R.C. 4765.06(A), a county hospital organized under R.C. Chapter 339 that is an “emergency medical service organization,” as defined in R.C. 4765.01(H), is required to submit to the State Board of Emergency Medical, Fire, and Transportation Services “any information that the board determines is necessary for maintaining the incidence reporting system” created by the Board pursuant to R.C. 4765.06(A). The disclosure of information by a county hospital pursuant to R.C. 4765.06(A) does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the disclosed information contains a communication between a patient and a physician, advanced practice registered nurse, or dentist, within the meaning of R.C. 2317.02(B)(1).

Conclusions

Based on the foregoing, it is my opinion, and you are hereby advised that:

1. Pursuant to R.C. 2317.02(B)(2)(a), a county hospital organized under R.C. Chapter 339 is required to disclose to a law enforcement officer that requests records in accordance with R.C. 2317.02(B)(2)(a) and R.C. 2317.022 “copies of any records ... that pertain to any test ... administered to” a person “to determine the presence ... of [drugs or alcohol] in the person’s [body]” that is relevant to a criminal offense for which the person is being investigated or prosecuted, “except to the extent specifically prohibited by any law of this state or of the United States.” The disclosure of such records does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the records reveal information that constitutes a communication between a person and a

physician, advanced practice registered nurse, or dentist within the meaning of R.C. 2317.02(B)(1).

2. Pursuant to R.C. 4765.06(A), a county hospital organized under R.C. Chapter 339 that is an “emergency medical service organization,” as defined in R.C. 4765.01(H), is required to submit to the State Board of Emergency Medical, Fire, and Transportation Services “any information that the board determines is necessary for maintaining the incidence reporting system” created by the Board pursuant to R.C. 4765.06(A). The disclosure of information by a county hospital pursuant to R.C. 4765.06(A) does not violate the physician-patient privilege in R.C. 2317.02(B)(1) even though the disclosed information contains a communication between a patient and a physician, advanced practice registered nurse, or dentist within the meaning of R.C. 2317.02(B)(1).

Very respectfully yours,

A handwritten signature in blue ink that reads "Michael Dewine". The signature is written in a cursive, flowing style.

MICHAEL DEWINE
Ohio Attorney General