



NOTICE OF PRIVACY PRACTICES

This notice of Privacy Practices is being provided to you as a requirement of Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information, including demographic data that can be used to identify you. This health information that is created or received by your health care provider, and that related to your past, present, or future physical or mental health condition.

Uses and Disclosures of Protected Health Information Permitted Without Your Signed Authorizations:

- Our protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization or the use of disclosure is otherwise permitted by HIPAA, Privacy Regulations or State Law. Disclosure of your protected health information for the purposes described in this Notice may be made writing, orally, or facsimile.
- **Treatment** - we will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of our health care with a third party for treatment purposes. We may also use or disclose your protected health information to remind you of a scheduled appointment or to inform you of additional treatment alternatives, or to inform you of health related benefits or services that may be of benefit to you.
- **Payment** – we are allowed to transmit billing information to Medicare, or another insurance company of health care organization in order to receive reimbursement.
- **Health Care Operations** – Health care operations include such activities as (1) Quality assessment and improvement activities. (2) Training programs including those in which students, trainees, or practitioners in health care learn under supervision. (3) Accreditation, certification, licensing, or credentialing activities.
- **Legal Disclosures** – Includes court proceedings, regulatory disclosures or to Law enforcement agencies.
- **To Conduct Health Oversight Activities** – This includes activities such as audits, civil, administrative, or criminal investigations, proceedings or actions, inspections, licensure or disciplinary actions, or other information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.
- **In Connection with Judicial and Administrative Proceedings** – This includes any judicial or administrative proceedings in response to signed authorization (in a format approved by the Ohio Court Administrator).

- **To Coroners, Funeral Director, and for Organ Donations** – We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- **For Research Purposes** – This includes research that has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.
- **For Specified Government Functions** – Examples, for military activities, national security, and veteran’s activities.
- **For Workers Compensation** – The Agency may release your health information as necessary to comply with worker’s compensation law or similar programs.

Uses and Disclosures Permitted Without Authorization by With Opportunity to Object:

- We may disclose your protected health information to your family member or a close personal friend if it is **directly related to the person’s involvement in your care**, or payment related to your care.
- You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object, or we determine in the exercise of our professional judgment, that it is in your best interests for us to make a disclosure of information that is directly relevant to the person’s involvement in your care, we may disclose your protected health information as described. For your protection, the agency will request a security password from third parties, including family members, to respond to inquiries about your medical condition.

Uses and Disclosure Which You Authorize:

- Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken action in reliance upon the authorization.

Your Rights:

- **The Right to inspect and Copy Your Protected Health Information** – With few exceptions (psychotherapy notes, or when civil, criminal or administrative action may be under way) you have the right to inspect and copy your medical record. We reserve the right to charge a copying fee.
- **The Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information** - You have the right to receive correspondence of confidential information by alternative means or at an alternate location. The request must be made in writing to our Privacy Officer. In the written request, you must also provide a reason to support the requested amendments.
- **The Right to Receive an Accounting** – The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to June 1, 2011.

Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Our Duties:

- The agency is required by law to maintain the privacy of your protected health information. We must abide by the terms of this Notice or any update of this Notice. If the agency changes its Notice, a revised copy will be provided by mail or through in-person contact.

Complaints:

- You have the right to express complaints to the agency and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the agency by contacting the Privacy Officer verbally or in writing. You will not be retaliated against in any way for filing a complaint.

ATTN: Privacy Officer

1-877-892-1568