

## NOTICE OF PRIVACY PRACTICES

This Notice is effective as of September 18, 2013

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

**Our Obligation:** We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition. We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will: Post the new Notice in our showroom area. Copies of the new Notice available upon request. Please contact our Privacy Officer at **740-653-7070** to obtain a copy of our current Notice. The rest of this Notice will: Discuss how we may use and disclose medical information about you. Explain your rights with respect to medical information about you. Describe how and where you may file a privacy-related complaint. If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **740-653-7070**.

#### WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **740-653-7070**.

- 1. Treatment.** We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.
- 2. Payment.** We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.
- 3. Healthcare Operations.** We may use and disclose medical information about you to operate our business. As examples: To improve the quality of care we provide and reduce healthcare costs. Providing training programs for healthcare providers or non-healthcare professionals to help them practice or improve their skills and care. We may also disclose Protected Health Information (PHI) to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities reviewing the quality and evaluating the skills, qualifications, and performance of healthcare providers or for healthcare fraud and abuse detection or compliance.
- 4. Persons Involved in Your Care.** We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer. We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.
- 5. Required by Law.** We disclose medical information about you whenever we are required by federal, state or local law.
- 6. National Priority Uses and Disclosures.** When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities". We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law.
  - **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
  - **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
  - **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
  - **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example: investigating possible insurance fraud.
  - **Court proceedings:** We may disclose medical information about you to a court or an officer of the court.
  - **Law enforcement:** We may disclose medical information to law enforcement officials as required or permitted by law or in compliance with a court or a grand jury or administrative subpoena.
  - **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.

- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

**7. Authorizations.** Other than the uses and disclosures described above (#1-6), we only may use or disclose your medical information when you grant us your written authorization ("Your Authorization") and signed permission. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing or fill out an Authorization Revocation Form available from our privacy officer (except in very limited circumstances related to obtaining insurance coverage or to an attorney representing the other party in litigation in which you are involved.). If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action. The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

**YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

**1. Right to a Copy of This Notice.** You have a right to have a paper copy of our Notice of Privacy Practices at any time. A copy of this Notice will always be our showroom area or contact our Privacy Officer.

**2. Right of Access to Inspect and Copy.** You have the right to inspect and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. **Fee Structure is Supplied to Patients Separately** We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

**3. Right to Have Medical Information Amended.** You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

**4. Right to an Accounting of Disclosures We Have Made.** You have the right to receive an accounting of disclosures that we have made for the previous six (6) years to the date of your request. We may charge you a fee to cover the costs of preparing the accounting. **Fee Structure is Supplied to Patients Separately**

**5. Right to Request Restrictions on Uses and Disclosures.** You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if: 1) Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and, 2) The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full. Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

**6. Right to Request an Alternative Method of Contact.** You have the right to request to be contacted at a different location or by a different method.

**7. Right to Notification if a Breach of Your Medical Information Occurs.** You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information: A brief description of what happened; A description of the health information that was involved; Recommended steps you can take to protect yourself from harm; What steps we are taking in response to the breach; and, Contact procedures so you can obtain further information.

**8. Right to Opt-Out of Fundraising Communications**

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

**YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. **We will not take any action against you or change our treatment of you in any way if you file a complaint.** To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Privacy Officer: P.O. Box 184 Lancaster, Ohio 43130**

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 Toll-Free Phone: 1-(877) 696-6775: Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> Email: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)