

PRIVACY & HIPAA NOTICE

NOTICE OF PRIVACY PRACTICES

Effective Date: 11-8-2013

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 Practice is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Our Practice is required to follow the privacy practices described in this Notice. This Notice describes how our Practice has extended certain protections to your protected health information (PHI) and how, when, and why we may use and disclose your PHI. With certain exceptions, our Practice will use or disclose your PHI in the minimum necessary manner to accomplish the intended purpose of the use or disclosure. Our Practice will share PHI as is necessary to provide quality health care and receive reimbursement for those services as permitted by law.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will apply to medical information we already hold as well as new information after the change occurs. Before we make a change in our policies, we will change our notice and post a new notice in waiting areas, admissions/registration, and on our website. You may obtain the most current notice at any time from our office or on our website. The effective date is listed just below the title. You will also be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing that you have received this notice.

If you have any questions about this Notice, please contact our Practice's Privacy Officer at (440) 285-4999 Ext. 254

PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Our Practice is committed to maintaining the confidentiality of your health information. Outside of the permitted uses listed below, we will not disclose your health information without a signed authorization from you, unless the law permits or requires us to use or disclose this information without your authorization. You have the right to revoke that authorization in writing except to the extent any action has been taken in reliance on the authorization.

Our Practice may use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law, for our health care operations, except as otherwise provided herein. For Treatment: We may use or disclose health information to aid in your treatment or the coordination of your care. This may include disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment

For Payment: We may use or disclose health information to obtain payment for your health care services. For example we may disclose information for purposes of approval of reimbursement from your health plan.

For Health Care Operations: We may use or disclose health information as needed to operate and manage our business activities related to providing and managing your health care. For example, we might analyze your information to determine ways to improve our services, for audit purposes, or to our accountant or attorney.

Business Associates: It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are also required to properly safeguard the privacy of your health information.

Appointments, Services, and Fundraising Efforts: We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may contact you to support our fundraising efforts. You may opt-out of receiving any further fundraising communications from our facility by notifying our Privacy Officer in writing of your name, address, and request to be removed from our fundraising mailing and contact lists.

Family and Friends: With your approval and using our professional judgment, your health information may be disclosed to designated family, friends, and others who are directly involved in your care or in the payment for your care. If you are unavailable, incapacitated, or in an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

USES AND DISCLOSURES OF PHI IN SPECIAL CIRCUMSTANCES

We may use or disclose medical information about you without your prior authorization for several other reasons.

Subject to certain requirements, we may give out medical information about you without prior authorization for:

- public health purposes and risks
- accrediting purposes
- required abuse or neglect reporting
- health oversight audits or inspections
- research studies with limited data
- funeral arrangements
- organ donations
- worker's compensation purposes
- correctional institutions
- emergencies

We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

1. **Right to Restrict Use and Disclosure of Individual Health Information.** You have the right to request that we restrict how we use and disclose your health information. Your request must be made in writing and signed by you or your representative. Our Practice is not required to agree to your requested restrictions, except for certain disclosures described in #8 below. We cannot agree to limit uses/disclosures that are required by law. In the event we terminate a restriction we had agreed to, we will notify you of such termination. You may terminate your restriction by notifying our Privacy Officer in writing.

2. **Right to Access Individual Health Information.** You have the right to inspect and copy your health information. All such requests must be made in writing and signed by you or your representative. If you request copies, we may charge a fee for the cost of copying, postage or other related supplies, and if requested, for preparation of a summary of the requested information. You may obtain a Request for Access Form from our Privacy Officer. We will respond within 30 days unless an extension is taken. In certain circumstances, you may not be permitted access. Depending on the circumstances, you may request a review of the decision to deny access. If we deny your request, you will be given written notice that will explain the basis and your right to appeal.

3. **Right to Amend Individual Health Information.** You have the right to request that your health information be amended or corrected. All amendment requests must be made in writing, signed by you or your representative, and must state the reasons for the amendment.. We will respond within 60 days unless an extension is taken. In certain cases, we may deny your request for amendment and you will be given written notice that will explain the basis and your right to appeal, which will be appended to your health information. You may also submit a statement of disagreement and we may prepare a rebuttal that will be provided to you. If we make an

amendment, we may notify others who work with us and have copies of the un-amended record if we believe that such notification is necessary. You may obtain a Request for Amendment Form from our Privacy Officer.

4. **Right to Accounting of Disclosures of Individual Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the six years prior to the date of your request. Requests must be made in writing and signed by you or your representative. Request for Accounting Forms are available from our Privacy Officer. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting within the same twelve-month period. The right to receive this information is subject to certain exceptions, restrictions, and limitations, and will not include disclosures for treatment, payment or health care operations, or other lawful disclosures.

5. **Right to Breach Notification.** You have the right to be notified in the event there is a breach of your unsecured PHI in accordance with the law.

6. **Right to a Paper Copy.** You have the right to receive a paper copy of this or any revised Notice and/or an electronic copy by email upon request to our Practice's Privacy Officer.

7. **Right to Confidential Communications.** You have the right to request that medical information about you be communicated to you in a confidential manner, such as by sending mail to an address other than your home, or by notifying us of a specific way or location for us to use to communicate with you. Your request must be made in writing.

8. **Right to Restrict Disclosure of PHI to Health Plan.** You have the right to restrict disclosure of your PHI to your health plan if you pay for services or an item out-of-pocket and you pay for such service/item in full. If payment is refused or fails, we have the right to submit our bill to your health plan for payment after reasonable efforts to obtain payment from you have been unsuccessful.

EXERCISING YOUR RIGHTS

Making a Written Request. You must submit a written request to exercise certain rights. To obtain the proper form, please contact our Privacy Officer.

COMPLAINTS ABOUT OUR PRIVACY PRACTICES

If you believe that we may have violated your privacy rights, you may file a complaint with our Privacy Officer listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.

CONTACTING OUR PRIVACY OFFICER

If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at:

Precision Privacy Officer
150 Seventh Avenue
Suite 200
Chardon, OH 44024

Ph: (440) 285-4999 Ext. 254

Fax: (440) 286-7527, Attn: Privacy Officer.