

## HIPAA Notice of Privacy Practices

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

### **1. Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

**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 your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or your protected health information may be provided to a physician to whom you have been referred or who has referred you to us to ensure that the physician has the necessary information to diagnose or treat you. If you are incapacitated or facing an emergency medical situation we may, in your best interest, disclose limited personal health information to family or friends involved in your care without your approval.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students who see patients at our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of or to reschedule your appointment.

At times, it may be necessary to provide personal health information to outside people or organizations, such as auditing, accreditation, legal, transcription services, etc. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors and Organ donation; Research, Criminal Activity, Military Activity, National Security, Workers' Compensation, Inmates and Required Uses and Disclosures. Under the law, we must make disclosures to you, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

The following uses and disclosures of your protected health information will be made only with your written authorization: uses and disclosures for marketing purposes and disclosures that constitute a sale of your protected health information. **Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to object unless required by law.** You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **Your Rights**

Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and receive a copy of your protected health information.** Under federal law, however, you may not inspect nor are you entitled to receive a copy of the following records: information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. Requests must be in writing and signed by you or your representative. There may be a charge for copying, preparing, delivering and/or mailing your records. If the protected health information you request is maintained in one or more designated record sets electronically and if you request an electronic copy of such information as provided herein, we will provide you with access to the protected health information in the electronic form and format you request (if it is readily producible in such form or format); or, if not, in a readable and electronic form and format as agreed to by you and us.

**You have the right to request a restriction of your protected health information.** This means, you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request, except that we must agree to your request to restrict disclosure of protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or person other than the health plan on behalf of you, has paid us in full. Otherwise, if we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You may have the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** Requests must be in writing and signed by you or your representative.

We are required by law to abide by the terms of this notice as currently in effect. We have the right to change the terms of this notice at any time. Upon your written request, we will provide you with any revised notice of privacy practices and we reserve the right to apply changes to all protected health information including protected health information acquired prior to the change. You then have the right to object or withdraw as provided in this notice.

## **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

## **Change of Ownership**

In the event that Dayton Physicians Network is sold or merged with another organization, your medical record will become the property of the new owner.

This notice is effective on **January 01, 2006** and last updated **December 13, 2013**.

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required by law to notify affected individuals following a breach of unsecured protected health information. If you have any objections to the contents of this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Compliance Hotline Number (937) 280-8380.**