

As required by the PRIVACY regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the PRIVACY PRACTICES that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records concerning your IIHI that are created or retained by our practice. We reserve the right to revise or amend this notice of privacy practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

B. If you have any questions about this notice, please contact: Valerie Glosser 6275 East Broad Street Columbus, Ohio 43213 (614) 863-3222

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) in the following ways

1. Treatment. Our practice may use your IIHI to treat you. For example we may ask you to have a laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may use your IIHI to write a prescription for you, or we might disclose your IIHI to a pharmacy when we write a prescription for you. Many of the people who work for our practice- including, but not limited to, our doctors and nurses-may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents.

2. Payment. Our practice may use or disclose your IIHI in order to bill or collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.

3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the way which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice.

Optional:

4. Appointment reminders. Our practice may use and disclose IIIHI to contact you and remind you of an appointment.

Optional:

5. Treatment options. Our practice may use and disclose IIIHI to inform you of potential treatment options or alternatives.

Optional

6. Health-related benefits and services. Our practice may use and disclose IIIHI to inform you of health-related benefits or services that may be of interest to you.

Optional:

7. Release of information to family/friends. Our practice may release your IIIHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to our office for treatment. In this example, the babysitter may have access to this child's medical information.

8. Disclosure required by law. Our practice will use and disclose your IIIHI when we are required to do so by federal, state, all local law.

D. USE AND DISCLOSE OF YOUR IIIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. Public health risks. Our practice may disclose your IIIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births or deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals of a product or device that they may be using that has been recalled
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult parent (including domestic violence); however, we will only discuss this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities. Our practice may disclose IIIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and terminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in the lawsuit or similar proceedings. We may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release IIHI if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if we are unable to obtain a person's agreement
- concerning a death we believe has resulted from criminal conduct
- regarding criminal conduct at our offices
- in response to a warrant, summons, court order, subpoena, or similar legal process
- to identify/locate a suspect, material witness, fugitive, or missing person
- in an emergency, to report as crime (including the location or victims of the crime, or the description, identity, or location of the perpetrator)

Optional:

5. Deceased patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directions to perform their jobs.

Optional:

6. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtained the written or oral agreement of a researcher; (i) that the information being sought is necessary for the research study; (ii) the used or disclosure of your IIHI is being used only for the research and (iii) the research will not remove any of your IIHI from our practice; or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees to either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

7. Serious threats to health or safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health or safety or the health and safety of another individual or the public. Under these circumstances we will only make disclosure to a person or organization able to help prevent the threat.

8. Military. Our practice may disclose IIHI if you're a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.

9. National security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

10. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. Workers compensation. Our practice may release your IIHI for workers compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential communication. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must write a written request to Valerie Glosser, Office Manager, 6275 East Broad St. Columbus, Ohio 43213 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however if we do not agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI you must make your request in writing to Valerie Glosser, Office Manager, 6275 East Broad St. Columbus, Ohio 43213. Your request must describe in clear and concise fashion:

- (a) The information you wish to be restricted;
- (b) Whether you are requesting to limit our practice's use, disclosure of both; and
- (c) To whom you want the limits to apply

3. Inspection and copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical record and billing records, but not including psychotherapy notes. You must submit your request in writing to Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213 in order to inspect and /or to obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and /or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and a reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purpose. Use of your IIHI as a part of the routine patient care in our practice is not required to be documented. For example, the doctor shares the information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an "accounting disclosure", you must submit your request in writing to Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213. All requests for an "accounting disclosure" must state a time period, which may not be longer than 8 years from the date of disclosure and may not include dates before April 14, 2003. The first list you request with in a 12 month period is free of charge, but our practice may charge you for additional lists within the same twelve-month period. Our practice will notify you of the cost involved with additional requests, and you may withdraw your requests before you incur any costs.

6. The right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213.

7. The right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health Services. To file a complaint with our practice, contact Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. The right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at anytime in writing. After you revoke your authorization, we will no longer use or disclose PHI for the reasons described in the authorization. Please note, we are required to retain records for your care.

Again if you have any questions regarding this notice or health information privacy policies please contact Valerie Glosser, Office Manager 6275 East Broad St. Columbus, Ohio 43213 or call (614) 863-3222.