

Internal Medicine of Blue Ash
9330 Kenwood Road
Cincinnati, Ohio 45242
513-891-5900

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Rule created as a result of the Health Information Insurance Portability and Accountability Act of 1996 (HIPAA)

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

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health and related health care services. In conducting our business, we will create records regarding you and the treatment and services we provide to you. PHI may include medical records, financial records, and any other records in the practice's designated record sets that are used to make decisions about patients. This Notice of Privacy Practice describes how we may use and disclose this information to carry out our treatment, payment, or health care operations and for other purposes that are permitted or required by law.

B. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Your protected health information may be used and disclosed by our providers, 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 practice, and any other use required by law.

The following categories describe ways in which we may use and disclose your PHI:

1. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We may also disclose PHI to other health care providers involved with your treatment. This includes referrals to other providers who require this information to diagnose and/or treat you. In

addition, we may ask you to have laboratory tests (such as blood and urine tests), and we may utilize these results in your treatment. We might use and disclose your PHI to a pharmacy when we order a prescription for you. We may also release your PHI to hospitals or other facilities for the purpose of outpatient test scheduling and to third party payers for the purpose of obtaining referrals or pre-authorizations for treatment.

2. Payment: We will make uses and discloses of your PHI to obtain payment for your health care services. For instance, we may forward this information to your insurance company or to the person(s) responsible for your payment. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations: We may use or disclose your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to quality assessment activities, employee review activities, training of students, licensing, and conduction or arranging for other business activities. For example, a sign-in sheet may be used at the registration desk. We may call you by name in the waiting room. We may use or disclose your protected health information to contact you by phone, answering machine, or mail to remind you of your appointment. Our practice may release your PHI to a friend or family member that is involved in your care. If you are unable to object or agree to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We will also use and disclose your PHI when we are required to do so by federal, state, or local law.

You may give us written authorization to use your PHI or disclose it to anyone for any purpose. If this authorization is provided to our practice, you may revoke it in writing at any time except to the extent that your provider has taken an action in reliance on the use or disclosure indicated in the authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in affect. Without your written authorization, we will not disclose your health care information except as described in this notice.

C. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION IN SPECIAL CIRCUMSTANCES.

The following categories describe unique circumstances when we may use or disclose your protected health information:

1. Public Health Risks: By law, we may be authorized to release your PHI to public health authorities for the purpose of:
 - a) maintaining vital records, such as deaths
 - b) reporting potential or actual abuse or neglect to appropriate government agencies
 - c) notifying others regarding potential exposure to communicable disease

- d) reporting adverse reactions to drugs or products
- e) notifying individuals if a product they may be using has been recalled
- f) notifying your employer under limited circumstances related to workplace injury or illness or medical surveillance
- g) releasing PHI to coroners and/or funeral directors consistent with the law
- h) Preventing a serious threat to your health or safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to the person/organization able to prevent the threat.

D. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

The following are statements of your rights regarding your protected health information:

1. Right to inspect and/or copy PHI: Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to protected health information. You must make a request in writing submitted to the Practice Manager at the above address (p.1) to access your PHI. Contact the Practice Manager at the above phone number (p.1) for an explanation of our fee structure for copying records.
2. Right to amend PHI: You may request to amend your health information if you believe it is incorrect or incomplete for as long as the information is kept by or for our practice. To request an amendment, submit it in writing with reasons that support your request. Send the submission to the address listed on page one. Reasons we may deny your request include, but are not limited to, the following: it was not submitted in writing, the questioned information was not created by our practice, and/or it is not part of the PHI which you would be permitted to inspect and copy.
3. Right to complain: If you believe your privacy rights have been violated, you have the right to file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer, Internal Medicine of Blue Ash, 9330 Kenwood Road, Cincinnati, OH 45242 (513-891-5900). You will not be penalized for filing a complaint.
4. Right to request restrictions on use and disclosure of PHI: You may request us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. Additionally, you may request that we restrict our disclosure of your PHI to only certain individuals involved in your care. The written request must be submitted to Privacy Officer, Internal

Medicine of Blue Ash, 9330 Kenwood Road, Cincinnati, OH 45242. It must include the information to be restricted and to whom the limits apply. Our practice is not required to agree to a restriction that you may request. If the practice believes it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. You then have the right to use another provider.

5. Right to alternate communications: 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 make a written request to the Privacy Officer, Internal Medicine of Blue Ash, 9330 Kenwood Road, Cincinnati, OH 45242 (513-891-5900). We will accommodate your request if it is reasonable and specifies the alternative means or location.

6. Right to obtain a paper copy of the Notice of Privacy Practices

We reserve the right to change the terms of this notice and will inform you by posting it at the registration desk. You then have the right to object or withdraw as provided in this notice.

This notice became effective on April 14, 2003.

If further assistance is needed or questions arise, contact the practice at 513-891-5900.