

OHTC Health Care System, PLLC

PRIVACY POLICIES

Effective Date: April 14, 2003

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

YOUR PRIVATE HEALTH INFORMATION (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnosis, treatment and future care. Your medical record is the physical property of the CLINIC, but you have certain rights to restrict some of the uses or disclosures of the information in your medical record. The CLINIC, however, has the right to use and disclose the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular healthcare operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating health care professionals
- Medical research
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

Protecting your privacy and maintaining the security of your health information is an important responsibility of this CLINIC. This CLINIC is required by law to maintain privacy and confidentiality of your health information, provide you with this *Notice of Privacy Practices*, notify you of your rights to restrict use of this information, notify you if the CLINIC is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice.

I understand that as part of my healthcare, OHTC Health Care System, PLLC originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

A. EXAMPLES OF DISCLOSURE OF YOUR PHI

- **Healthcare delivery and treatment:**
information obtained from you by a physician, nurse, acupuncturist or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition(s). This information may be provided to other healthcare professionals, such as other physicians, acupuncturists, specialists, physical therapists, hospital based providers and/or other healthcare providers following your treatment by this CLINIC.
- **Billing and payment:**
You PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payers and other third party administrators.
- **Other healthcare operations:**
The CLINIC may disclose your PHI to other individuals and businesses in order for the CLINIC to perform its day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for credentialing and peer review, patient satisfaction surveys, utilization review/utilization management, billing and claims management, medical research, disease management, and quality improvement initiatives, as well as management services organizations, laboratories, free standing diagnostic facilities and legal counsel. The CLINIC requires all its business associates to agree to appropriately protect the confidentiality of your PHI.
- **Reminders and Treatment:**
The CLINIC may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, the CLINIC may contact you (or instruct a specialist physician to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to suggest alternative treatment, or to provide you with information on treatments you are already receiving.
- **Other Uses and Disclosures:**
The CLINIC may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health, and funeral directors. In addition, the CLINIC may disclose your PHI through other communications and reports required to

be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, organ procurement organizations, correctional institutions, and workers compensation, where applicable. Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that the CLINIC has already taken action in reliance on your prior authorization.

B. YOUR RIGHTS CONCERNING PHI

Except as otherwise provided by law, you have the right to:

- C.** receive a paper copy of this *Notice of Privacy Practices* if you have agreed to receive it electronically.
- D.** receive confidential communications of PHI if a request is submitted to the CLINIC in writing;
- E.** inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;
- F.** as the CLINIC to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (the CLINIC is not required to change the information if it deems it to be accurate);
- G.** receive an accounting of disclosures of PHI (a list of the disclosures made by the CLINIC about you for reasons other than for treatment, payment or health care operations); and
- H.** request that the CLINIC restrict uses or disclosures of you PHI. Though the CLINIC is not required to agree to a restriction, to the extent that it does agree with your request, the CLINIC may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law.

The CLINIC is required by law to abide by the terms of this *Notice of Privacy Practices*, allow you to review this *Notice* prior to granting consent, and notify you of changes/revisions to this *Notice*. If you believe your privacy rights have been violated, you may submit a written complaint to the CLINIC or the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. The CLINIC will not retaliate against you in any way for filing a complaint with the CLINIC, or with the Secretary.

For further information regarding PHI, please contact the Privacy Officer listed on **Patient's Consent Regarding Use and Disclosure of Health Information**.