

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.

Our practice is dedicated to maintaining the privacy of your health information. 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 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.

Who Will Follow this Notice

This notice describes the practices of:

- Dayton Physicians Network, including all sites and locations around the greater Dayton area
- Any health care professional authorized to enter information into your medical record maintained by Dayton Physicians Network.
- Any persons or companies with whom Dayton Physicians Network contracts for services to help operate our practice and who have access to your medical information.

All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

Uses and Disclosures of Protected Health Information

The following categories describe the different ways in which we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

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 or disclosure 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. Many of the people who work for our practice, including, but not limited to, our physicians, nurses and nurse practitioners, may use or disclose your protected health information in order to treat you or to assist others in your treatment. We may also disclose your medical information to other health care providers, such as our collaborative physicians, hospital personnel, and staff of laboratory and diagnostic facilities for purposes related to your treatment. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or 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.
- **Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services. 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 also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items and communicate with you regarding such bills or other financial arrangements. We may disclose your medical information to other health care providers and entities for their payment activities concerning you.
- **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 for purposes of auditing, accreditation, legal services,

transcription services, etc. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

We are allowed or required to share your information in other ways without an authorization— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. These situations include:

- **Required By Law:** We may share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law, with the Food and Drug Administration to meet legal requirements, and to report communicable diseases as required by state law.
- **Public Health and Safety:** We may use and disclose protected health information to help prevent or control disease, injury or disability, report births and deaths, assist with product recalls, report adverse reactions to medications or problems with medical products, report suspected abuse, neglect or domestic violence, and prevent or reduce a serious and imminent threat to yours or anyone else's health or safety.
- **Legal Proceedings:** We can share health information about you in response to a court or administrative order, or in response to a discovery request, subpoena, or other lawful process by someone involved in a civil 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.
- **Coroners and Funeral Directors:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Research:** We can share protected health information for purposes of conducting health research in certain limited circumstances or where all identifying information has been removed from the information.
- **Workers' Compensation, Law Enforcement, and Other Government Functions:** We can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official as permitted by state and federal law; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Family, Friends and Disaster Relief.** We may release protected health information about you to a friend or family member who is involved in your health care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

Other uses and disclosures not covered by this notice or the laws that apply to us will be made only with your written authorization. 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. If you provide your written authorization for a use or disclosure of your protected health information, you may revoke your authorization at any time, in writing. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. However, you understand that we are unable to reverse any uses or disclosures of protected health information your physician or the physician's practice has made in reliance on such authorization, and that we are required to retain our records of the care that we provided to you.

Your Rights

Following is a statement of your rights with respect to your protected health information. If you have questions about how to exercise any of these rights, please contact us as provided below

- **You have the right to appoint a representative.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **You have the right to inspect and receive a copy of your protected health information.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. 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 reasonable, cost-based fee 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. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **You have the right to request a restriction on the use or disclosure 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. 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 can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.
- **You have the right to obtain a paper copy of this notice from us,** upon request, at any time, even if you have agreed to accept this notice alternatively i.e. electronically. We will provide you with a paper copy promptly.
- **You have the right to request your physician amend your protected health information.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We are not required to agree to your request, but if we deny your request, we will tell you why in writing. 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.** You can ask for an accounting of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting within a 12-month period for free but will charge a reasonable, cost-based fee if you ask for another one within such 12-month period. Requests must be in writing and signed by you or your representative.

Changes to this Notice

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. The revised notice will also be available in our office and on our website. We reserve the right to apply changes to all protected health information including protected health information acquired prior to the change or acquired in the future.

Complaints

You may complain to us or to the Secretary of the Department 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.** You may request more information about HIPAA or file a complaint with the Secretary of the Department of Health and Human Services by contacting the Office of Civil Rights at 1-877-696-6775 (toll free).

This notice is effective on **January 01, 2006** and last updated **September 18, 2018.**

We are required by law to maintain the privacy and security of protected health information, and to 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 that compromises the privacy or security of such 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 1-855-449-0548.