



Formerly Hayden Run Internal Medicine
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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. It has been effective since our doors opened on April 14, 2003, and applies to all protected health information contained in your health records maintained by us. We have the following duties regarding the maintenance, use and disclosure of your health records:

1. We are required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of our legal duties and privacy practices with respect to that information.
2. We are required to abide by the terms of this Notice currently in effect.
3. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office

There are a number of situations in which we may use or disclose to other persons or entities your confidential health information. Certain uses and disclosures will require you to sign an acknowledgment that you received this Notice of Privacy Practices. These include treatment, payment, and healthcare operations. Any use or disclosure of your protected health information requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your acknowledgment or authorization. Under any circumstance, we will use or disclose only minimum amount of information necessary from your medical records to accomplish the intended purpose of disclosure.

We will attempt, in good faith, to obtain your signed acknowledgment that you received this Notice to use and disclose your confidential medical information for the following purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided appropriate consent.

Treatment: We will use your health information to make decisions about the provision, coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your health information with another health care provider whom we need to consult with respect to your care. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case. In addition, we may disclose your protected health information from time-to-time to another physician or healthcare provider who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.

Payment: We may need to use or disclose information in your health record to obtain reimbursement from you, your health insurance company, or from another insurer for our services rendered to you. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be used to billing, claims management and collection purposes, and related healthcare data processing through our system.

Healthcare Operations: Your health records may be used in our business planning and development operations, including improvements in our methods of operation, and general administrative functions. We may also use the information in our

overall compliance planning, healthcare review activities, and arranging for legal and auditing functions. We will share your protected health information with third party 'business associates' that will perform various activities; such as billing, transcription services, ect. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

There are certain circumstances under which we may use or disclose your health information without first obtaining your acknowledgment or authorization. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial, and administrative proceedings and in the even of death. Specifically, we may be required to report to certain agencies, such as the Health Department, concerning certain communicable diseases, sexually transmitted diseases or HIV/ AIDS status. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so. We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. You should be aware that we utilize an 'open adjusting room' in which several people may be adjusted at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your health information to others; however, complete privacy may not be possible in this setting. If you would prefer to be adjusted in a private room, please let us know and we will do our best to accommodate your wishes.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object 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 may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the deliver of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your health information to treat you.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of a substantial communication barrier and we determine, using our best professional judgment, that you intend to consent to use or disclosure under the circumstances.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority, that is permitted by law, to collect or receive the information. The disclose will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elderly abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government agencies that oversee the health care system, governmental benefit programs, other governmental regulatory programs and civil rights laws.

Food and Drug Administrations: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Processing: We may disclose your protected health information in the course of any judicial or administrative

processing, in response to an order of a court of law or administrative tribunal (to an extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1. Legal processes and otherwise required by law, 2. limited information requests for identification and locations purposes, 3. pertaining to victims of a crime, 4. suspicion that death has occurred as a result of criminal conduct, 5. in the event that a crime occurs on the premises of the practice, and 6. medical emergency (not on the practice premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner to perform other duties authorized by law. We may disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their appropriate duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat or the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, We may disclose your protected health information of individuals who are Armed Forces personnel; 1. for activities deemed necessary by appropriate military command authorities; 2. for the purpose of a determination by the Department of Veteran Affairs of your eligibility of benefits, or 3. to foreign military authority if you are a member of that foreign military services. We may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Workers' Compensation: We may disclose your protected health information to as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may disclose your protected health information, if you an inmate, of a correctional facility and your provider created or received your protected health information in the course of providing care to you.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/ AIDS or sexually transmitted diseases that may be contained by your health records. We likewise will not disclose your health record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

You have certain rights regarding your health record information, as follows:

- You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regards to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.
- You have a right to request receipt of confidential communications of your medical information by an alternative

means or at an alternative location. If you require such an accommodation you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

- You have the right to inspect, copy and request amendments to your health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or explanation or summary of the information.
- All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this Notice, must be made in writing and addressed to the Privacy Officer at our address. We will respond to your request in a timely fashion.
- You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an authorization, disclosure incidental to another permissible use or disclosures, and otherwise as allowed by law. We will not charge you for the first accounting in an twelve-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same twelve-month period.
- If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice and to take one home with you, if you wish.

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights, with respect to confidential information in your health records, have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us,) or the person designated by the U.S. Department of Health and Human Services, if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site: <http://www.hhs.gov/ocr/hipaa>.

All questions concerning this Notice or requests made pursuant to it should be addressed to:

Privacy Officer at Grandview Primary Care
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