

## 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, and maintain it with your important health papers.**

The terms of this Notice of Privacy Practices apply to the physician office practice of **Mid-Ohio Heart Clinic**. The members of this physician office practice will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to their personal health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. Should we make any revisions to this Notice, you will receive a new Notice on the next occasion that you receive services from Mid-Ohio Heart Clinic. A copy of the Notice may be requested any time at the Mid-Ohio Heart Clinic office, from our website ([www.midohioheart.com](http://www.midohioheart.com)), or by mailing a request to Mid-Ohio Heart Clinic, 680 Park Avenue West, Mansfield, OH 44906; Attention: Practice Administrator.

### USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

#### Authorization

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization at any time. You must revoke the authorization in writing. Revoking authorization does not apply to information used or disclosed by us prior to receipt of your written notice revoking authorization.

#### Uses and Disclosures for Treatment

We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, and other services. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. For instance, if you are referred to another physician / specialist, we may release your personal health information to that practitioner.

#### Uses and Disclosures for Payment

We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals that have treated you or provided services to you. For instance, we may forward information regarding your medical treatment to your insurance company to obtain approval and arrange payment for the services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment for services you received. We may disclose your information to others who have provided care to you for their billing purposes as well.

#### Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, business management, accreditation, licensing, and other matters. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another

health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

### **Family and Friends Involved In Your Care**

We may from time to time disclose limited personal health information to designated family members who are involved in your care or in payment of your care. This is to help that person in caring for you or in arranging payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, we may determine that a limited disclosure may be in your best interest. In this case, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

### **Business Associates**

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, and other services. At times it may be necessary for us to provide certain parts of your personal health information to one or more of these outside persons or organizations to assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

### **Fundraising**

We may contact you to donate to a fundraising effort for or on our behalf. You have the right to “opt-out” of receiving fundraising materials/communications and may do so by sending your name and address to Mid-Ohio Heart Clinic, 680 Park Avenue West, Mansfield, OH 44906; Attention: Practice Administrator together with a statement that you do not wish to receive fundraising materials or communications from us.

### **Appointments and Services**

We may contact you to provide appointment reminders, test results, information about treatment alternatives, or other health related benefits and services that may be of interest to you. You have the right to request that we communicate with you by an alternative method or at an alternate location. We will try to accommodate such requests if it is within our capability to do so. For example, you may wish appointment reminders and other messages to not be left on message machines/voicemail, but rather be called to an alternate phone number, or sent to an alternate address. You must request such confidential communication in writing and send your request to Mid-Ohio Heart Clinic, 680 Park Avenue West, Mansfield, OH 44906; Attention: Practice Administrator.

### **Health Products and Services**

We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

### **Research**

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research and that limit their use and disclosure of patient information.

## **Other Uses and Disclosures**

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. We may release your personal health information:

- For any purpose required by law, such as reporting of criminal activities, warning of a threat, etc.;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect abuse or neglect of a child or elder, or if we believe you to be a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer. In most cases, you will be requested to authorize information to be disclosed to your employer;
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.
- If required to do so by a court or administrative order.
- To law enforcement officials as required by law to report wounds and injuries and crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange an authorized organ or tissue donation from you or a transplant for you;
- In limited portions for certain research purposes, which such research is approved by an Institutional Review Board with established rules to ensure privacy, including clinical registries and databases;
- If you are member of the military as required by armed forces services. We may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information, billing information, contact information and demographic information to others who have provided care for you.

## **RIGHTS THAT YOU HAVE**

### **Access to Your Personal Health Information**

You have the right to review and/or obtain a copy of much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your appropriately designated representative. We may also charge you a specified amount per page if you request a copy of the information. We may also charge for postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request such summary.

### **Amendments to Your Personal Health Information**

You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your appropriately designated representative, and must state the reason(s) for the amendment/correction request. If we make the requested changes, we may also notify others who work with us and have copies of the uncorrected record, if we believe that such notification is necessary.

## **Accounting for Disclosures of Your Personal Health Information**

You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your appropriately designated representative. The first accounting in any 12-month period is free. You may be charged a fee for each subsequent accounting you request within the same 12-month period.

## **Restrictions on Use and Disclosure of Your Personal Health Information**

You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. This request must be made in writing. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

## **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with us. You may also file a complaint with governmental authorities in writing within 180 days of a violation of your rights. There will be no retaliation in response for filing a complaint. Although complaints must be filed in writing, you may contact them by telephone if you so choose.

Regional Office for Civil Rights — U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240, Chicago, IL, 60601  
Voice Phone (312) 886-2359; FAX (312) 886-1807; TDD (312) 353-5693

## **Acknowledgment of Receipt of Notice**

You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

## **For Further Information**

If you have questions or need further assistance regarding this Notice, you may contact us at Mid-Ohio Heart Clinic, 680 Park Avenue West, Mansfield, OH 44906; Attention: Practice Administrator.

## **EFFECTIVE DATE**

**This Notice of Privacy Practices is effective April 14, 2003.** Mid-Ohio Heart Clinic reserves the right to change the notice at any time a substantive change is made to policies and procedures, and to make revisions to policies and procedures with minimal impact on the contents of this notice without changing the notice.