

Notice of Privacy Practices

Ohio Valley Head & Neck Surgery

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 AND ACKNOWLEDGE RECEIPT BY YOUR SIGNATURE AT THE END OF THE NOTICE.

If you have any questions about this notice, please contact Heather Gentner, Privacy Officer.

The terms of this Notice of Privacy Practices, are effective September 1, 2007. This office will share patient health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. This office is required by law to maintain the privacy of our patients' health information and to provide patients with this Notice of Privacy Practices. This office will abide by the terms of this Notice so long as it remains in effect and we reserve the right to change the terms of the Notice of Privacy Practices as necessary. A copy of any revised notices will be available in this office, or upon request to Heather Gentner, 1860 State Road, Suite A, Cuyahoga Falls, Ohio 44223, a copy may be mailed to your address maintained on file.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

This office is committed to maintain the confidentiality of your health information. However, your health information may be used and disclosed as customary and reasonable for purposes of treatment, payment, and health care operations and pursuant to a signed authorization form. You have the right to revoke that authorization in writing unless any action has been taken in reliance on the authorization.

Treatment, Payment, and Health Care Operations: This office will use and disclose your health information for purposes of treatment, payment and as otherwise necessary and permitted by law, for our health care operations. Health care operations include, but are not limited to, clinical improvement, professional peer review, business management, and accreditation and licensing. This may include disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment, or for the purposes of approval of reimbursement from your health plan.

Business Associates: At times, it may be necessary for us to provide your health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, billing services, legal services, etc. These business associates are required to properly safeguard the privacy of your health information.

Family and Friends: With your approval and using our professional judgment, your health information may be disclosed to designated family, friends and others who are directly involved in your care or in payment of your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

Appointments and Services: This office may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your health information from us by alternative means or at alternative locations. You may request such confidential communication in writing and may send your request to Heather Gentner.

Other uses and disclosures of your individual health information, permitted or required by law, may be made without your consent or authorization:

Use and disclosure of your health information

1. for any purpose required by law;
2. for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
3. as required by law if we suspect child abuse or neglect; we may also release your individual health information as required by law if we believe you are a victim of abuse, neglect, or domestic violence;
4. if necessary, to the Food and Drug Administration;

5. to your employer when we provided health care to you at the request of your employer;
6. if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
7. if required by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
8. to law enforcement officials;
9. to coroners and/or funeral directors consistent with the law;
10. if necessary to arrange an organ or tissue donation transplant;
11. if you are a member of the military as required by armed forces services; we may also release your individual health information if necessary for national security or intelligence activities; and
12. To workers' compensations agencies.

YOUR RIGHTS

1. **Restrictions on Use and Disclosure of Individual Health Information.** You have the right to request restriction on some of our uses and disclosures of your health information. These restrictions must be made in writing and signed by you or your representative. This office is not required to agree to your restrictions. 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 by sending such termination notice to Heather Gentner, Privacy Officer, 1860 State Road, Suite A, Cuyahoga Falls, Ohio 44223.
2. **Access to Individual Health Information.** You have the right to inspect and copy your health information maintained by this office. All requests for access must be made in writing and signed by you or your representative. In certain circumstances, you may not be permitted access (e.g. psychotherapy notes, information compiled for legal action or information subject to prohibition by law). Depending on the circumstances, you may request a review of the decision to deny access. Please contact, Heather Gentner, Privacy Officer, for questions about access to your health information.
3. **Amendments to Individual Health Information.** You have the right to request in writing that your health information maintained by this office be amended or corrected. In certain cases, we may deny your request for amendment. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an appointment, we may also notify others who work with us and have copies of the un-amended record if we believe that such notification is necessary. You may obtain an amendment request form from, Heather Gentner, Privacy Officer. If we deny your request, you may submit a statement of disagreement to us and we may prepare a rebuttal that will be provided to you. These materials may be distributed in future requests to review your health information. Please contact Heather Gentner, Privacy Officer, for questions about amendments to your health information.
4. **Accounting for Disclosures of Individual Health Information.** You have the right to receive an accounting of certain disclosures made by us of your health information after September 1, 2007. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Heather Gentner, Privacy Officer. The first accounting in any 12 month period is free; you will be charged a fee of \$25 for each subsequent accounting you request within the same twelve month period. The right to receive this information is subject to certain exceptions, restrictions and limitations.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Heather Gentner, Privacy Officer. You may also file a complaint with the Secretary of the US Department of Health and Human Services in Washington DC in writing. There will be no retaliation for filing a complaint

Additional Information:

If you have any questions or need additional assistance regarding this Notice, you may contact Heather Gentner, Privacy Officer, 1860 State Road, Suite A, Cuyahoga Falls, Ohio 44223

PATIENT SIGNATURE: _____

AUTHORIZED REPRESENTATIVE (TITLE);

Date: _____