



NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE CAREFULLY. OUR OFFICE WILL REQUIRE YOU TO ACKNOWLEDGE THAT YOU UNDERSTAND AND HAVE REVIEWED THIS PRIVACY POLICY,

THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION MAY AND CAN BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. Internal Medicine Physicians will release medical chart information, as necessary or as requested, to make sure you receive quality healthcare and to receive reimbursement for those services. This office is required by law to maintain privacy for our patient's health and personal information and to provide you, our patient, with this notice. This office will follow your instructions as to the release of any health and demographic information in your medical chart.

HOW WE MIGHT USE AND DISCLOSE MEDICAL INFORMATION

For Treatment. We will use medical information about you to provide medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in taking care of you. For example, we would disclose your health information, as necessary, to a home health agency that provides care to you. We may also disclose medical information about you to a physician to whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.

For Health Operations. We will use and disclose medical information about you for our operations. These uses and disclosures are necessary to run our office and ensure all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. We may also call you by name in the waiting room when your physician is ready to see you.

For Treatment Alternatives. We might use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. If necessary, we will use and disclose medical information about you to facilitate organ and tissue donation.

For Payment. We will use and disclose medical information about you so that treatment and services we provide may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment we provide so your health plan will pay us or reimburse you for the treatment.

For Business Associates. We contract with business associates to provide some services. Examples may include medical billing and collection services. When these services are contracted, we may/will disclose your health information so they may perform the job we have asked them to do. To protect your health information however, we require the business associate to appropriately safeguard your information. Other outside entities could include an insurance request for information to process your claim or for risk management purposes. This will consist of either a copy of your chart being forwarded or a representative of such company personally reviewing your chart.

Also:

To achieve continued or concurrent care, (whether hospital or another physician), as deemed necessary by your physician at Internal Medicine Physicians. In case of emergency and you are unable to communicate with your physician, this information could be released without your permission to family and friends who are involved in your medical care.

Appointment reminders or change of appointment utilizing a letter or a phone call, (leaving a message on your answering machine or voice mail, if applicable).

When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

As required by law when required to do so by federal, state or local law. This would include, but not be limited to, Worker's Compensation and public health information.

Transfer of records to another physician for your continued care. If you choose to leave our practice, we will require a Release of Information, signed and dated by you. Appropriate fees for transfer of records must be collected from you.

YOU HAVE RIGHTS REGARDING THIS INFORMATION

- You have the right to place restrictions on the release of this information. Such restrictions must be made in writing, signed and dated by you. This request must be sent to the attention of the Practice Manager.

- Termination of this agreement is also your right and written notice of such can be forwarded to the Practice Manager.

- You have the right to inspect your medical chart and obtain a copy of such chart that is securely kept in the office. A charge of \$15.00 must be paid at this time.

- You have the right to make amendments to you chart by written request to this office. Such amendments will be treated as an addendum to your medical chart and not as a replacement entry.

- You have the right to expect and ask for an accounting of the release of your information.

BREACH OF UNSECURED HEALTH INFORMATION

If the security officer determines there has been a breach of unsecured PHI, Internal Medicine Physicians is required to notify you of the breach.

VIOLATIONS OF YOUR PRIVACY RIGHTS

If you feel that your rights have been violated, you may file a complaint with the Practice Manager, 1401 South Arch St Alliance, OH 44601. Phone 330-821-3244.

You may file a complaint with the Secretary of the United States Department of Health and Human Services in Washington D.C.

Internal Medicine Physicians WILL ENDEAVOR TO MAINTAIN THE CONFIDENTIALITY OF YOUR MEDICAL INFORMATION IN EVERY SITUATION AS PER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) WHICH WENT INTO EFFECT 4/13/03. **9014**