

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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 PLEDGE REGARDING MEDICAL INFORMATION:** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the office, whether made by office personnel or your personal doctor.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

**Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are involved in taking care of you. Different departments of the office also may share medical information about you in coordinating the different things you need, such as prescriptions, lab work and x-rays. Also, we may disclose medical information about you to people outside the office who may be involved in your medical care, such as family members, laboratories, referring doctors, clergy or others.

**Payment** - We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may tell your health plan about a treatment you are going to receive to determine whether your plan will approve and cover the treatment.

**Health Care Operations** - We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Appointment Reminders** - We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care.

**Treatment Alternatives** - We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Rated Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care** - We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**Research** - Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities or to the Department of Veterans Affairs upon your separation or discharge from military services.

**Workers' Compensation** - We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** - We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person at risk for contracting or spreading a disease after exposure;
- To report abuse, neglect or domestic violence with your permission or when required or authorized by law.

**Health Oversight Activities** - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

**Law Enforcement** - We may release medical information if asked to do so by a law-enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the office;
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to Inspect and Copy** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Steven Scheffel, Chief Operating Officer, 4746 Montgomery Road, Suite 202, Cincinnati, OH 45212. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies related to your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial.

**Right to Amend** - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office. To request an amendment, your request must be made in writing and you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for the office;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

**Right to an Accounting of Disclosures** - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for reasons other than those stated above. To request this list, you must submit your request in writing. Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period

will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request.

**Right to Request Restrictions** - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, disclosure about a surgery that you had.) We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by mail. You must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice** - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact Steven Scheffel, Chief Operating Officer, 4746 Montgomery Road, Suite 202, Cincinnati, OH 45212. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written consent. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered in your request. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

I have received the Privacy Practices Notice that includes the rights and responsibilities of both Cincinnati GI and myself as it pertains to confidentiality of medical information.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_