

# HEALTH ONE, INC.

## Notice: Health One, Inc. HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU OR YOUR CHILD(REN) MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.*

**Protected Health Information** that is subject of this Notice is information that is created or received by Health One, Inc.. and related to the past, present, or future physical or mental health, or condition of a patient; the provision of health care to a patient; or the past, present or future payment for the provision of health care to a patient and that identifies the patient or for which there is a realistic basis to believe the information can be used to identify the patient. Protected health information includes information of persons living or deceased.

### TABLE OF CONTENTS

A. How This Medical Practice May Use or Disclose Your Health Information.....	p.1
B. When This Medical Practice May Not Use or Disclose Your Health Information.....	p.2
C. Your Health Information Rights.....	p.3
D. Changes to this Notice of Privacy Practices.....	p.4
E. Complaints .....	p.4

#### A. How This Medical Practice May Use or Disclose Your Health Information

This medical practice collects health information about your child(ren) and stores it in a chart and on a computer in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your child(ren)'s health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your child(ren)'s medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** We use and disclose medical information about your child(ren) to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about your child(ren) to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and

abuse detection and compliance programs and business planning and management. We may also share your child(ren)'s medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your child(ren)'s protected health information. We may also share this information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Sign In Sheet.** We may use and disclose medical information about your child(ren) by having you sign in when you arrive at our office. We may also call out your child(ren)'s name when we are ready to see you.
6. **Notification and Communication With Family.** We may disclose your child(ren)'s health information to notify or assist in notifying a family member, your personal representative or another person responsible for your child(ren)'s care about location, general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your child(ren)'s care or helps pay for your child(ren)'s care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. **Sale of Health Information.** We will not sell your child(ren)'s health information without your prior written authorization. The authorization will disclose that we will receive compensation for your child(ren)'s health information if you authorize us to sell it, and we will stop any future sales of your child(ren)'s information to the extent that you revoke that authorization.
8. **Required by Law.** As required by law, we will use and disclose your child(ren)'s health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
9. **Public Health.** We may, and are sometimes required by law, to disclose your child(ren)'s health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected abuse we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place your child(ren)'s at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
10. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your child(ren)'s health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
11. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your child(ren)'s health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about your child(ren) in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
12. **Law Enforcement.** We may, and are sometimes required by law, to disclose your child(ren)'s health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
13. **Public Safety.** We may, and are sometimes required by law, to disclose your child(ren)'s health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. **Proof of Immunization.** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
15. **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
16. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your child(ren)'s health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
17. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

## **B. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Health Information Rights**

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your child(ren)'s health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your child(ren)'s health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your child(ren)'s health information, with limited exceptions. To access your child(ren)'s medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child(ren)'s records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.
4. **Right to Amend or Supplement.** You have a right to request that we amend your child(ren)'s health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and

communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your child(ren)'s health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

**D. Changes to this Notice of Privacy Practices.** We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

**E. Complaints.** Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer's , Doug Turner or Jade Schorr.

If you believe your privacy rights have been violated, you can file a complaint with the practice by writing the Office Manager at 4079B Gantz Road, Grove City, Ohio 43123; (614) 875-3444. . If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to Office for Civil Rights, DHHS, 233 N. Michigan Ave. - Suite 240, Chicago, IL 60601. No one will attempt to retaliate against you for filing a complaint.

For more information about this notice, please contact the Office Manager at 4079B Gantz Road, Grove City, Ohio 43123; (614) 875-3444.

Effective date: 09/23/2003 Revised: 03/13/2006, 01/29/2006, 08/15/2011, 05/21/12, 09/01/13, 7/02/2018

- Yes  No I have reviewed this notice and believe I understand my right to privacy.
- Yes  No The office can leave messages on my answering machine related to the care of my child(ren).
- Yes  No I understand that I have the right to revoke this authorization, in writing, at any time.
- Yes  No I understand that treatment for services will not be conditioned on whether I sign this authorization.
- Yes  No I understand that information used or disclosed pursuant to this authorization may be disclosed by the listed recipient(s) and may no longer be protected by federal or state law.

Name: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For (Minor Children)	DOB	Names of Individuals who may discuss the Health of my child(ren) in the office or by phone.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____