

HealthSource of Ohio Notice of Privacy Practices

This Notice describes how PHI (Protected Health Information) about you maybe used and disclosed by HealthSource of Ohio and how you can get access to this information. We are required by law to give you this Notice and to follow the terms of the Notice which is currently in effect. Please review it carefully.

Who gets this Notice?

You, as a HealthSource patient, will receive this Notice. Since HealthSource of Ohio provides health care to our patients in partnership with physicians, other healthcare providers and organizations, they will receive this Notice.

Can HSO change the Notice?

We may change our Notice and our policies; before we make a significant change in our policies, we will change this Notice and post it in waiting areas, exam rooms, and on our web site. A new Notice will be effective on the date listed under the title and will apply to PHI we already hold and to new information after the effective date. You will be offered a copy of the current Notice each time you register at one of our facilities for treatment. You will also be asked to acknowledge in writing that you have received our Notice.

Who must follow the policies listed in this Notice?

The information about our privacy practices will be followed by:

- All healthcare professionals who treat you at each of our offices; including physicians, dentists, nurses, nurse practitioners, physician assistants, and counselors/social workers
- All departments and divisions or units of our organization, including dental offices and pre-natal services
- All employed and contracted staff and volunteers in our organization
- Any business associate or partner with whom we share health information

Our pledge to you

We understand that PHI about you is personal. We are committed to protecting this information. We create a record of the care and services you receive to make sure you receive quality healthcare and to comply with legal requirements. This Notice applies to all records of your care that we keep at our offices, listed in this Notice. Special requirements may apply to certain types of records or diagnoses. Your personal doctor may have some different policies or notices regarding your particular treatment.

How we may use and disclose your medical information:

1. Treatment, payment, and operations:

Treatment: We may use and disclose PHI about you to treat you at HSO or, for example, to send information about you to a facility/specialist as part of a referral for your care. **Payment:** We may disclose your information to obtain payment for treatment, such as billing your insurance company or Medicare/Medicaid. **Operations:** We may use and disclose your information for HSO operations, such as scheduling appointments, quality review and improvement activities, business management, and administrative activities.

2. Without your authorization:

- a. We may use and disclose information about you for public health purposes, to report abuse/neglect, organ donation and funeral arrangements, workers compensation purposes and emergencies.
- b. We also disclose information about you to government agencies authorized to oversee the delivery of healthcare services, a government program or its contractors, or when required by law, such as in response to certain judicial or administrative orders and in specific situations to law enforcement.
- c. We may use your PHI to contact you for appointment reminders, to let you know about possible treatment options or alternatives or health-related benefits or services that may be of interest to you and for limited research purposes.

- d. We may use certain information (name, address, age, DOB, gender, insurance status, treatment dates, treating physician, and outcome information) to contact you for the purpose of raising money for HSO and The HSO Foundation to expand and improve the services and programs we provide to the community. You will have the right to opt out of receiving such requests with each solicitation. Your decision to opt out will have no impact on your treatment or payment for services at HSO.

- e. In emergencies and when you cannot communicate with us, we will use and disclose necessary healthcare information to an individual involved in your healthcare, (family member, friend), using our professional judgment. We may also use and disclose your PHI to a public/private disaster relief organization to assist in relief efforts.

3. With your authorization:

- a. Most uses and disclosures of psychotherapy notes and mental health/behavioral health records require your written authorization.
- b. We will not use or disclose your PHI for marketing purposes unless we have your written authorization.
- c. We will not sell your PHI unless we have your written authorization.

4. In any other situation not covered by this Notice, we will not use or disclose your PHI unless we have your written authorization.

Your rights regarding your PHI

1. You have the right to look at or get a copy of your PHI, in most situations, when you give us a written request. We may charge a fee for the cost of copying and mailing the records. If we deny your request, you may request a review of that decision in writing.
2. You have the right to a paper copy of this Notice if it was sent to you electronically.
3. You have the right to request that HSO correct your PHI if you believe that your record is incorrect or if important information is missing by submitting a written request. If we deny your request, for example, because the record is accurate, you may appeal that decision in writing.
4. You have the right to receive a list of occasions where we have disclosed your PHI, by contacting our Privacy Officer. We will charge a reason able fee for requests made more than once a year.
5. You have the right to request that PHI about you be communicated in a confidential manner, such as at another address, by notifying us in writing of the specific way or location.
6. You have the right to request in writing that we not disclose your PHI for treatment, payment, or operations purposes but we are not required to agree to your request unless your request pertains to payment or operations information to your health plan for health care items or services you have fully paid for out of pocket. We will inform you of our decision if you make such a request.
7. You will be notified if a breach of your unsecured PHI occurs.

Questions and complaints

1. If you have a question, disagree with a decision we made about your PHI or are concerned that your privacy rights may have been violated, please contact our Privacy Officer at HealthSource of Ohio, 424 Wards Corner Rd. Suite 200, Loveland, OH 45140. You may also contact the Practice Manager at the office where you were seen (a list of offices can be found at www.healthsourceofohio.org).
2. You may file a complaint with the United States Dept. of Health and Human Services Office of Civil Rights; our Privacy Officer can provide you with the address.

You will not be penalized or retaliated against for filing a complaint.

