

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice, please contact the Privacy Officer at 419-626-6161.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Northern Ohio Medical Specialists (“NOMS”) is committed to protecting medical information about you. This Notice describes NOMS’ privacy practices and that of all its units.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. 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; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For 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 or other personnel who are involved in taking care of you. For example, our doctors treating you for an orthopedic injury may ask your primary care doctor (NOMS or otherwise) about your overall health condition.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at NOMS may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at NOMS so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for NOMS operations. These uses and disclosures are necessary to run NOMS 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. We may also disclose information to doctors, nurses, technicians and other NOMS personnel for review and learning purposes. We may also combine the medical information we have with medical information from hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

Appointment Reminders. We may use and disclose medical information to contact you (i.e., by phone, leaving a message on an answering machine, leaving a message with an individual, or by mail) as a reminder that you have an appointment for treatment or medical care at NOMS or in order to assist in scheduling an appointment.

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-Related 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.

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.

Research. We may use or disclose your medical information for health research.

For special purposes. We may disclose medical information about you for special purposes as permitted or required by law, including the following:

Community/ Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics.

Administrative oversight for such things as audits, investigations, licensure, or determining cause of death.

Court Order or other legal processes related to law enforcement activities including custody of inmates, legal actions, or national security activities.

Military and Veteran reporting on members of the armed forces of U.S. or foreign military as required by military command authorities.

Organ and Tissue Donation and Transplant reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.

Workers’ Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.

Law Enforcement if asked to do so by a law enforcement official:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For instance, in these cases we never share your information unless you give us written authorization: marketing purposes, sale of your information, and most sharing of psychotherapy notes.

If you provide us an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

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. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

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 add a statement. To request an amendment, your request must be made in writing and submitted to Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870. In addition, you must provide a reason that supports your request.

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. To request this list or accounting of disclosures, you must submit your request in writing to Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870. Your request must state a time period, which 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. For additional lists, we may charge you for the costs of providing the list.

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. **We are not required by federal regulation to agree to your request.** However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. To request restrictions, you must make your request in writing to Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870. We will not ask you the reason for your request.

Right to 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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 NOMS. In addition, the next time you register at NOMS for treatment or health care services, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with NOMS or with the Secretary of the Department of Health and Human Services. To file a complaint with NOMS, you must submit your complaint in writing to: Privacy Officer, Northern Ohio Medical Specialists, at 3004 Hayes Avenue, Sandusky, OH 44870. If you wish to discuss your complaint, you may call the Privacy Officer at (419) 626-6161. **You will not be penalized in any way for filing a complaint.**