

NOTICE OF PRIVACY PRACTICES

OF

MILLTOWN FAMILY PHYSICIANS, INC

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION(PHI).

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information(PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your protected health information
- Your privacy rights in your protected health information
- Our obligations concerning the use and disclosure of your protected health information

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Milltown Family Physicians, Inc.
HIPAA Privacy Officer
Milltown Family Physician, Inc.
128 E. Milltown Rd., Suite 105
Wooster, OH 44691
330-345-8060

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS.

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We will also disclose PHI to other physicians, health care providers, hospitals and facilities that are involved in providing or coordinating your Treatment. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice-including, but not limited to, our doctors, and nurses may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We will state our office name and leave a message reminding you of your appointment date and time.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Release of Information to Family/Friend.** Our practice may release your PHI to a spouse, family member or friend that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the physician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

D. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION, AS PERMITTED OR REQUIRED BY FEDERAL AND OHIO LAW

The following categories describe unique scenarios in which we may use or disclose your protected health information, without a written Authorization, as permitted or required by Federal or Ohio law.

1. **Workers' Compensation.** For example, Ohio law may require us to Disclose Protected Health Information, without a separate Authorization, when an employee files a Worker's Compensation Claim or seeks benefits under other State programs.
2. **Public Health Agencies.** We also may be required under Ohio law to Disclose Protected Health Information to public health agencies for the purpose of controlling disease, injury or disability.

Similarly, Ohio Law requires us to report certain infectious or communicable diseases and to report to public agencies in cases of suspected abuse or neglect.

3. **FDA and OSHA.** Certain Federal laws, such as those governing the Food and Drug Administration and the Occupational Safety and Health Administration, may require us to report adverse events, product problems, and biological product deviations, so that safety precautions, including product recalls and notification campaigns, can be conducted effectively.
4. **Regulatory Agencies.** Certain Ohio and Federal governmental regulatory agencies may require us to Disclose Protected Health Information. The Office of Civil Rights for the Department of Health and Human Services may need information in connection with its investigation of Privacy Rule violations. The Office of the Inspector General for the Department of Health and Human Services also may need information to monitor compliance with health care programs, including Medicare and Medicaid. The Ohio Department of Insurance may audit information to protect against insurance fraud.
5. **National Security.** When appropriate conditions apply, we may be required by the government to Disclose information concerning individuals in the Armed Forces or for National Security purposes.
6. **Coroner and Funeral Directors.** We may disclose Protected Health Information to the Coroner to enable the performance of official duties authorized by law. We also may disclose Protected Health Information to enable a funeral director to perform legally authorized responsibilities.
7. **Subpoena and Court Order.** We may Disclose Protected Health Information in response to a Federal or Ohio subpoena or court order, according to the requirements under the law.
8. **Law Enforcement.** We may Disclose Protected Health Information, according to applicable legal requirements, to law enforcement officials, when that information is: (1) limited to identification purposes; (2) pertinent to victims of crimes; (3) involves a suspicion that injury or death has occurred because of criminal conduct; (4) pertinent to a criminal investigation; (5) necessary to prevent or lessen the imminent threat to the health or safety of a person or the public, or (6) is otherwise required by law.
9. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

E. OUR PRIVACY PRACTICES FOR CONTACTING YOU

On occasion, we may contact you for the purpose of scheduling or reminding you of an appointment, providing you with test results, or informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may contact you by mail at your home address (or at another address that you specify), or we may call your home (or at another telephone number that your specify).

If we contact you by mail, we will address the card or envelop to you. Any test results or other Protected Health Information will be contained in a sealed envelope.

If we contact you by phone, we simply will identify our office and ask to speak with you. If you are not available, we will leave a message with the person answering the telephone for you to call us. We will give a telephone number, but will not disclose any details. If you have an answering machine, we will identify our office and telephone number with a message for you to return our call, but we will not disclose any details. **Please let us know if you do not want us to leave any messages on your answering machine.**

F. YOUR RIGHTS UNDER THE PRIVACY RULE AND OUR PRIVACY PRACTICES

Your rights under HIPAA's Privacy Rule and our Privacy Practices are very important to us. We want you to understand your rights, and how we may respond to your requests. If you have any questions or need further clarification, please contact our Privacy Officer.

1. **Confidential Communication.** You have the right to request and receive from us confidential communications of Protected Health Information by alternative means or at alternative locations. Our general policy is to contact you by mail or by telephone at your home address or telephone number. You have the right to request that we communicate with you confidentially by alternative means or at alternative locations. You must make a written request to Milltown Family Physicians, Inc., Privacy Office, 330-345-8060 for further information, specifying the requested method of contact, or the location where you wish to be contacted. Our policy is to honor all **reasonable** requests. If we cannot honor your request, we will inform you of that.
2. **Requesting Restrictions.** You may request that we restrict certain Uses or Disclosures of your Protected Health Information by completing the **Request for Restriction form**.

This request may involve certain restrictions in connection with Treatment, Payment or Health Care Operations. It also may involve a request that we do not discuss Protected Health Information with family members, friends, or others who are involved in caring for you.

HIPAA's Privacy Rule gives all physicians the right to deny patient requests for restricted Use or Disclosure of Protected Health Information.

3. **Inspection and Copies of Protected Health Information.** You have the right generally to access, inspect and obtain a copy of your own Protected Health Information that our office maintains.

There are some exceptions under the Privacy Rule. For example, you do not have the right to inspect or copy psychotherapy notes or information compiled in anticipation of (or use in) civil, criminal or administrative proceedings. Your right also may not extend to information covered by other laws or information obtained from someone other than another health care provider, based on a promise of confidentiality.

We may also deny access if, in our judgement, it could endanger the life or safety of you or another.

You may request access to your Protected Health Information by completing the **Request for Access form** and presenting or sending it to us.

Our practice will consider all requests according to our legal responsibilities under the Privacy Rule. We generally will act on your request within 30 days from the time we receive the completed form. In some circumstances, it may take more than 30 days in which case we will notify you and will act on your request as soon thereafter as reasonably possible.

If we are able to grant your request, we will contact you to set up an appointment for you to inspect your Protected Health Information and request a copy of that information. You may not make changes in the original record.

Under the Privacy Rule, we may charge you copying costs (supplies and labor) and postage. Our charge for copying records is \$15 for up to 25 pages and \$1.00 per page there after.

4. **Amendment.** You may make a request to amend your Protected Health Information by completing the **Request for Correction/Amendment form**.

We will respond to your request within 60 days from the time we receive your completed form. We will honor your request if Protected Health information is incorrect or incomplete. We may

not, under the HIPAA Privacy Rule, amend your Protected Health Information if it is not part of the Designated Record Set or if the information is accurate and complete.

For example, if your record mistakenly indicates that you've received Treatment for a fracture for a fracture of the right arm when, in fact, your treatment was for a sprain of your left leg, clearly that information should be amended. If however, you want to delete a reference contained in the history that you told the doctor you were feeling "depressed," it would not be appropriate to delete that reference from the Protected Health Information, because it accurately reflected the information you gave the doctor.

5. **Accounting of Disclosures.** You have a right to receive an Accounting of Disclosures that we have made to others of your Protected Health Information. This right is limited and does not require us to provide you with an Accounting of Disclosures made for: (1) Treatment, Payment and Health Care Operations purposes; (2) Disclosures made to you or your legal representative on your behalf; (3) Disclosures made in accordance with a written Authorization that you signed; or (4) Disclosures made before April 14, 2003.

To request an Accounting, please complete the **Request for an Accounting** form.

6. **Right to File a Complaint.** We are committed to safeguarding your Protected Health Information. Despite our good faith efforts, questions, concerns and misunderstandings may arise.

If you have a concern or believe that we may have violated your Privacy rights, we encourage you to bring that to our attention. You may do so by filling out a complaint form. You either may sign the form, or you may submit it to us confidentially. You also may voice your concern by calling our Privacy Officer, at 330-345-8060. Again, it is your choice whether you want to identify yourself.

We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake, we will do what we can to correct it and take steps to prevent such mistakes in the future. If we did not make a mistake, we will provide you with an explanation (unless you expressed the concern anonymously). We will make every effort to get back to you within 30 days.

Under no circumstances will we "retaliate" against you for expressing a concern or filing a complaint relating to your Privacy rights.

You also have the right to contact the DHHS Secretary if you believe your privacy rights have been violated.

Again, if you have any questions regarding this notice of our health information privacy policies, please contact:

Milltown Family Physicians, Inc.
Privacy Office
330-345-8060

MILLTOWN FAMILY PHYSICIANS, INC

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PATIENT ACKNOWLEDGEMENT FORM

Your privacy, including the confidentiality of your health information, is very important to us. Additionally, Federal law prohibits the unauthorized release of certain medical and health information. Before our office can use your Protected Health Information for treatment, payment and health care operations, you must acknowledge that you have received a copy of our Notice of Privacy Practices informing you how our office may use and disclose your Protected Health Information.

You should carefully read our Notice of Privacy Practices to understand how we take steps to protect the privacy and confidentiality of your Protected Health Information. Federal law gives you certain rights regarding the use and disclosure of your Protected Health Information. These rights include: (1) the right to request that we restrict how your Protected Health Information can be used or disclosed for treatment, payment, or health care operations; (2) the right to receive confidential communications of your Protected Health Information, if applicable; (3) the right to inspect and copy your Protected Health Information; (4) the right to amend your Protected Health Information; and (5) the right to receive an accounting of the disclosures of your Protected Health Information.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices concerning the use and disclosure of your Protected Health Information.

Print Name of Patient/Legal Representative

Signature

Date