

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.

Your Rights. You have the right to:

- Get an electronic or paper copy of your medical record
- Ask us to amend your medical record
- Request confidential communication so that we contact you in a certain way to protect your privacy
- Ask us to limit what health information about you we use or disclose
- Get a list of those to whom we've disclosed your health information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices. You may choose to limit the way that we use and disclose your health information in these circumstances:

- How we tell family and friends about your condition
- Providing disaster relief
- Including you in a hospital directory where we list your name as a patient in the hospital
- Providing mental health care
- Marketing our services and selling your health information with your written permission
- Fundraising

Our Uses and Disclosures. We may use and disclose your health information as we:

- Treat you
- Run our organization
- Bill for services
- Help with public health and safety issues
- Conduct research
- Follow laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a cost-based fee for the copy.
- You can ask to get a copy of your medical record by completing the Authorization for Release of Medical Information form and mailing it to Ohio Plastic and Reconstructive Surgery LLC, 112 Morey Dr., Marysville, OH 43040.

Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can make a request for an amendment by completing the Request for Amendment to Medical Record form and mailing it our office.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- If you make a request for confidential communications, then you must complete the Request for Confidential Communications form and mail it to our office.

Special notice on email

- The Health System recognizes that patients may prefer email as a way to communicate with us.
- Please be aware that information sent using email may not be secure. There is a possibility that information about you may be intercepted and read by other people. We will ask your permission before using unsecure email to communicate with you about your health care that involves your health information.
- If you give us your email address, we may email you information about our products and services, tips about healthy living or when we open a new location.
- Patients also ask us if they can email their providers about their health care. Whenever possible, we prefer that patients use the online secure patient charting portal (Healow) to securely communicate with health care providers because of the inherent risk that email communications are unsecure.

Ask us to limit what we use or disclose

- You can ask us not to use or disclose certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to disclose that health information to your health insurer. We will say “yes” unless a law requires us to disclose that health information.
- You can make a request for a restriction by completing the Request for Restriction of Access to Protected Health Information form and mailing it to our office.

Get a list of those to whom we’ve disclosed your health information

- You can ask for a list of the times we’ve disclosed your health information for six years before the date you ask, to whom we disclosed it and why.
- We will include all the times disclosed except for those about treatment, payment and health care operations, and certain others, such as any you asked us to make. We’ll provide one list per year for free. However, we will charge a cost-based fee if you ask for another one within 12 months.
- You can request a list of disclosed health information by completing the Request for an Accounting of Disclosures form and mailing it to our office.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney or legal guardianship, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Your Choices. For certain health information, you can tell us your choices about what we disclose. If you have a clear preference for how we disclose your health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Disclose health information to your family, close friends or others involved in your care
- Disclose health information in a disaster relief situation
- Include your health information in a hospital directory if you are a patient in the hospital

If you are not able to tell us your preference, for example, if you are unconscious, we may disclose your health information if we believe it is in your best interest. We may also disclose your health information when needed to lessen a serious and imminent threat to the health or safety of others.

In these cases, we never disclose your health information unless you give us written permission to do so:

- Marketing purposes as described in the HIPAA regulations
- Sale of your information to others
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising activities. However, you will be given the chance to stop receiving these contacts.

Our Uses and Disclosures. How do we typically use or disclose your health information? We typically use or disclose your health information in these ways:

To treat you: We can use your health information and disclose it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization: We can use and disclose your health information to run our health system, improve your care and contact you when needed. Example: We use health information about you to manage your treatment and services.

To bill for services: We can use and disclose your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or disclose your health information? We are allowed or required to disclose your health information for other reasons such as such public health, research and as allowed by law. For more information, visit : www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- Help with public health and safety issues: We can disclose health information about you for certain situations to prevent disease; help with product recalls; report adverse reactions to medicines; report suspected abuse, neglect or domestic violence; and prevent or reduce a serious threat to anyone's health or safety.
- Research: We may use your health information for research. Before we use or disclose any of your health information for research purposes in a way that could identify you, the research project will be subject to an extensive review and approval process.
- Comply with the law: We will disclose health information about you if state or federal laws require it.
- Respond to organ and tissue donation requests: By law, we can disclose health information about you to organ procurement organizations.
- Work with a medical examiner or funeral director: By law, we can disclose health information to a coroner, medical examiner or funeral director when an individual dies.

- Address workers' compensation, law enforcement and other government requests: By law, we can use or disclose health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies; and for special government functions such as military, national security and presidential protective services.
- Respond to lawsuits and legal actions: We can disclose health information about you in response to a court or administrative order. Under certain federal and Ohio laws, some requests may require a hearing and court order for the disclosure of any health information.
- Health Information Exchange: We may take part in one or more health information exchanges (HIEs) and may electronically disclose your health information for treatment, payment and health care operations purposes with other health care providers in the HIEs. HIEs allow all of your health care providers to access and use your health information needed for treatment and other lawful purposes. Based on state law requirements and depending on the HIE, you may be asked to "opt in" or you may be able to "opt out."

Our responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and offer to give you a copy of it.
- We will not use or disclose your health 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.
- For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Other instructions for notice

- Effective date: The effective date of this notice is 11/1/2021.
- This notice applies to: Ohio Plastic and Reconstructive Surgery LLC.
- eClinicalWorks - Healow: You may get electronic access to your own health information through Healow. Healow is an online service hosted by eClinicalWorks that allows you another option to access your health information.
- Privacy Officials: If you have questions about privacy, please contact our office at 937-209-3100.

File a complaint if you believe your privacy rights have been violated

You can complain by contacting us if you feel we have violated your rights. Any complaints can be made in writing or by phone to our office location:

- 112 Morey Dr., Marysville, OH 43040

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW, Washington, D.C. 20201, calling 877-696-6775 or visiting [hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint).

We will not take action against you for filing a complaint.



PLEASE SIGN THIS FORM TO ACKNOWLEDGE THAT WE HAVE PROVIDED YOU WITH A COPY OF THE OHIO PLASTIC AND RECONSTRUCTIVE SURGERY NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices describes your rights in regard to your health information, the possible uses of your health information, and how we must protect the confidentiality of your health information.

THIS IS NOT A CONSENT

BY SIGNING THIS DOCUMENT, YOU ARE ONLY STATING THAT WE HAVE PROVIDED YOU WITH A COPY OF OUR NOTICE OF PRIVACY PRACTICES. IF YOU WISH TO RECEIVE A COPY OF THIS FORM, ASK THE REGISTRATION/ ADMITTING STAFF MEMBER WHO IS ASSISTING YOU.

We encourage you to carefully read the full Notice. You may also access our Notice of Privacy Practices on our website, www.ohioprs.com. This website is also listed on the Notice.

I have been given Ohio Plastic and Reconstructive Surgery Notice of Privacy Practices:

Signature: _____ Date: _____

Authorized Agent: _____ Date: _____

Documentation of Attempt:

SUMMARY OF THE NOTICE OF PRIVACY PRACTICES

NOTE: THIS INFORMATION IS DESCRIBED IN DETAIL IN THE NOTICE OF PRIVACY PRACTICES

Your rights include:

- A right to inspect and copy your medical information
- A right to amend your health information
- A right to request restrictions on what information we use or how we disclose your health information
- A right to receive an accounting of certain disclosures we have made of your health information
- A right to receive a paper copy of our Notice of Privacy Practices

These rights do have special restrictions, so it is important to read the full Notice.

Possible uses of your health information and/or records:

- Plan for your care
- Help your health care providers communicate and work together to care for you
- Submit bills to pay for your care
- Help health care payors make sure services were actually provided
- Help improve the quality of health care. For example, if you are admitted to our facility, a Hospital Representative may visit you during your stay to see how you are doing. Or, after your visit, we may contact you to see how you are doing and to find out how you felt about our service.
- Disclose information to certain officials or organizations where we may, or are required to do so by law.