



**Notice of Privacy Practices for
Ohio Ear Institute
Original Effective Date 2/1/07**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At the Ohio Ear Institute (OEI) we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective immediately and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit OEI, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, may serve as a:

- ◆ Basis for planning your care and treatment
- ◆ Means of communication among the many health professionals who contribute to your care
- ◆ Legal document describing the care you received
- ◆ Means by which you or a third-party payer can verify that services billed were actually provided
- ◆ A source of information for public health officials charged with improving the health of this state and nation
- ◆ A source of data for our planning and marketing
- ◆ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of OEI, the information belongs to you. You have a right to:

- ◆ Obtain a paper copy of this notice of information practices upon request
- ◆ Inspect and copy your health record
- ◆ Amend your health record
- ◆ Obtain an accounting of disclosures of your health information

- ◆ Request communications of your health information by alternative means or at alternative locations
- ◆ Request a restriction on certain uses and disclosures of your information
- ◆ Revoke your authorization to use or disclose health information except to the extent that action has already been taken or disclosure is required by law.

Our Responsibilities

OEI is required to:

- ◆ Maintain the privacy of your health information
- ◆ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ◆ Abide by the terms of this notice
- ◆ Notify you if we are unable to agree to a requested restriction
- ◆ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request.

We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

We will use your information for payment.

For example: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed us.

We will use your health information for regular health operations.

For example: Members of the practice focused on quality improvement and their advisors may use information in your health record to assess the care and outcomes in your case and others

like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Communication from our office: We may contact you to provide appointment reminders and/or test results. If you are not home we typically leave a message as directed by you.

Other Uses and Disclosures we can make without your written authorization

Business Associates: There are some services provided in our practices through contracts with business associates. Examples include our billing service, the collection agency, and our practice advisors. These associates may require copies of your health record to perform the job we've contracted with them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with Family: The physician, using his or her best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions and would like additional information you may contact the practice's Privacy Officer at **614-891-9190**.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201