**BELLBROOK FAMILY PRACTICE**

**HIPAA NOTICE OF PRIVACY PRACTICES**

**Effective Date: 02/25/2020**

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

The terms of this Notice of Privacy Practices (“Notice”) apply to Bellbrook Family Practice, affiliates, and its employees. Bellbrook Family Practice will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Bellbrook Family Practice. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:**

**The following categories describe different ways that we may use and disclose your medical information. These are examples and, therefore, not every permitted use and disclosure is listed.**

**Authorization and Consent:** Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Uses and Disclosures for Treatment:** We will make uses and disclosures of your protected health information as necessary for your treatment. Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, medical history, etc. We also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you.

**Uses and Disclosures for Payment:** We will make uses and disclosures of your protected health information as necessary for payment purposes. We may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may also use your information to prepare a bill to send to you or to the person responsible for your payment. Wee may also tell your health insurance company about a treatment or procedure that you are going to receive in order to obtain prior authorization or to determine whether your health insurance will cover the treatment or procedure.

**Uses and Disclosures for Health Care Operations:** We will make uses and disclosures of your protected health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving clinical treatment and patient care. We may also disclose your personal health information to another health care professional, or health plan who have a relationship with you and need the information for their own healthcare operations.

**Individuals Involved In Your Care:** We may from time to time with your approval disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

**Fundraising:** We may use your information to contact you for fundraising purposes. We may disclose this contact information to a related foundation so that the foundation may contact you for similar purposes. If you do not want us or the foundation to contact you for fundraising efforts, you must send such request in writing to the Privacy Officer.

**Appointments and Services:** We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. With such request, you must provide an appropriate alternative address or method of contact. You must make such requests in writing, including your name and address, and send such writing to the Privacy Officer.

**Research:** In limited circumstances, we may use and disclose your protected health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements.

**Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following:

• Any purpose required by federal, state, or local law;

• Public health activities such as required reporting of immunizations, disease, injury or disability, birth and death, or in connection with public health investigations;

• If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence;

• To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls;

• To your employer when we have provided health care to you at the request of your employer;

• To a government or healthcare oversight agency conducting audits, investigations, civil or criminal proceedings;

• Court or administrative ordered subpoena or discovery request;

• To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect or domestic violence. Criminal conduct at the practice; and, in circumstances, to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime. We will only make this disclosure if you agree or when required or authorized by law;

• If you are an inmate or a person under the custody of a law enforcement official, we may release medical information about you to that official;

• To coroners and/or funeral directors consistent with law;

• If necessary, organizations to arrange an organ or tissue donation from you or a transplant for you;

• If you are a member of the military, we may release medical information about you as required by military command authorities.

• We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law

• To workers' compensation agencies for workers' compensation benefit determination.

**DISCLOSURES REQUIRING AUTHORIZATION:**

**The following uses and disclosures of your medical information will be made only with your specific written authorization.**

**Psychotherapy Notes:** We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

**Marketing:** We must obtain your authorization for any use or disclosure of your protected health information for marketing, except if the communication is in the form of (1) a face-to-face communication with you, or (2) a promotional gift of nominal value.

**Sale of Protected Information:** We must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your health information; however, such authorization is not required where the purpose of the exchange is for:

• Public health activities;

• Research purposes, provided that we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;

• Treatment and payment purposes;

• Health care operations involving the sale, transfer, merger or consolidation of all or part of our business and for related due diligence;

• Payment we provide to a business associate for activities involving the exchange of protected health information that the business associate undertakes on our behalf (or the subcontractor undertakes on behalf of a business associate) and the only remuneration provided is for the performance of such activities; 4

• Providing you with a copy of your health information or an accounting of disclosures;

• Disclosures required by law;

• Disclosures of your health information for any other purpose permitted by and in accordance with the Privacy Rule of HIPAA, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit your health information for such purpose or is a fee otherwise expressly permitted by other law; or

• Any other exceptions allowed by the Department of Health and Human Services.

**Revoking Authorization:** If you provide permission to use and disclose medical information about you and want to revoke that permission you may do so in writing at any time. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your authorization.

**RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:**

**Access to Your Protected Health Information:** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You may obtain a "Medical Records Release Form" from the front office staff. You may be charged a reasonable copying fee and actual postage and or supply costs for your protected health information.

**Amendments to Your Protected Health Information:** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration. All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. We may deny your request for an amendment if it is not in writing or does not include a reason to support that request. In addition, we may deny your request if you ask us to amend information that:

• Was not created by our practice;

• Is not part of the medical information kept by or for the practice;

• Is not part of the information you would be permitted to inspect or copy;

• Accurate and complete.

**Accounting for Disclosures of Your Protected Health Information:** You have the right to receive an accounting of certain disclosures made by us of your protected health information. The list will not include disclosures that we made for purposes of treatment, payment, and health care operations. We are also not required to include in this list the disclosures we made by acting upon you written authorizations. Requests must be made in writing and signed by you or your legal representative. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

**Restrictions on Use and Disclosure of Your Protected Health Information:** You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. We are not required to agree to restriction requests but will attempt to accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid Bellbrook Family Practice in full. If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as we appropriate. We will notify you if we remove a restriction imposed in accordance with this paragraph. You also have the right to withdraw, in writing or orally, any restriction by communicating your desire to do so to the individual responsible for medical records.

**Right to Notice of Breach:** We take very seriously the confidentiality of our patients’ information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask we only contact you at work. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Paper Copy of this Notice:** You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please ask a member of the front office staff. This privacy notice will be available on our website at www.bellbrookfp.com.

**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 A current copy of this notice in the practice waiting room. The notice will contain on the first page the effective date.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may submit a complaint on line at the following website <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or you can print a complaint form or provide one in your own format and mail the completed complaint and consent forms to:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

**For Further Information:** If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact the Bellbrook Family Practice Privacy Officer Aaron Woodall by phone at (937) 848-4121 or at the following address: 6438 Wilmington Pike Suite 110, Centerville OH 45459.