 **PrimaryOne Health**

 2780 Airport Dr, Suite 100

 Columbus, Ohio 43219

 (614)645-5500

**HIPAA NOTICE OF PRIVACY PRACTICES**

**OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your healthcare is personal. We are committed to protecting this health information. For every patient we treat, we create a record of the care and services we provide in order to assure quality care and compliance with legal requirements. This notice applies to all the records of your care generated by this health care practice whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure.

**WE ARE REQUIRED BY LAW TO:**

* Make sure that health information that identifies you is kept private;
* Give you this notice of our legal duties and privacy practices with respect to health information

about you;

* Follow the terms of the notice that is currently in effect.
* Notify you upon a breach of your protected health information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

* For Treatment
* For Payment
* For Health Care Operations
* Health-Related Products, Services and Treatment Activities
* Business Associates
* Family and Friends Involved in Your Care
* As Required By Law
* To Avert a Serious Threat to Health or Safety
* Military and Veterans
* Workers' Compensation
* Public Health Risks
* For Health-related research provided all information has been de-identified

**Health Oversight Activities**

* Lawsuits and Disputes
* Law Enforcement
* Coroners, Health Examiners, and Funeral Directors
* National Security and Intelligence Activities
* Protective Services for the President and Others
* Inmates

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

* Right to Inspect and Copy
* Right to Amend
* Right to an Accounting of Disclosures
* Right to Request Restrictions
* Right to Request Confidential Communications
* Right to restrict disclosures of protected health information to health plans if you have paid for services out of pocket in full
* Right to a Paper Copy of this Notice

Your written authorization is required for all other uses and disclosures not described in this notice including:

* Uses and disclosures of protected health information for marketing purposes
* Disclosures that constitute a sale of your protected health information.

A complete copy of the HIPAA Notice of Privacy Practices is available upon request. You will be

required to sign a separate form acknowledging you have received a copy of this notice. This

acknowledgement will be filed with your records.

**[TOP PAPER FOR PATIENT TO KEEP]**



Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACKNOWLEDGEMENT

I have been given the opportunity to review the PrimaryOne Health

***HIPAA Notice of Privacy Practices.***

I have been given the right to receive a paper copy of the full notice.

If this notice is revised, I understand that the revised copy will be posted at each

Of the centers within PrimaryOne Health

This notice is effective April 14,2003.

**x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Patient or Legal Guardian

**x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

**\* Please sign and date. \***