



NORTHWEST OHIO PRIMARY CARE PHYSICIANS

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NOTICE OF PRIVACY PRACTICES (HIPAA)

The following is the privacy policy of the NorthWest Ohio Primary Care Physicians as described in the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA. HIPAA requires us by law to maintain the privacy of your personal health information and to provide you, upon request, notice of our duties and policies with respect to your personal health information.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, and the enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospital as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Personal Health Information

Without Your Consent Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

As Required by Law We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Examples of this include, but are not limited to: disclosures regarding victims of abuse, neglect or domestic violence including reporting to social service or protective services agencies, audits, criminal investigations, inspections. Licensure or disciplinary actions, judicial and administrative procedures, subpoenas, discovery requests, location of a suspect, fugitive, material witness or missing person, donations of organs, eyes or tissue, military and veterans activities, national security and intelligence activities, to avert a serious threat to health or safety, covered entities that are governmental programs providing public benefits and for workers' compensation.

All Other Situations, with Your Specific Authorization Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Your Rights With Respect To Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. You have the right to request restrictions on certain uses and disclosures of your personal health information, which include disclosures to family members, relatives or close personal friends or personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death. You also have the right to permit other persons to act on your behalf to pick up prescriptions, medical supplies, X-rays or similar forms of personal health information.

Right to Receive Confidential Communications

You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact.

Right to Inspect and Copy Your Personal Health Information

Your designated record set is a group of records we maintain that includes Medical records and billing records about you. If you request a copy of your personal health information we may charge a reasonable cost-based fee for copying and postage. We reserve the right to produce this information to you on a readable CD. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Complaints

You may file a complaint with us and with the Secretary of PHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail to our Practice Administrator at our corporate office, 28555 Starbright Boulevard, Suite B, Perrysburg, Ohio, 43551. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation. A complaint must be received by us or filed with the Secretary of PHS within 180 days of when you knew or should have known that the act of omission complained of occurred. You will not be retaliated against for filing a complaint.

Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of this revisions or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy or changes in the law affecting this Privacy Notice, by mail or electronically within sixty (60) days of the effective date of such revision, amendment, or change.

On-Going Access to Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request. For any other requests or for further information regarding the privacy of your personal health information and for information regarding the filing of a complaint with us, please contact our privacy officer.