

Your Information. Your Rights. Our Responsibilities.

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 a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your 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 have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental healthcare
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill you for services
- Help with public health and safety issues
- Do research
- Comply with the law
- 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. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

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.
- By default we will communicate with you through phone calls, voice messages, emails, mailed letters, and your patient portal. You can request at any time for us to NOT use any of these channels of communication.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share 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 healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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 promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at 330-804-7000 and asking to speak to the privacy official, or in writing at:
208 E Milltown Rd, Ste B
Wooster, Ohio 44691
- You can file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your 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 choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill you for services

We can use and share 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 share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
 - o It is required by law to submit positive results for infectious disease reports to public health departments. We will submit positive reports in such cases as directed by legal requirements.
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services (HHS) if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your Protected Health Information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your 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 see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Ohio law requires we follow the Ohio Revised Code as it pertains to your Protected Health Information:

- (i) ORC § 3701.17
 - o Your Health Information is protected.
 - o Under limited circumstances, to comply with state and federal regulations, we may disclose your Protected Health Information (PHI) to a government director of health, the department of health, or a board of health of a city or general health district under one of the following circumstances or reasons:
 - To provide information necessary for your treatment (if applicable).
 - To allow for a government director of health, the department of health, or a board of health of a city or general health district to ensure accuracy of information released.
 - Pursuant to a search warrant or subpoena issued by or at the request of a grand jury or prosecutor in connection with a criminal investigation or prosecution.

- If we determine that the release of the information is necessary, based on an evaluation of relevant information, to avert or mitigate a clear threat to an individual or to public health. Information may be released only to those persons or entities necessary to control, prevent, or mitigate disease.
- Information that does not identify an individual is not protected health information and may be released in summary, statistical, or aggregate form.
- (ii) ORC § 3701.243
 - o Your identity, results or treatment, as they relate to HIV or AIDS will not be disclosed, except to the following persons:
 - The individual for whom testing was performed
 - The individual's legal guardian
 - The individual's spouse or any sexual partner
 - A person to whom disclosure is authorized by an active written release.
 - Any physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner who treats the individual
 - The department of health or a health commissioner per ORC § 3701.24
 - A healthcare facility or provider that procures, processes, distributes, or uses a human body part from a deceased individual, donated for a purpose specified in Chapter 2108. of the Revised Code, and that needs medical information about the deceased individual to ensure that the body part is medically acceptable for its intended purpose
 - Health care facility staff committees or accreditation or oversight review organizations conducting program monitoring, program evaluation, or service reviews
 - A health care provider, emergency medical services worker, or peace officer who sustained a significant exposure to the body fluids of another individual, if that individual was tested pursuant to division (E)(6) of section 3701.242 of the Revised Code, except that the identity of the individual tested shall not be revealed
 - To law enforcement authorities pursuant to a search warrant or a subpoena issued by or at the request of a grand jury, a prosecuting attorney, a city director of law or similar chief legal officer of a municipal corporation, or a village solicitor, in connection with a criminal investigation or prosecution.
 - A healthcare provider or authorized agent or employee of a healthcare facility or health care provider, if a medical need to know is present for the diagnosis, care, or treatment of the individual.
 - The results of an HIV test or the identity of an individual on whom an HIV test is performed or who is diagnosed as having AIDS or an AIDS-related condition may be disclosed to a federal, state, or local government agency, or the official representative of such an agency, for purposes of the

medicaid program, the medicare program, or any other public assistance program.

- As required in court, other government proceedings or other reasons or situations, as described in division (C) of section 3701.243 of the Ohio Revised code.
- (iii) ORC § 3701.74
 - o Per 3701.74 of the Ohio Revised Code, you or your authorized representative have the right to examine or obtain a copy of part or all of your medical record.
 - o The request should be signed and dated by the patient, the patient's personal representative, or authorized person and must be dated no more than one year from the date the request was submitted.
 - o The request shall also indicate if the copy of the records should be sent to the person making the request, another medical provider, or held at the office for the requestor to examine or pick-up.
 - o In limited circumstances, the medical provider who has treated the patient may determine, with certain clearly stated treatment reasons, that disclosing certain records is likely to have an adverse effect on the patient.
 - In these circumstances, our office will furnish the medical records to another medical provider (determined by the patient), in lieu of disclosure to the patient.
 - o Should we fail to furnish a medical record, as required by ORC § 3701.74, division (B), the patient, personal representative, or authorized person who requested the record may bring civil action to enforce the patient's right of access to the record.
 - o Certain restrictions on records released may apply, as required by law.

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. This notice was last updated: July 2025