

NOTICE OF PRIVACY PRACTICES

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

Lake County Family Practice (LCFP) is required by law to maintain the privacy of patients' personal health information and to provide patients with notice of LCFP legal duties and privacy practices with respect to your personal health information. LCFP is required to abide by the terms of the Notice of Privacy Practices as necessary and make the new Notice effective for all personal health information maintained by LCFP. You may receive a copy of any revised notices by mailing a request to Privacy Officer, Lake County Family Practice, 9500 Mentor Ave., Mentor, Ohio 44060.

USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION

Your Authorization. Except as outlined below, LCFP will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the disclosure. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Uses and Disclosures for Treatment. LCFP will make uses and disclosures for your personal health information as necessary for your treatment. For instance, doctors, 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 plan a course of treatment for you that may include procedures, medications, tests, ect. LCFP may also release your personal health information to another health care facility or professional who is or will be providing treatment to you. For instance, if you are going to receive home care or are being referred to a specialist for treatment, LCFP may release your personal health information to that facility so that a plan of treatment can be prepared for you.

Uses and Disclosure for Payment. LCFP will make uses and disclosures of your personal health information as necessary for payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, LCFP may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you, or LCFP may use your information to prepare a bill to send to you or the person responsible for your payment.

Family and Friends Involved in your Care. LCFP may, from time to time, disclose your personal health information to family, friends and others who are involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation and it is determined that a limited disclosure may be in your best interest, limited personal health information may be shared with such individuals without your approval.

Appointments and Services. LCFP may contact you to provide appointment reminders or test results. You have the right to request, and LCFP will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, you may wish appointment reminders not to be left on voice mail or sent to a particular address. You may request such confidential communication in writing. Request forms may be obtained from registration at our office.

Health Products and Services. LCFP may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services offered by LCFP and to provide general health and wellness information.

Other Uses and Disclosures. Federal laws and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under State law to appropriate State or local authorities. LCFP is permitted or required by law to make certain other uses and disclosure of your personal health information without your consent or authorization:

- For any purpose required by law; for public health activities, such as required reporting of disease, injury, birth, death, and for required public health investigations.
- For suspected child/elder abuse or neglect; or if there is suspicion that you may be a victim of abuse, neglect or domestic violence.
- To the FDA to report adverse events, product defects, or to participate in product recalls.
- To your employer when LCFP has provided health care to you at the request of your employer to determine workplace-related illness or injury.
- To coroners and/or funeral directors consistent with the law.
- If necessary to arrange an organ or tissue donation from you or a transplant for you.
- If you are a member of the military as required by armed forces services; or if necessary for national security or intelligence activities.

LCFP may release your personal health information in accordance with any state laws that are more restrictive or limiting than federal privacy regulations. (Ohio law requires that we obtain a consent form you before disclosing the Performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition.)

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information. You have the right to inspect and/or copy much of the personal health information that LCFP retains on your behalf.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information maintained by LCFP be amended or corrected. LCFP is not obligated to make all requested amendments but will give each request careful consideration.

Accounting for Disclosures of your Personal Health Information. You have the right to receive an accounting of certain disclosures made by LCFP of your personal health information after April 14, 2003. The first accounting is free; you will then be charged a fee of \$5.00 for each subsequent accounting.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of LCFP uses and disclosures of personal health information for treatment, payment, or health care operations. LCFP is not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate .

All requests for Access, Amendments, Accounting for Disclosures, and Restrictions on Use and Disclosure must be in writing and signed by you or your representative. Forms can be obtained from a LCFP receptionist.

RECORDS

Charts that have been inactive for 10 years are destroyed except for the charts of children which are kept until the child is 18 years old.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with the LCFP Privacy Officer by mail or by telephone. Please direct correspondence to Brenda C. Fisher CPT/POLT, Lake County Family Practice, 9500 Mentor Ave., Suite 100, Mentor, Ohio 44060. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights.