

# Ohio Neurology and Headache Centre of Excellence

## NOTICE OF PRIVACY ACTS

THIS DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal law require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We will follow the privacy as described below. This notice will take effect on April 14, 2003 and will remain in effect until it is amended or replaced by this office.

We reserve the right to change our privacy practices provided that the law permits the change. Before we make a significant change, this notice will be amended to reflect the changes and we will make the amended notice available to you upon request. We reserve the right to make any changes in our policy practice and the new terms of our Notice effective for all health information maintained, created, and/or received by us before the date changes were made.

Information on contacting our Privacy Officer or obtaining a copy of our privacy notice can be found at the end of this notice.

### TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: Ohio Neurology and Headache Centre of Excellence (ONHC) may use your health information to provide you with our professional services. ONHC has established a 'minimum necessary or need to know basis' that limits certain staff members access to your health information according to their primary job functions. The staff members are required to sign a confidentiality statement.

Disclosure: ONHC may disclose and/or share your health care information with other health care professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy similar to this. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, but only if you agree that we may do so.

Emergencies: ONHC may use and discuss your health information to notify or assist in the notification of a family member or anyone responsible for your care in the case of an emergency involving your care, your location, your general condition or death. If at all possible, we will give you the opportunity to object to this disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgement to disclose only that information directly relevant to your care. ONHC will also use professional judgement to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays, or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: ONHC will disclose your health information to keep our practice operable. Examples of personnel who may have access to this information includes, but is not limited to, our medical staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: ONHC may use and disclose your health information when we are required to do so by law, such as, court or administrative orders, subpoena, discovery request or other lawful processes. We will disclose your information when requested by national security, intelligence and any other state and federal officials and/or if you are an inmate or otherwise under custody of law enforcement.

Abuse or Neglect: ONHC may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or possible victim of other crimes.

Public Health Responsibilities: ONHC will disclose your health care information to report problems with product, reaction to medications, product recalls, disease/infection exposure and to prevent and control disease, injury, or disability.

Marketing Health - Related Services: ONHC will **NOT** use your information for marketing purposes unless we have your written authorization to do so.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to federal officials health information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to correctional institutions or law enforcements having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

We are required by law to provide you with a copy of our Notice of Privacy Practice, which states how we may use and/or disclose your health information. I acknowledge that I have read and understand the policy practices.

Ohio Neurology and Headache Centre of Excellence

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Patient or Legal Guardian)

HIPPA Acknowledgement of the Notice of Privacy Practices  
This form does not constitute legal advice and covers only federal not state law.