



NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer can verify that services billed were actually provided.
- tool in educating health professionals.
- source of data for medical research.
- source of information for public health officials charged with improving the health of the nation.
- source of data for facility planning and marketing.
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy.
- better understand who, what, when, where, and why others may access your health information.
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information, as provided by 45 CFR 164.522.
- obtain a paper copy of the Notice of Privacy Practices upon request, as provided by 45 CFR 164.520.
- inspect and obtain a copy of your health record, as provided for in 45 CFR 164.524.
- amend your health record, as provided in 45 CFR 164.526.
- obtain an Accounting of Disclosures of your health information as provided in 45 CFR 164.528.
- request communications of your health information by alternative means or at alternative locations.
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

We do not have to honor your request for restrictions on activities that are otherwise allowable under law.

Any request for modifications to your protected health information (PHI) must be made in writing to the Privacy Officer. We will notify you as soon as your request has been processed. We may request an additional 30 days to consider your request.

Our Responsibilities

North Canton Medical Foundation is required to:

- maintain the privacy of your health information.
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of this notice.
- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Our Practices

North Canton Medical Foundation currently:

- confirms impending appointments via the telephone. This confirmation may be conducted via manual or automated system.
- sends reminders via the mail for annual screening procedures. Results of the procedures may be sent via the mail as well.
- utilizes sign-in sheets to validate your arrival for an appointment. Clinical personnel will announce your name in the waiting area when it is time to render services. Please notify the receptionist upon check-in if this practice is uncomfortable for you.
- utilizes a common medical record. The medical record is a comprehensive paper or electronic document that contains information from all services rendered here. Additional information from other institutions (i.e. hospitals) may be included in the medical record. All NCMF providers have access to your comprehensive medical record in order to provide healthcare services to you. This includes providers and employees at our satellite offices.
- provides laboratory and radiology services. Results from laboratory tests and radiology exams will be sent to the ordering physician and placed in your medical record.
- does not routinely release any medical information that was performed at another institution. The patient will need to contact the institution that provided the services.

The North Canton Medical Foundation may, in the future, provide you access to your protected health information via the Internet.

We reserve the right to change our practices at any time and to make any new provisions effective for all the protected health information we maintain. Prior to making any significant changes in our Privacy Practices, we will change our Notice of Privacy Practices and post the Notice in the waiting room, examination rooms, and on our Web site at <http://www.ncmf.com>. You will be notified that the Notice has been changed and may obtain a copy upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

Disclosures for Treatment, Payment, and Healthcare Operations

We use information about you for treatment, to obtain payment, and to evaluate the quality of care you receive. In certain instances, we may use or disclose your information that is not for payment, treatment, or healthcare operations,

when required or authorized by law. The reasons for disclosure of your health or medical record information may include, but are not limited to, the following examples.

Examples of Disclosures for Treatment, Payment, and Healthcare Operations

Treatment

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

Payment

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Healthcare Operations

Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates

There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests, courier services, and medical equipment suppliers. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family

Unless you object, health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research

We may disclose information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Examples of Other Uses and Disclosures Allowable or Required Under Law

Marketing

We may contact you to notify you of health education and disease prevention programs conducted by North Canton Medical Foundation. We may have a face-to-face encounter or a communication involving a promotional gift of nominal value.

Fundraising:

We may contact you as part of a fund-raising effort.

Victims of Abuse, Neglect, or Domestic Violence

We may disclose PHI without your consent or authorization to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Public Health Risks

We may disclose PHI about you for public health activities. These activities generally include the following: (1) preventing or controlling disease, injury or disability; (2) reporting births and deaths; (3) reporting information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) notifying a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; and (5) reporting information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Workers' Compensation

We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.

Coroners, Medical Examiners, and Funeral Directors

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may release PHI if asked to do so by a law-enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; or (3) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime. We may also release PHI to a law-enforcement official about: (1) the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; or (2) a death we believe may be the result of criminal conduct.

Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 330-433-1200.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services at The U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201 or by calling (toll free) 1-877-696-6775. To e-mail: HHS.Mail@hhs.gov. There will be no retaliation for filing a complaint.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this Notice about our privacy practices, and follow the information practices that are described in this Notice.

Effective Date: April 14, 2003