

# NEIGHBORHOOD HEALTH CARE, INC.

## PRIVACY NOTICE

EFFECTIVE 4-13-03

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

**PLEASE READ IT CAREFULLY**

If you have any questions about this notice, please contact our Privacy Officer at 513-221-4949

### WHO WILL FOLLOW THIS NOTICE

The privacy practices in this Notice will be followed by:

- All healthcare professionals, including physicians, dentists, nurses, nurse practitioners, physician assistants, pharmacists, medical assistants, laboratory technicians and social workers who treat you at any of our locations.
- All departments and offices of our organization.
- All employed or contracted staff or volunteers of our organization.
- Any business associate or partner with whom we share health information.

All entities of Neighborhood Health Care, Inc. will share and agree to follow the terms of this Notice. In addition, these entities may share medical information with each other for treatment, payment or health care operations described in this Notice.

### OUR PLEDGE TO YOU REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and comply with legal requirements. This Notice applies to all of the records of your care generated and maintained by Neighborhood Health Care, Inc.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Keep medical information about you private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Notice that is currently in effect.

When this Notice is provided to you by any one of the entities (health centers, pharmacy, etc.) that are part of our organization, Neighborhood Health Care, Inc., it is presumed that you, the patient, have been given Notice for all entities considered to be part of Neighborhood Health Care, Inc.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- We may use and disclose medical information about you **for treatment**, (such as sharing information about you with a specialist as part of a referral); **to obtain payment for treatment**, (by sending billing information to your insurance company or Medicare); and **for health care operations** (such as comparing patient data to improve our performance).
- We may contact you for billing purposes, for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts. If you do not wish us to contact you regarding any of these items you must tell us this in a written letter, addressed to our Privacy Officer. Information regarding how to contact our Privacy Officer is located on the final page of this Notice.
- In an emergency or urgent situation, we may disclose medical information about you to a friend or family member who is involved in your care, or to emergency and disaster authorities for your care and/or so that your family can be notified of your location and condition.

- We may disclose medical information about you without your prior authorization for several other reasons. Under certain conditions, we may disclose medical information about you without your prior authorization for reasons of national security, public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, coroner or medical examiner investigations, funeral arrangements, organ donation, workers' compensation purposes, emergencies, to avert a serious threat to health or safety, to military command authorities if you are a veteran or member of the military, and to a correctional institution or law enforcement official if you are an inmate or in custody.
- We may also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders, such as a court order or subpoena.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- YOU HAVE THE RIGHT to inspect and copy your protected health information. (Psychotherapy notes are one of the exceptions to this rule.) To inspect or receive a copy of your medical information, you must first submit a written request to our Privacy Officer. There are forms available to assist you in this request. If you are present at one of our facilities, ask one of our employees for a copy of the Patient Request for Inspection or Copies of Personal Health Information Form. If you request copies, we may charge you for the cost of copying, mailing, and other related supplies. In certain very limited circumstances, we may deny a request. If we deny your request to review or obtain a copy of your medical information, you may submit a written request to our Privacy Officer for a review of that decision. The Privacy Officer will respond to your request within thirty days.
- YOU HAVE THE RIGHT to request an amendment to your personal health information. If you believe that the medical information we have about you is incorrect or incomplete, you have the right to ask us to correct your records. You must submit the request in writing to our Privacy Officer. In addition, you must provide a reason that supports your request to amend your records. There are also forms available to help you in this process. Once again, if you are present at one of our facilities, ask one of our employees for a copy of the Patient Request for Amendment of Personal Health Information. We could deny your request to amend your record if the information was not created by us; if it is not part of the medical record maintained by us; or if we determine that the record is accurate. If we deny your request for amendment, you have the right to file a statement of disagreement with our Privacy Officer. We may prepare a rebuttal to your statement and will provide you with any such rebuttal.
- YOU HAVE THE RIGHT to receive an accounting of certain disclosures we have made of your private health information. This is a list of those instances when we have disclosed information about you other than for treatment, payment, or health care operations, or where you have specifically authorized a disclosure when you submitted a written request. Your request must state the time period desired for the accounting, which must be less than a 6 year period and starting after April 14, 2003. Your request should indicate in what form you wish to receive the list. The first disclosure list request in a 12-month period is free; additional copy requests will be charged according to our cost of providing the disclosure. We will inform you of the cost before you incur any costs.
- YOU HAVE THE RIGHT to receive a paper copy of this Notice. If this Notice was sent to you electronically, you have the right to a paper copy of this Notice
- YOU HAVE THE RIGHT to request a restriction of your private health information. You may request restrictions on the medical information we disclose about you for treatment, payment, or health care operations. You also have the right to request limitations on information we disclose to someone such as a friend or family member involved in your care. We are not required to agree with your request, but if we do agree, we are bound by that agreement until the agreement is revoked in writing by either party, unless the information is needed to provide you with emergency treatment or is required by law. To request restrictions, you must inform our Privacy Officer in writing, 1) what information you wish to limit, 2) whether you want to limit our use, or disclosure, or both, and 3) to whom you want the limits to apply.
- YOU HAVE THE RIGHT to request to receive confidential communications. We will accommodate reasonable requests regarding confidential communications of your health information, such as calling or sending mail to a different location other than your home. This request must be made in writing to our Privacy Officer, indicating any specific way(s) you wish us to communicate with you.

**CHANGES TO THIS NOTICE AND TO POLICIES AND PROCEDURES**

We reserve the right to make changes to this Notice and to our policies and procedures. Changes made can be effective for medical information we already have, as well as to any information we receive in the future. Before a significant change is implemented in our Privacy Notice or policies and procedures, we will post the new Notice at each location. Copies will be available at each location. The Notice will contain the effective date, which will be listed just below the title. You may obtain a copy of the current Notice at any time from any Neighborhood Health Care location. The first time you receive a copy of our Privacy Notice you will be asked to acknowledge in writing that you have received the Notice.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures not covered by this Notice will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided to you.

**COMPLAINTS**

- If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. You may also send a written complaint to the U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address.
- Any complaint filed with Neighborhood Health Care, Inc. will be kept confidential. Only the parties involved will have access to the information, and then only on a "need to know" basis.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

Neighborhood Health Care, Inc. sites:

East End Health Center  
4027 Eastern Avenue  
Cincinnati, Ohio 45226  
513-321-2202

Anthony Munoz Pediatric Center  
Taft Elementary School  
270 Southern Avenue  
Cincinnati, Ohio 45219  
513-241-6352

South Avondale School  
636 Prospect Place  
Cincinnati, Ohio 45229  
513-363-5522

Mt. Auburn Health Center  
2415 Auburn Avenue  
Cincinnati, Ohio 45219  
513-241-4949

Burton Elementary School  
876 Glenwood Avenue  
Cincinnati, Ohio  
513-861-1737

MedShare Pharmacy  
2415 Auburn Avenue  
Cincinnati, Ohio  
513-412-5441

Walnut Hills/Evanston Health Center  
3036 Woodburn Avenue  
Cincinnati, Ohio 45219  
513-281-4116

Rockdale Academy  
305 Rockdale Avenue  
Cincinnati, Ohio 45229  
513-363-4704

**To Contact Our Privacy Officer:**  
Rhonda Moore, Privacy Officer  
Neighborhood Health Care, Inc.  
2415 Auburn Avenue  
Cincinnati, Ohio 45219  
Phone 513-221-4949 Ext. 102  
Fax: 513-221-4954  
e-mail: rhondam@sohnsn.com

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of Neighborhood Health Care, Inc.'s Privacy Notice.  
(Patient's Name)

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date Notice Signed and Provided

\_\_\_\_\_  
NHC Employee Witness Signature

Patient/Legal Representative refused to sign