



## **HIPAA Notice of Privacy Practices**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) effective October 4, 2004 and The HITECH Act portion of the Stimulus Package, **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.

**If you have any questions about this notice, please contact: Healthy Core Wellness & Rehab, LTD at 1330 Corporate Drive, Suite 500, Hudson, OH 44236, (330)-528-0034.**

This notice describes the privacy practices at our office. We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of this notice currently in effect.

### **How We May Use and Disclose Your Health Information**

Described as follows are the many ways we may use and disclose your health information. Except for the following purposes, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to Healthy Core Wellness & Rehab, LTD, 1330 Corporate Drive, Suite 500, Hudson, OH 44236.

- 1. Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment related healthcare services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside this office, who are involved in your medical care and need the information to provide you with medical care.
- 2. Payment.** We may use and disclose your health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.
- 3. Health Care Operations.** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage this office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their healthcare operation activities.

**4. Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health related benefits and services you could use.

**5. Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your health information with a person involved in, or paying for your care (such as a family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief, unless you specifically object in writing.

**6. Research.** We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.

**7. As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law.

**8. To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

**9. Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and not allowed to use or disclose the information for any other purpose than appears in their contract with us.

**10. Public Health Risks.** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

**11. Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights law.

**12. Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

**13. Law Enforcement.** We may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material

witness or missing persons; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 5) the information is relevant to criminal conduct on our premises; and 6) it is needed in a emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**14. Coroners, Medical Examiners, and Funeral Directors.** We may release your information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

**15. National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials or intelligence and other national security activities authorized by law.

## **Your Rights Regarding Your Health Information**

**1. Right to Inspect and Copy.** You have the right to inspect and copy your medical and billing records by written request to Healthy Core Wellness & Rehab, LTD.

**2. Right to Amend.** You have the right to request an amendment to your records, if the information in your record is inaccurate, by written request to Healthy Core Wellness & Rehab, LTD.

**3. Right to an Accounting of Non-Routine Disclosures.** You have a right to an accounting of certain disclosures by written request to Healthy Core Wellness & Rehab, LTD.

**4. Right to Request Restrictions.** You have the right to request restriction or limitation on your health care record used for treatment, payment or healthcare operations. You may request us to limit disclosure to someone involved in your care or in payment for your care by written request. We are not required to agree with your request, but we will try to comply, if the balance owed is paid in full and the information is not processed through a third party, such as insurance.

**5. Right to Alternate Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work, or send information to only a post office box and not your residence.

*Your written request must specify how or where you wish to be contacted and addressed to Healthy Core Wellness & Rehab, LTD at 1330 Corporate Drive, Suite 500, Hudson, OH 44236. We will accommodate reasonable requests.*

## **Changes to This Notice**

The terms of this notice apply to all records containing your individually identifiable health information that are created or retained by this practice. We reserve the right to amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that the practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. The practice will maintain a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.