



Notice of Patients' Privacy Rights

Your Information, Rights and Responsibilities.

The notice of privacy practices describes how medical information about you may be used and disclosed and how you get access to this information. **Please review it carefully.**

OUR COMMITMENT TO YOUR PRIVACY

Tri-State Pulmonary Physicians is dedicated to maintaining the privacy of your protected health information (PHI). If you have questions about this notice, please contact: Connie Knoebel, Practice Administrator: 513-241-5489.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Request Confidential Communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say yes to all reasonable requests.

Ask us to limit what we share. You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for service or health care out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost based fee, not to exceed those mandated by the State of Ohio law.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Get a list of those with whom we've shared information. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it

with and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive the notice electronically.

File a Complaint if you feel your rights are violated. If you believe your privacy rights have been violated, you may file complaint with our practice or with the Secretary of the Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with our practice, contact: Connie Knoebel, Tri-State Pulmonary Associates, Inc. at 2123 Auburn Avenue, Suite 401 Cincinnati, OH 45219. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoke at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. In the state of Ohio an adult patient who has received health care treatment, the patient's guardian if the patient is incompetent, the patient's attorney with a durable power of attorney or an authorized person may sign authorizations for uses and disclosures of protect health information.

THE DIFFERENT WAYS WE WILL USE AND DISCLOSE YOUR PHI.

The following categories describe the different ways in which we may use and disclose your PHI:

Treatment. We can use your health information and share it with other professionals who area treating you. *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

Bill for your services. We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example:* We use health information about you to appeal payment denials or provide pre-payment reviews.

Run our Organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example:* We use health information about you to manage your treatment and service and remind you of an appointment.

OTHER USES AND DISCLOSURES OF YOUR PHI

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

The following categories describe unique scenarios in which we may use or disclose your PHI:

Public Health Risks and Safety Issues. We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing serious threat to anyone's health or safety.

Comply with the Law. We will share information about if state or federal laws require it, including with the Department of Health and Human Services if it wants so see that we're complying with federal privacy law. We may release PHI if asked to do so by a law enforcement official regarding criminal activities or investigations.

Response to Lawsuits or Legal Action. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Do Research. We can use or share your information for health research.

Respond to Organ and Tissue Donation Request. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, law enforcement, and other government request. We can use or share health information about you: for workers compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.

Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil right laws, and the healthcare system in general.

Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Residents of Long Term Care Facilities. Representative of the Office of the State Long-Term Care ombudsman program can access records, including medical records, on a long term care resident to investigate complaints if consent is given. There are specific requirements for obtaining this consent that are followed. In special circumstance related to resident safety, patient health information may be released in accordance with federal and state law.

Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Disclosure Required by Ohio Law. We are required to report to law enforcement agencies the following: gunshot or stab wounds, serious physical from a violent offense, child abuse (to a public agency or law enforcement), any suspected case of abuse, neglect, exploitation of an adult (60 years

or older) to the county department of job and family services; alcohol or drugs in a person's system at the time relevant to a criminal offense, and any burn injury that was inflicted by an explosion or incendiary device or that may have been inflicted in a violent, malicious, or criminal manner.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us. Share information with your family, close friends, or others involved in your care. Share information is a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious imminent threat to health and safety.*

In these cases we never share your information unless you give us permission. Marketing purposes or sale of your information.

In these cases, unless mandated by state or federal law we never share your information without your permission. Drug or alcohol related information. Most sharing of psychotherapy notes. HIV testing, results or diagnoses of AIDS or AIDS related condition.

In the case of fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information and the actions TSPA will undertake to minimize any impact the breach may have upon you.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice. We can change the terms of this notice, and changes will apply to all information we have about. The new notice will be available upon request, in our office, and on our website.

Contact Information:

Practice Administrator: Connie Knoebel
Tri-State Pulmonary Associates, Inc.
2123 Auburn Avenue, Suite 401
Cincinnati, OH 45219

Web site: www.tspapulmonary.com
Phone Number: 513-241-5489