



## RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that on \_\_\_\_\_ I received the Notice of Privacy Practices from Wright State Physicians, which sets forth the ways in which my personal health information may be used or disclosed by Wright State Physicians, and outlines my rights with respect to such information.

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Patient's signature/Date



## NOTICE OF PRIVACY PRACTICES

**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.**

The terms of this Notice of Privacy Practices apply to the WRIGHT STATE PHYSICIANS. Wright State Physicians operate as a clinically integrated health care arrangement and provides services at various points of service (POS). These POS constitute Wright State Physicians' Organized Health Care Arrangement (OHCA) and are listed on the Points of Service Attachment. (H2030A)

Wright State Physicians at times, may extend the availability of services by adding additional points of service and will amend the Points of Service attachment when this occurs. You have the right to request a copy of this amendment when this occurs.

The members of this clinically integrated health care arrangement work and practice at WRIGHT STATE PHYSICIANS. All of the entities and persons listed will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

The law requires us to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We will abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice while it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at any of the WRIGHT STATE PHYSICIANS' practice locations. You also may mail a request for a copy to the HIPAA Compliance Officer at the WRIGHT STATE PHYSICIANS where you see your physician.

### USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or reveal your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization. (Form H2020)

**Uses and Disclosures for Treatment.** We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. For instance, if, after you leave the office, you are going to receive hospital care, we may release your personal health information to that hospital so that a plan of care can be prepared for you.

**Uses and Disclosures for Payment.** We will disclose your personal health information as is necessary so that health professionals and facilities that have treated you or provided services to you may receive payment. For instance, we may forward information regarding your medical procedures and treatment to your insurance

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company to arrange payment for the services you received. We also may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations. These operations include clinical improvement, professional peer review and business management. For instance, we may use and disclose your personal health information to help us improve the treatment and care of our patients.

We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management. However, we will do this only if that facility, professional, or plan also has or had a patient relationship with you.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your personal health information to family, friends, and others who are involved in your care or in paying for your care to help that person care for you or pay for your treatment. If you are unavailable, incapacitated, or facing an emergency medical situation and we decide that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts so that the entity may find a family member or other persons who may be involved in some aspect of caring for you.

**Business Associates.** We perform certain aspects and components of our services through contracts with business associates, including auditors, accreditation agencies and legal advisors. At times it may be necessary for us to provide certain of your personal health information to these outside persons or organizations that assist us with our health care operations. We require all business associates to appropriately safeguard the privacy of your information.

**Appointments and Services.** We may contact you to provide appointment reminders or test results. You have the right to request to receive communications regarding your personal health information from us by alternative means or at alternative locations, and we will accommodate reasonable requests. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the privacy liaison at the WRIGHT STATE PHYSICIANS where you see your physician.

**Health Products and Services.** We may sometimes use your personal health information to tell you about health products and services necessary for your treatment, to tell you of new products and services we offer, or provide general health and wellness information.

**Research.** In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where no-one has obtained your specific authorization, strict confidentiality requirements will protect your privacy. These requirements will be applied by an Institutional Review Board or privacy board that oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

- We may release your personal health information as required by law if we suspect child abuse or neglect. We may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that we have revealed information to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request. Usually, you will have notice of this release.
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information for research purposes when an institutional review board has approved the research and has found that it follows established rules for protecting privacy;
- We may release your personal health information in limited instances if we suspect a serious threat to health or safety;
- We may release your personal health information if you are a member of the military as required by services of the armed forces. We may also release your personal health information if necessary for national security or intelligence activities.
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program, and before disclosing information about mental health services you have received. For full information on when such consents may be necessary, you can contact the HIPAA Compliance Officer at your practice location and/or the Privacy Officer.

### **Uses and other Disclosures Preempted by Ohio State Law**

- Covered entities must obtain consent to use and disclose protected health information for purposes of coordinating treatment and obtaining payment for services rendered to recipients of certain publicly funded health care. Reference: Ohio Revised Code §3701.028 Program for Medically Handicapped Children; 45 C.F.R. §§160.202, 160.203.
- Covered entities must obtain standard HPAA consents in connection with any treatment provided under an employee assistance program. Disclosure of such information is not permitted without consent unless an exception is satisfied. Reference: Ohio Revised Code §3701.041 Employee Assistance Program; 45 C.F.R. §§160.202, 160.203, 164.506 and 164.512.

**Access to Your Personal Health Information.** You have the right to **obtain a copy** and/or inspect much of the personal health information that we retain for you. You or your representative must make all requests for access in writing. We will charge you at a rate defined in the Ohio Revised Code §§ 3701.741 and 3701.742 if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request

such summary. You may obtain an access request form (*H2004*) from the HIPAA Compliance Officer or designee at the WRIGHT STATE PHYSICIANS where you see your physician.

You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.

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**Amendments to Your Personal Health Information.** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. We will consider only written amendment request. You or your representative must sign requests and must state reasons for the amendment/correction request. If we make an amendment or correction that you have requested, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form (*H2012*) from the HIPAA Compliance Officer or designee at the WRIGHT STATE PHYSICIANS where you see your physician.

**Accounting for Disclosures of Your Personal Health Information.** You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. You or your representative must make requests in writing. Accounting request forms (*H2006*) are available from the HIPAA Compliance Officer or designee where you see your physician. The first accounting in any 12-month period is free; you will be charged a fee of for each subsequent accounting you request within the same 12-month period.

When you request an accounting of disclosures of your electronic health record, the accounting will be for three years prior to the date of the request for the accounting and will include, in addition to all types of disclosures listed in the general policy, disclosures for treatment, payment and health care operations. **[For electronic health records acquired as of January 1, 2009, these requirements will apply to disclosures made by the organization from such a record on and after January 1, 2014. For electronic health records acquired after January 1, 2009, these requirements will apply to disclosures made by the organization from such a record on and after the later of January 1, 2011 or the date that it acquires an electronic health record.]**

**Restrictions on Use and Disclosure of Your Personal Health Information.** You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations. You can obtain a restriction request form (*H2033*) from the HIPAA Compliance Officer or designee at any of the WRIGHT STATE PHYSICIANS' practice locations. We do not have to agree to your restriction request, but will attempt to satisfy reasonable requests when appropriate. We retain the right to cancel an agreed-to restriction if we believe such cancellation is appropriate; we will notify you if we make such a cancellation. You also have the right to cancel, in writing or orally, any agreed-to restriction to sending such cancellation notice to the HIPAA Compliance Officer or designee, where you see your physician. (*Form H2033*)

**Restrictions on use and disclosure of Psychotherapy Notes.**

Psychotherapy notes will have a higher level of protection under HIPAA privacy regulations. Therapists may not divulge their contents without your specific authorization; revealing their contents is not permitted to be a condition of insurance coverage. Other exceptions to the special protection of psychotherapy notes include: to prevent harm to the patient or others; for the therapist's defense in legal actions, regulatory oversight of the therapist's professional status, confidential supervision in training situations, or investigation by a medical examiner if the patient dies.

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No other person sees your psychotherapy records or the material that goes into them, except under exceptional, urgent circumstances. (Medical necessity requiring another psychiatrist to cover your care when your primary clinician is not available is one example of such circumstances.) You have the right to view your general medical record --but not psychotherapy notes-- and request amendments with reasonable time. We will retain records at least as long as the law requires. If you give consent for release of medical information from your general medical record, in compliance with HIPAA, we will disclose only the minimum information necessary to satisfy the request. The American Psychiatric Association has defined guidelines for minimum disclosure.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with the HIPAA Compliance Officer at your practice location. You may contact the privacy officer at;

WRIGHT STATE PHYSICIANS  
 Attention: Privacy Officer  
 P.O. Box 1144  
 Dayton, Ohio 45401-1144  
 (937) 259-9930

You may also file a complaint with the **Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights.** There will be no retaliation for filing a complaint.

**Acknowledgment of Receipt of Notice.** You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

#### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the HIPAA Compliance Officer at telephone (937) 259-9930 or at the following address:

WRIGHT STATE PHYSICIANS  
 Attention: Privacy Officer  
 P.O. Box 1144  
 Dayton, Ohio 45401-1144

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective April 14, 2003.

**WRIGHT STATE PHYSICIANS**  
**ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)**  
*Patient Handout*

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Family Medicine  
(Psychological Services)  
2345 Philadelphia Drive  
Dayton, Ohio 45406

Family Medicine  
1141 N. Monroe Drive  
Suite 1  
Xenia, OH 45385  
Phone: 937-374-4160  
Fax: 866-585-5496

Wright State Physicians  
Internal Medicine  
3535 Salem Avenue  
Dayton, Ohio 45406

Dermatology  
One Elizabeth Place  
Suite 200  
Dayton, Ohio 45417  
(937) 224-7546

Women's Health Care  
One Wyoming Street  
Suite 4130  
Dayton, Ohio 45409  
(937) 208-6810

Women's Health Care  
55 Elva Court  
Vandalia, Ohio 45377

Orthopaedic Surgery Sports  
Medicine and Rehabilitation  
30 E. Apple  
Suite 2200  
Dayton, Ohio 45409  
(937) 208-2091  
Fax (937) 208-6141

Wright State Physicians  
Orthopaedic and Sports  
Medicine  
Atrium Medical Center  
Professional Bldg 1  
200 Medical Center Drive  
Suite 375  
Franklin, Ohio 45005  
(513) 705-4201  
Fax (513) 705-4223

Orthopaedic Surgery  
Good Samaritan Health  
Center  
6152 Good Samaritan Way  
Suite 120B  
Huber Heights, Ohio 45424  
(937) 208-2091  
Fax (937) 208-6141

\*Wright State Physicians  
MVH South  
2350 Miami Valley Drive  
Suite 210  
Centerville, Ohio 45459

\*Ollie Davis Medical Center  
68 Darst Road  
Dayton, Ohio 45440

Surgery  
30 East Apple Street  
Suite 5253  
Dayton, Ohio 45409  
(937) 208-2552  
Fax (937) 208-6154

Plastic Surgery  
30 East Apple Street  
Suite 6257  
Dayton, Ohio 45409  
(937) 208-3999  
Fax (937) 208-3682

Surgery Oncology  
1222 S. Patterson Blvd.  
Suite 220  
Dayton, Ohio 45402  
(937) 424-2469  
Fax (937) 424-2479

Vascular Surgery  
2200 Philadelphia Drive  
Suite 400  
Dayton, Ohio 45406  
(937) 276-2642  
Fax (937) 276-4419

Psychiatry  
Elizabeth Place, East Medical  
Plaza, 1st Floor  
627 Edwin C. Moses Blvd.  
Dayton, Ohio 45417  
(937) 223-8840  
Fax (937) 223-0758

*\* This identifies office settings where several Wright State Physician practices are located*