

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.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of Holmes Family Medicine, Inc.. For example, our physicians and staff will use the information to provide you treatment. We may also use the information to monitor our own performance quality in providing you treatment.

Law Enforcement. Your health information may be disclosed to law enforcement agencies without your permission to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send or call you appointment reminders. This may result in others in your household realizing that you have an appointment with our practice.

Information about Treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of

interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Communication needs between patients and our office regarding scheduling changes sometimes require urgent communication. In cases where there are lab results, x-rays, etc., that need to be communicated, it is possible that this information may be released to other members of your household either directly or by leaving a message with a person or an answering machine in your absence. If there is anyone in your household that IS NOT to receive ANY information in regards to your treatment, please contact our office to sign a form requesting such information restraint.

Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information by completing the Request for Restriction form.

The right to receive confidential communications concerning your medical condition and treatment.

The right to inspect and copy your protected health information.

The right to amend or submit corrections to your protected health information.

The right to receive an accounting of how and to whom your protected health information has been disclosed.

The right to contact the DHHS Secretary if you believe your privacy rights have been violated.

The right to receive a printed copy of this notice

Holmes Family Medicine Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

Holmes Family Medicine reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Holmes Family Medicine is required by law to comply with this Notice.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Lead Receptionist or Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer
Holmes Family Medicine, Inc.
151 Parkview Drive
Millersburg, OH 44654

If you believe that your privacy rights have been violated, you should first call the matter to our attention by sending a letter describing the cause of your concern to the address above.

You will not be penalized or otherwise retaliated against for filing a complaint.

If you have submitted a written description of your concern to us and are not satisfied with Holmes Family Medicine's response, you may file a complaint with:

Region V, Office for Civil Rights	Ph: 312-886-2359
US Department of Health and Human Services	Fax: 312-886-1807
233 N. Michigan Avenue, Ste 240	TDD: 312-353-5693
Chicago, IL 60601	

Alternatively, you can email a complaint to: OCRComplain@hhs.gov

For further information, contact:

Office for Civil Rights	202-205-8725
Department of Health and Human Services	
Mail Stop Room 506F	
Hubert H. Humphrey Building	
200 Independence Avenue, S.W.	
Washington DC 20201	

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
Holmes Family Medicine Inc.
151 Parkview Drive
Millersburg OH 44654
330-674-1200

Effective Date

This Notice is effective on or after April 14, 2003