



Ohio Psychiatry Specialists
4807 Rockside Rd. Ste. 300
Independence, OH 44131
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PRACTICE PRIVACY STATEMENT

(This is a formal notification, as required by the Centers for Medicare and Medicaid Services (CMS) concerning the privacy of this practice.)

Ohio Psychiatry Specialists, LLC has a legal obligation to maintain all medical records and information in the strictest of confidence as required by law. Information cannot be released to others, except in an emergency, without written consent. Patient information about health care is considered Protected Health Information, or "PHI".

You as the patient (or guardian), need to clarify at the time of registration with this practice who we can talk to, how we can leave information on your behalf, and how to communicate with other providers regarding your medical care. You can change this information at any time with written communication or verbal communication followed up in writing. Changes can only impact the information from that point forward.

Your PHI is an intricate part of your medical care and can be used or disclosed with your written consent as follows:

- For your treatment in this practice and other locations under the physician's immediate care. This may include any referral for services such as lab, radiology, other diagnostic testing or treatment related to your condition or medical care needs. This may also include conversations with other physicians or providers such as Therapists/Counselors.
- For obtaining payment for treatment with your identified insurance or health coverage program, for example, Bureau of Workers' Compensation. This includes any documentation related to this process; which may include history forms, treatment notes, claim submissions, and eligibility verification.
- For operations of this practice, such as accounting, compliance with federal and state laws and regulations, enrolling with insurance programs/workers' compensation, and hospital privileges.
- Appointment reminders and health related benefit services.
- Disclosure to family members and friends identified and approved by you as indicated by signing a release of information form, or verbally followed by signing such form.
- Consent is NOT required for emergency care and treatment as identified by your physician or medical entity.

Certain disclosures can be made without your consent:

- Disclosure required by the government or law enforcement agencies, for example, domestic violence or victims of abuse/neglect.
- Information use for public health purposes, medical examiners or related to a person's death for the health department disease tracking.
- Information used for health care oversight, such as review by an insurance program.
- Information related to organ donation.
- Information related to certain research procedures, much of this information is stripped of any personal data, and is normally generic (age, sex, diagnosis).
- Bureau of Workers' Compensation review.
- Specific governmental functions.

Your rights with respect to your PHI:

- The right to request the limits on the uses and disclosures of your PHI at any time during your treatment.
- The right to choose how we send this information to you.
- The right to see and obtain copies of this information, but there might be copy and postage fees.
- The right to get a listing of who we have made disclosures to about your PHI.
- The right to correct and update your file if appropriate.

OHIO PSYCHIATRY SPECIALISTS, LLC reserves the right to modify or change this Privacy Statement and process at any time. Revisions to the notice will be available upon request by contacting the office. The changes will be effective retroactively to the initial date of the Privacy Notice. An updated Privacy Notice will be posted in the office within 60 days of the revision.

If you have a concern or complaint about how your PHI is being used, you should first contact our office to see if your concerns can be resolved. If the matter cannot be resolved, you may submit a written complaint for review and discussion.

If your concerns are not satisfied, you may report the practice to:

Office of Civil Rights
Regional Manager
Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Phone: (312) 886-1807

This Practice Privacy Statement became effective 8/28/2013

I acknowledge that I have received and understand the Practice Privacy Statement.

Patient/Guardian Signature

Date

Printed Name