

CENTRAL OHIO DIABETES ASSOCIATION
1100 Dennison Avenue, Columbus, Ohio 43201, Phone: 614 -884-4400

SUMMARY NOTICE OF PRIVACY PRACTICES
Effective Date: June 16, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (called "Notice") is a summary of our full Notice of Privacy Practices. It briefly describes how we may use and disclose your Protected Health Information (called "PHI"). We must abide by this Notice when we use your PHI in our office or when we share your PHI with others outside of our office. We may change this Notice at any time. We will keep a copy of our current full Notice posted in the waiting room. If we revise the Notice, the new Notice will apply to all PHI we have in our possession at that time or will come into our possession in the future. If you would like a copy of the full or a revised Notice, you may request one by phone, by letter, or in person the next time that you come into the office.

We are giving you this Notice because we are required to do so by law. We are legally required to maintain the privacy of your PHI, to provide you with this Notice that explains our responsibilities and your rights, and to inform you how to complain if you think that we violated your privacy or are not abiding by this Notice.

PERMITTED USES & DISCLOSURES. Every time you visit our office for treatment or referral, we make a medical record of the visit. We may also make a billing record of your current name, address, and phone number as well as your health insurance information. This medical and billing record information is considered Protected Health Information or PHI. We will use and disclose the medical and health information in your medical record to provide treatment to you.

The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** Treatment means providing, coordinating, or managing health care, education, counseling and related services. Treatment during screening services would involve reviewing your diabetes risk and receiving a blood test by one of our screeners. For diabetes education or counseling, treatment is reviewing a questionnaire and the education/counseling you receive. If you receive support services from us, an example would be social services including the duties of information, referral and linkage to other providers. Many of our services involve sharing information with your physician. Some education and treatment services are delivered in group, class or camp settings; some are in public areas, such as a mall, place of worship, place of employment or an event outside. We will make a reasonable attempt to assure your privacy in these situations.
- **For Payment.** Payment includes activities like obtaining reimbursement for services. For example, if reimbursement applies to services we provide to you, we may bill you, an insurance company or a third party payor so that we can receive payment for your health care treatment. Payment also includes confirmation and preauthorization of coverage, billing or collection activities.
- **For Health Care Operations** Health care operations include the business aspects of running our Association, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. It may also include needs assessment for planning new programs. Examples of "health care operations" include: sharing information with other providers, clinical staff, and office personnel (for record keeping on paper and computer), or sharing information with other health care professionals to assure that we are providing you with the very best care.
- **Treatment Alternatives and Health Related Benefits.** You may be contacted about treatment alternatives or other health-related benefits and services that we believe may be of interest to you by us or a designee.
- **Appointments and Reminders.** We may mail an appointment reminder to you or leave a message which could include a test result, on an answering machine, voice mail or with someone who answers the phone. We may call your name in the waiting room or ask you to put your name on a sign-in sheet.
- **Fundraising and Marketing.** You may be contacted for public relations, fundraising, or marketing activities done by us or on our behalf. We may collect (de-identified) information about our clients to present to our board to focus our fundraising efforts. If we use your photographs or PHI for these activities, we will do so only with your authorization.

- **To Family, Close Friends and Others Involved in Your Care.** We may disclose your PHI to a family member, a close friend, case worker or caretaker involved in your care if that person accompanies you. Additionally, if an interpreter is required to provide you with treatment due to a language barrier, your PHI may be disclosed, but only to the extent necessary for the treatment provided. If you do not want us to discuss your health care with your family and close friends, please tell us and we will honor your request unless we determine that it is not in your best interest for us to do so.
- **As Required by Law, a Court, or a Federal, State or Local Agency.** We will disclose your PHI when we are required to do so by law, a court, or a federal, state, or local agency. Examples of legally permitted or required disclosures are: public health activities, health oversight activities, judicial or administrative proceedings, law enforcement, military activities; national security and intelligence; organ donations; workers' compensation; and reporting victims of crimes, abuse, neglect and domestic violence or in response to a court order. If we are legally permitted or required to disclose PHI about you, we will disclose only the amount necessary for the legal purpose.
- **Research.** We may disclose your information for certain research projects where the research proposal has been approved by an established, authorized review board and the researchers have established procedures to ensure the privacy of your PHI.
- **De-Identified Information.** We may also use and disclose de-identified health information by removing all references to individually identifiable information.

Other Uses and Disclosures. Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights. You have certain rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer. You have the right to:

- **Request restrictions** on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not required to agree to a restriction, but if we do agree, we must abide by it unless you agree to remove it.
- **Confidential Communications** of your PHI from us by an alternative means or at alternative times, such as requesting that we only contact you at home or by mail. We will accommodate all reasonable requests.
- **Inspect and Copy**, with certain exceptions, your PHI. We may charge a reasonable fee for copies, mailing and supplies. We can deny your right to inspect your PHI in certain circumstances. If you are denied access to your PHI, you may request, in certain circumstances, that the denial be reviewed.
- **Amend** your PHI. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request in certain circumstances.
- **An Accounting.** You may request that we provide a list of certain disclosures we made of your PHI that were **not** related to treatment, payment, health care operations, or any of the other routine uses or disclosures described in this notice, were not required by law, and for which you did not sign an authorization.
- **Obtain a Paper Copy of This Notice.** You may ask us to give you a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

CHANGES. We reserve the right to change this Notice and to make the revised or changed notice effective for PHI we already have about you as well as any information we create or receive in the future. We will post our revised Notice in our waiting room. If you would like a copy of the revised Notice, just ask us for one in person or call the office and we will send a copy to you. If you would like to receive a copy of our full Notice of Privacy Practices instead of, or in addition to, this summary Notice, please ask us for one.

COMPLAINTS. If you believe that we have not followed this Notice or that your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, notify our Privacy Officer, J. Grothaus, at 614-884-4400, or submit your complaint in writing on the form provided by our office.

You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services at: Region V, Office for Civil Rights, U. S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601; voice phone: 312-886-2359; facsimile: 312-886-1807; TDD: 312-353-5693. all complaints to the Secretary must be submitted in writing and no more than 180 days after the event that you are concerned about took place. **You will not be penalized for filing a complaint.**