

Performance Over Pain

Notice of Privacy Practices

This notice describes the procedures and practices that this clinic and its professional, support, and administrative staff follow to protect the privacy of your health information.

1. We have a legal duty to protect your health information

We are required by law to protect the privacy of your health information. We are also required to provide you with this notice about our privacy practices.

2. How we may use and disclose your health information

Performance Over Pain collects health information from you and stores it in a paper chart and on a computer. The collected information may be used for the following purposes:

- A. **For treatment.** We may give information about you to physicians, nurses, medical assistants, and other health care personnel who are involved in your care.
- B. **For payment.** We may give portions of your information to our billing department and to your health plan to get paid for the services we provided to you. We may also give your information to our billing associates, such as billing companies, claims processing companies, law firms, collection agencies, and others that process our health care claims. We may also give your information to another health care provider that has treated you for their payment purposes.
- C. **For health care operations.** We may disclose information about you to operate this business. For example, we may use information about you to look at the quality of health care services that you received or to look at the performance of the professionals who provided health care services to you. We may provide information about you to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us if ordered to do so. We may also give your information to other health care providers and health plans for their business operations only if they have or had a patient relationship with you.
- D. **By Law.** When required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.
- E. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may give your information to law enforcement personnel or persons able to prevent or lessen such harm.
- F. **For Worker's Compensation purposes.** We may release your information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury.
- G. **Appointments and services.** We may contact you to remind you of an appointment or a schedule change. You have the right to request that messages not be left on voicemail or sent to a particular address. We may also contact you to give you information about treatment alternatives, or other healthcare services and benefits we offer.
- H. **Family and Friends.** We may disclose health information about you to your family members or friends or others involved in your care or payment if we obtain your written agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection.
- I. **In an Emergency.** In situations where you are not capable of giving consent due to incapacity or medical emergency we may using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

3. Your health information rights

- A. **The right to request limits on how we use and disclose your health information.** You have the right to ask that we limit how we use and give out your information. We will carefully consider your request, but we are not required to accept it, except for certain disclosures when you have paid for service out of pocket in full. If we accept your request we will put it in writing and abide by it except in emergency situations.
- B. **The Right to choose how we send your information to you.** You have the right to ask that we send information to you to an alternate address. You can also request that we send information via fax instead of regular mail.
- C. **The right to see and get copies of your health information.** Most of the time, you have the right to look at or get copies of your health information that we have. Your request must be on the appropriate form and signed by you or your representative. We may deny your request. If we do, we will tell you, in writing, our reasons why and explain how you can have the denial reviewed.
- D. **The right to get a list of who we have given your information to.** You have the right to get a list of certain instances in which we have given out your health information. To get this list, you must submit the request in writing to the office at 1090 W. S. Boundary St., #200, Perrysburg, OH 43551. We will respond to your request within 10 business days.
- E. **The right to update your health information.** If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request and your reason for the request must be submitted in writing. Each request will be carefully considered. If we approve your request, we will make the change in your information, tell you that we have done it, and tell others that need to know about the change.
- F. **The right to privacy notification.** You have the right to be notified after a breach of your protected health information.

4. Changes to the policy

If our privacy policy should change at any time in the future, we will promptly change and post the new notice. We reserve the right to apply any changes to our privacy policy or this Notice to all of the personal health information that we maintain, including information collected before the date of the change.

5. Complaints and contact information

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a written complaint to the Office of Civil Rights, Region V-Regional Manager, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601. We will take no action against you if you file a complaint about our privacy practices.

If you have any questions about this notice or any complaints about our privacy practices please call our office at (419) 872-1914

6. Effective date of this policy

Version 1, January 1, 2014