



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

INTRODUCTION

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of the protected health information "Medical Information". This notice will also tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information about you for a number of different purposes as noted below:

TREATMENT - We may use medical information about you to provide, coordinate or manage your healthcare and related services by both us and other healthcare providers. We may disclose medical information about you to Doctors, Nurses, Hospitals and other health facilities that become involved in your care.

PAYMENT - We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company or a third party payer.

HEALTHCARE OPERATIONS - We may use and disclose medical information about you for our own healthcare operations. These are necessary for us to operate Youngstown Orthopaedic Associates, Ltd. and to maintain quality healthcare for our patients.

HOW WE WILL CONTACT YOU - unless we tell you otherwise in writing, we may contact you by either telephone or by mail, at either your home or your workplace.

APPOINTMENT REMINDERS - We may use the information to contact you to remind you of an appointment you have with us.

TREATMENT ALTERNATIVES - We may use the information to contact you about treatment alternatives that may be of interest to you.

HEALTH RELATED BENEFITS AND SERVICES - We may use the information to contact you about health related benefits and services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CASE - We may disclose to a family member, other relative, a close personal friend, or any other person identified by you that is directly relevant to that persons involvement with your care or payment related to your care. If there is a family member, other relative, or close personal friend that you DO NOT want us to disclose medical information, please notify, in writing, Marla Hammond, 6470 Tippecanoe Rd, Canfield, OH 44406.

Disaster Relief, as required by Law, Public health activities, victims of abuse, neglect or domestic violence, health oversight activities, judicial and administrative proceedings, disclosures for law enforcement purposes, coroners and medical examiners, to avert serious threat to health or safety, military, national security and intelligence, protective services for the President, security clearances, inmates, persons in custody, workers compensation, mental health or chemical dependency records and other uses and disclosures.

YOUR RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have the following rights with respect to medical information that we maintain about you.

RIGHT TO REQUEST RESTRICTIONS – We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS, RIGHT TO INSPECT AND COPY – With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you.

RIGHT TO AMEND – You have the right to ask us to amend medical information about you.

OUR DUTIES

Generally, we are required by Law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

OUR RIGHT TO CHANGE NOTICE OF PRIVACY PRACTICES – We reserve the right to change this notice of privacy practices.

AVAILABILITY OF NOTICE OF PRIVACY PRACTICES – A copy of our current notice of privacy practices will be posted at the registration desk.

COMPLAINTS – You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact:

Privacy Officer
Youngstown Orthopaedic Associates, LTD.
6470 Tippecanoe Rd
Canfield, Ohio 44406
Business Phone: 330-758-0577

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be retaliated for filing a complaint.