



# OB/GYN Associates of Lancaster, Inc.

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## NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact the Privacy Officer at \_\_\_\_\_ 740-653-5088 \_\_\_\_\_.

Effective date of this Notice: \_\_\_\_\_ April 14, 2003 \_\_\_\_\_

### OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting the privacy of medical information about you. We create a record of the care and services you receive in the practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or used by the practice, whether made by practice's personnel or another doctor. Other doctors may have different policies or notices regarding the use and disclosure of your medical information created or used in that doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. The medical information that we have about you is called protected health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information. We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use or disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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. In this notice, the word "use" means to review, consult, read, update, and study your protected health information so that we can provide health care to you to assure that we are caring for you in the best way that we can and to perform other activities permitted or required by law. The word "disclose" in this notice means that we are providing your protected health care information to someone outside of our practice so that he or she can provide care for you, understand your health condition in order to explain it to you, learn more about your particular health condition, so that we can get paid for providing health care to you and other activities permitted by law. Following is a discussion of these activities.

- **For Treatment.** We may use protected health information about you with medical treatment or services in our office. We may disclose medical information about you to other doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you at the hospital or in other doctor's offices. We also may disclose protected health information about you to people outside our office who may be involved in your medical care, such as family members, laboratory technicians, or health professionals outside of our practice, that are part of your care.
- **For Payment.** We may use and/or disclose protected health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We may send you a statement for our services that contains our return address on the envelope. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and/or disclose protected health information about you for the business purposes of our practice. These purposes are activities such as training medical students and residents, assuring quality care for all of our patients, review, credentialing and evaluation of the doctors, nurses and assistants who provide care to you. We may also share your protected health information with others who assist us in record keeping, such as the transcriptionists who type some of our records and the billing clerks who prepare and submit the bills for payment.
- **Appointments and Reminders.** We may use and/or disclose protected health information to contact you or as a reminder that you have an appointment, to keep track of who is waiting in the office to be seen and who you are waiting to see, and to call your name in the waiting room.
- **Marketing and Fund-Raising.** We may use and/or disclose protected health information for marketing or fund-raising purposes, such as to tell you about alternative health care services or treatment options that may be of interest to you or to contact you as part of a fund-raising effort.
- **Emergencies.** We may use and/or disclose protected health information about you for emergency treatment. This could occur in a situation where you have come into our office and are unable to provide consent because of the condition of your health and the need for immediate treatment. If this happens we will attempt to obtain your permission for this use or disclosure as soon as possible after the emergency treatment.
- **Health-Related Benefits and Services.** We may use and/or disclose protected health information to tell you about health-related benefits or new products or services that may be of interest to you. For instance, we may learn of a new medication that may be helpful to you and we may send you information about this new medication in the mail with our return address on the envelope.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose protected health information about you to a friend or family member who is involved in your medical care. We may also disclose protected health information to someone who helps pay for your care.
- **For Communication Purposes.** We may use and/or disclose your protected health information to a third party if we have significant difficulty communicating with you. For instance, if you have difficulty speaking and/or understanding English or you are deaf or hearing impaired, we may wish to have a sign or foreign language interpreter available to assist us in communicating with you. We will attempt to obtain your consent for treatment prior to using another person to assist us in communicating with you and if that is not possible we will obtain your consent as soon after providing treatment as possible.
- **Business Associates.** We may disclose protected health information to employees in other businesses who assist us in your health care treatment. For instance, we may use a copy service when it is necessary to copy your medical record to send to another physician or health care facility. When we use business associates to assist us in providing service to you, we require that they agree to safeguard your protected health information before we allow them to be our business associates and before we disclose any protected health information to them.
- **Correctional Institution.** We may disclose protected health information about you to individuals in correctional facilities so that you can receive appropriate health care if you were to go to jail.