

- **As Required By Law.** We may disclose protected health information about you when required to do so by federal, state or local law. If a law requires that we disclose protected health information about you, we will do so only to the extent required by the law. Federal law permits and/or requires us to disclose your protected health information to agencies that do health care oversight, public health activities, workers compensation, food and drug administration, and similar legally regulated activities. For instance, state law requires and we do report instances of communicable diseases, such as venereal disease, to the Health Department. Another example is if a drug or other product prescribed for you has been recalled by the Food and Drug Administration (the "FDA") and the FDA requires us to, we will disclose your name and other identifying information to them.
- **Lawsuits, Disputes and Subpoenas.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the address listed on the first page no later than one (1) week before you would like to inspect your protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in writing and submitted to the address listed on the first page. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the protected health information kept by or for the practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
 If we deny your request for the amendment, we must let you know in writing. You have the right to disagree with our denial of your requested amendment.
- **Right to an Accounting of Disclosures.** You have the right to request that we provide you with an "accounting of disclosures," in compliance with 45 CFR 164.528. This is a list of certain disclosures we made of your protected health information 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. To request this list or accounting of disclosures, you just submit your request in writing to the address listed on the first page. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within any twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to your spouse about a surgery you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the address listed on the first page. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential alternative communications, you must make your request in writing to the address listed on the first page. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a 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. To obtain a paper copy of this notice, contact the office at the number listed on the first page.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we create or receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice and with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at 740-653-5098. To file a complaint with the Secretary of the United States Department of Health and Human Services, send a letter to: Secretary, United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or an email to: HHS.Mail@hhs.gov. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.