

NOTICE OF PRIVACY PRACTICES POLICY 2019

9:08

Effective Date: Dec, 2009

Last Revised:

Aug, 2015

Review Date:

Dec. 2019

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

Who Will Follow This Notice:

- Any health care professional authorized to enter information into your medical record maintained by Valko and Associates.
- Any person or companies with whom Valko and Associates does business, ie, "Business Associates"
- All persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes describes in this notice.

Our Pledge Regarding Medical Information:

The doctors and staff here at Valko and Associates believe your medical information should remain confidential. The law requires us to establish office policies that are designed to safeguard your medical information. The information contained in this notice constitutes our promise to you that we acknowledge our legal obligation to protect your medical information and it describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

How We May Use And Disclose Medical Information About You: The following categories describe different ways that we use and disclose medical information

1. **Treatment** means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. *For example, a consultation follow up letter from a specialist to your primary care physician would be medical information maintained for treatment purposes.*
2. **Payment** means activities undertaken by a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care. *For example, the medical information furnished to your insurance company so that we may be paid for our services is considered information maintained for payment purposes.*
3. **Health Care Operations** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality of care including: quality assessment and improvement activities, reviews of the competence or qualifications of health care professionals, activities related to underwriting or premium rating of insurance contracts, activities related to legal or accounting services provided to the practice, and business management and planning.
4. **As Required or Permitted by Law.** We may disclose medical information about you when required or permitted to do so by federal, state, or local law.
5. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety and/or the health and safety of the public or another person.

Special Situations that permit or require the disclosure of medical information:

1. **Organ and Tissue Donation,** consistent with local laws.
2. **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined.
3. **Worker's Compensation. In accordance with state law.** We may release without your consent medical information about your treatment for a work related injury or illness.
4. **Public Health Risk.** We may disclose, without your consent, medical information about you for public health activities, including the prevention and control of disease, vital statistics, and public health investigation
5. **Health Oversight Activities.** We may disclose, without your consent, medical information to a health oversight agency for activities authorized by law. These oversight activities include, audits, investigations, inspections and licensure.

6. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.
7. **Law Enforcement.** We may disclose, without your consent, medical information to a law informant official:
 - a. In response to a court order, warrant, summons, grand jury demand, or similar process
 - b. To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings.
 - c. To comply with mandatory reporting requirements about victims of abuse, neglect, or domestic violence.
8. **Coroners and Medical Examiners.** We may disclose, without your consent, medical information for purposes of identifying deceased persons or determining cause of death.
9. **National Security.** We may disclose, without your consent, medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities by law to protect our national security.
10. **Psychotherapy Notes.** Regardless of the other parts of this notice, psychotherapy note will not be disclosed outside of Valko and Associates except as authorized by you in writing or pursuant to a court order, or as required by law.
11. **Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you if they represent to Valko and Associates that such information is necessary.

Your Rights Regarding Medical Information About You: You have the following rights regarding medical information we maintain about you

1. **Right to Inspect and Receive a Copy.** You have the right to inspect and receive a copy of your medical record with an exception to psychotherapy notes if the physician determines that disclosure is likely to have an adverse effect on the patient.
 - a. To inspect or receive a copy of your medical information you must submit your request in writing to the practice.
 - b. We may charge a fee for copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you.
 - c. If you so agree, we may provide you with a summary of the information within your medical record instead of providing you access. Before providing you with such summary, we first will obtain your agreement to pay and will collect the fees, if any for preparing the summary.
2. **Right to Amend.** If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information.
 - a. To request an amendment you must submit the request in writing with a reason that supports your request.
 - b. We may deny your request for amendment:
 - The information was not created by us
 - The information is not part of the medical information created or maintained
 - The medical information that we have is determined to be accurate and completeIf we deny your request for an amendment, you may submit a written statement of disagreement and ask for it to be included in your medical record.
3. **Right to an Accounting of Disclosures** The right to receive an accounting of disclosures of your health information, except those disclosures related to treatment, payment or health operations, disclosures that are made to you, disclosures made for national security purposes or to correctional institutions or law enforcement officials during the past six years.
 - a. To request an accounting disclosure you must submit the request in writing. Include time period of accounting requested. For *Example, over the last 7 months.*
 - b. The first list you request within a 12 month period will be free of charge. For additional list we may charge you for the cost of providing the list, and we may collect the fee before providing the list to you.
4. **Right to Request Restrictions** Except where we are required to disclose information by law, you have the right to request restrictions or limitations on disclosure of your medical information. Please note that with the exception of item b. as listed below, we are not required to agree with your request.
 - a. To request restrictions you must submit the request in writing:
 - What information you want to limit
 - To whom you want the limits to apply (*Example; Disclosures to your spouse*)

- b. You may request that we do not disclose your medical information to your health insurance plan for some or all services received at our practice.
 - Only if you pay the charges for these services you do not want disclosed in full at the time of such service is provided. In full means the amount we charge for the service, not your copay, coinsurance, or deductible.
 - The request must be made prior to services being provided.
- 5. **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Example; you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate any reasonable request. We will not ask you the reason for your request.
 - a. To request confidential communications, you must submit the request in writing
 - b. Define how or where you wish to be contacted.
- 6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice.
- 7. **Changes to This Notice.** We reserve the right to change this notice. We will post a copy of the current notice and make a copy of it available to you upon request.

Complaints:

If you believe your privacy rights have been violated, you may file a written complaint to our Privacy Officer and or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. If you want more information or you believe your rights have been violated, you can contact our Privacy Officer at the following address: Valko and Associates, 3130 Executive Parkway Fr. 8, Toledo, OH 43606. All complaints must be submitted in writing.

Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law.

- If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.

Acknowledgement:

I have been presented with a copy of Valko and Associates' Notice of Privacy Practices.

- I understand that Valko and Associates may, at its discretion, change the terms and conditions of the Notice and that a current version will be displayed in their office.
- I also understand that I may request a copy of this notice at any time.

I have read and hereby consent to the uses and disclosures of my health information as outlined within this Notice.

_____ **Print Name of Patient**

_____ **Signature of Patient or Representative**

_____ **Date**

Relationship of Representative to Patient: _____

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FOR VALKO AND ASSOCIATES' USE ONLY:

The Notice of Privacy Practices was provided to _____ however, he/she did not acknowledge

Receipt for the following reason: _____ refused _____ did not understand _____ other

_____ **Staff Signature**

_____ **Date**