

Complaints

Changes to this notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information added to your medical records after the change occurs. Before we make a significant change to our policies, we will change our notice and post the new notice in the waiting room, exam rooms, and through other means as they may exist at the time, including on our website. You may request a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time your register at our facility for treatment and you will be asked to acknowledge, in writing, your receipt of this notice.

If you have questions regarding this notice or our privacy practices, please contact our Privacy Officer at:

The HealthCare Connection
1401 Steffen Avenue, Cincinnati, OH 45215
513-554-4100.

All written requests or appeals should be submitted to The HealthCare Connection- Privacy Officer, 1401 Steffen Avenue, Cincinnati, OH 45215.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer at The HealthCare Connection, 1401 Steffen Avenue, Cincinnati, OH 45215, 513-554-4100.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address. You may also visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

Under no circumstances will you be penalized or retaliated against for filing a complaint.



Notice of Privacy Practices

Because Everyone Deserves Quality Healthcare.

The HealthCare Connection
1401 Steffen Avenue
Cincinnati, OH 45215
www.healthcare-connection.org



Who will get this notice?

The HealthCare Connection provides health care to our patients in partnership with physicians and other professionals and organizations. These individuals will follow the HealthCare Connection privacy practices:

- All health care professionals who treat at any of our locations
- All departments and units of our organization, including our dental office and wellness sites.
- All employed staff or volunteers of our organization, including physicians, nurse practitioners and physician assistants.
- Any business associates or partners with whom we share health information.

Our pledge to you

We understand that medical information about you is personal. We are committed to protecting your medical information. To promote quality of care and to comply with state and federal laws, we create a record of the care and services we provide to you.

This notice applies to all of the records of care you have received from us, whether that care was provided by facility staff or your personal doctor, dentist or mid-level provider. If you receive treatment at a non-HealthCare Connection site, the doctor you see may have different policies or notices regarding the use and disclosures of your medical information created in that doctor's office. Specific policies may apply to particular clinical procedures or diagnosis. We are required by law to:

- Keep medical information about you private.
- Give you notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the privacy notice that is currently in effect.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

How we may use and disclose medical information about you

- We may use and disclose medical information about you for treatment (such as sending information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operation (such as comparing patient data to improve treatment methods).
- We may use and disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information, without prior authorization, for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administration orders such as a court order or subpoena.
- We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you. If you do not want to receive automated reminder notices by telephone, you must indicate this by a written letter.
- We may also contact you for fundraising efforts, but you can tell us not to contact you again.
- In case of emergency or in urgent situations, we may disclose medical information about you to a friend or family member who is involved in your medical care or to disaster relief personnel so that your family can be notified of your location and condition.

Other uses of medical information

- In any other situation not covered by this notice, we will ask for written authorization before disclosing medical information about you. If you authorize us to disclose information, you may later revoke that authorization by notifying us in writing that you no longer consent to sharing that information.

Your rights regarding medical information

- In most cases, you have the right to look at or get a copy of your medical information that we use to make decisions about your care. You must request a copy of your medical information in writing. If you request a copy, we may charge you a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information on your record is incorrect or if

important information is missing, you have the right to request that we correct your records by submitting a request in writing that provides the reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us, if it is not a part of the medical information maintained by us or if we determine the record is accurate. You may appeal in writing, a decision by us not to amend a record.

- You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure. You must submit a written request for this information. Your request must specify the time period for which you are requesting the information, which must be no more than six years prior to the date of your requests. You may request the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost in producing the list. We will inform you of these charges before you incur any costs.
- If this notice was sent to you electronically, you have the right to a paper copy of this notice.
- You have the right to request that medical information about you be communicated to you in a confidential manner. For example, you may request that we send communications to an address other than your home, provided that you notify us in writing of the specific address and method of communication you prefer.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will honor your request unless the law requires us to share that information.
- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you before we take any action.