

Notice of Privacy Practices

Effective 5-6-2013

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.

We may change the terms of this notice at any time. The new notice will be available to you upon your request. It is also available on our website at www.drspirto.com.

We understand that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says:

1. We must keep your health care information from others who do not need to know it.
2. You may ask that we not share certain health care information. (In some instances, we may not be able to agree with your request)

Protected Health Information (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition related health care services.

Your PHI may be used by health care providers such as doctors, nurses, therapists and other health care professionals who take care of you. They may need your PHI in order to determine your plan of care. This may cover health care services you had previously or in the future.

We may share you PHI in order to get services that you may need. We may also use your information to contact you about upcoming appointments or treatment options.

We may also share your PHI with insurance companies or other collection agencies in order to receive payment for services rendered. We review health care information and bills to make sure that you are getting quality care and that all laws providing and paying for your health care are being followed.

We may use or disclose your PHI as needed in order to support the business activities of this practice. These activities include but are not limited to quality assessment activities, training of medical students, sign in sheets and calling you by name when we are ready to see you.

Other uses and disclosures of your PHI will be made only with your written authorizations, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, except to the extent that this practice has taken action in reliance on the use or disclosure indicated in the authorization.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use your PHI to notify or assist in notifying a family member, or personal representative of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

When PHI is released without authorization, it is normally used to support treatment or payment of medical situations. WE always report:

1. Contagious diseases, birth defects and cancer;
2. Reactions and problems with medicine;
3. To the police when they are investigating a crime, when child or elder abuse may be happening, or when the court orders us to do so;
4. To a provider or to an insurance company who needs to know if you have Ohio Medicaid or other assistance programs;
5. Work related injuries to Workers Compensation;
6. Birth, death and immunization information
7. To the Federal Government when they are investigating something important to protect our country, the President and/or other government workers.

You have the right to inspect and copy your PHI, unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time, you may receive a copy if you ask. You may be charged a fee for copying costs. If you think the information is wrong, you may request in writing that it be changed or new information be added. You may request that these changes be sent to others. You may request a list for any places where information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care or to make sure the laws are being followed.

You have the right to a paper copy of this notice. It is also available on our website at www.drspirtos.com. Please keep this copy for your records.

You have the right to complain if you feel your privacy rights have been violated. Please contact Sandra Chambers at 330.376.2300 or the Office for Civil Rights US Dept. of Health and Human Services 1-800-368-1019.

You will be asked to sign a Consent for Purposes of Treatment, Payment and Healthcare Operations form. This allows us to use or disclose your PHI for the purpose of diagnosing or providing treatment to you, obtain payment for your health care bills or to conduct healthcare operations.