



Notice of Privacy Practices

Effective 12/21/2016

This notice describes how medical information about you may be used and disclosed and how you may obtain access to your information.

Please review it carefully. The Privacy of your health information is important to us.

If you have any questions about this notice, please contact our Office Manager at 419-841-0772.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA.) This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or other purposes that are permitted or required by law. It also describes your rights to access and control of protected health information in some cases.

How the Office May Use and Disclose Your Health Information

1. **Treatment:** We may use and/or disclose your health information to a physician or other healthcare provider and their office personal who are involved in providing you medical treatment.
2. **Other Use and Disclosures:** We may also use or disclose your protected health information for the following purposes: to remind you of an appointment (utilizing voicemail, text, email, postcard), to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may interest you and to inform you of procedure instructions.

Uses and Disclosure Beyond Treatment and Payment Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow use to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

1. As Required by Law. We will disclose your protected health information when we are required to do so be any Federal, State or Local law. For example, disclosure may be required by Worker's Compensation status and various public health statuses in connection with required reporting of certain diseases, adverse drug reactions, etc.
2. To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat.
3. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorize by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and licensure renewals, etc.
4. For Law Enforcement Purposes, Lawsuits or Similar Proceedings. We may disclose your protected health information if required by law when asked to do so by a law enforcement official, as pursuant to court order, court-ordered warrant, subpoena, summons or similar process. We may also use your protected health information to defend the practice.
5. For Research. Under certain circumstances, we may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment over another.
6. To Coroners, Medical Examiners, Funeral Directors and Organ Donations. We may disclose your protected health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death, if necessary, we also may release information in order for a funeral director to perform their job or to facilitate organ or tissue donation.

Use and Disclosure Permitted Without Authorization But with Opportunity to Object.

We may disclose your protected health information to your family member or close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care.

You may object to these disclosures. If you do not object to these disclosures or we can infer from circumstances that you do not object or we determine, in the exercise of our professional judgement, that it is in your best interests to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.



Your Rights Regarding Your Medical Information:

You have the following rights regarding the medical information this office maintains about you:

1. **Right to Inspect and Copy.** You have the right to inspect and/or obtain a copy of your medical information. To inspect and/or copy your medical information please submit a request in writing to ICA Beautiful You. If you request a copy we may charge for the cost of copying, mailing, or supplies associated with your request.
2. **Right to Amend.** If you feel that the medical information we have about you is complete or incorrect, you may ask us to amend the information. You may ask for an amendment for as long as we have your medical records. To request and amend please do so in writing and submit it to ICA Beautiful You. 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. We may, also, deny your request if you ask us to amend information that: (a) was not created by us; (b) is not part of your medical information kept at this office; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and completed.
3. **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosure." This is a list of the disclosure this office has made of your medical information. To request this accounting of disclosures, you must submit your request in writing to ICA Beautiful You. Your request must state a time period which may not be longer than seven years.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction you must submit it in writing to ICA Beautiful You.
5. **Right to Request Confidential Communication.** You have the right to request that we communicate with you by alternative means or at an alternative location. To request confidential communication you must make your request in writing to ICA Beautiful You.
6. **Right to Paper Copy of this Notice.** You have the right to a paper copy of this Notice. To obtain a copy, please contact ICA Beautiful You.

Revision of this Notice

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in this office and make a copy of the new Notice available to you upon request. Any revised Notice will contain the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, please contact the Office Manager at 419-841-0772 so a full investigation may begin. You may also, file a complaint with the Office of Civil Rights. All complaints must be submitted in writing.

We support your right to the privacy of your information. We will not penalize you in any way for filing a complaint.

Other Uses of Medical Information

Other uses and disclosure of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such authorization in writing to use or disclose medical 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 your medical information.

I, _____, hereby acknowledge receipt of the ICA Beautiful You Notice of Privacy Practices.

Signature

Date