

NOTICE OF PRIVACY POLICIES FOR GREAT LAKES PHYSICIANS

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

Introduction

At Great Lakes Physicians, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective 1/1/2008 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record / Information

Each time you visit Great Lakes Physicians, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the many health professionals who contribute to your care
- Legal documents describing the care you received
- Means by which a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work the care we render and the outcome we achieve

Understanding what is in your record and how your health information is used, helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Great Lakes Physicians, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Great Lakes Physicians is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing of health information after we receive a valid revocation of the authorization according to procedures in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Great Lakes Physicians Privacy Officer at (419) 483-2494.

If you believe your privacy rights have been violated you can file a complaint with the Practice's Privacy Officer or the office for civil rights. The address for OCR is listed below.

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, 11114 Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Options

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or subsequent health care provider with copies of various reports that should assist with your continued care.

GREAT LAKES PHYSICIANS

Andrea Moore, M.D.

1005 West McPherson Hwy
Clyde, OH 43410

I hereby acknowledge that on _____ I received the Notice of Privacy Practices of Bellevue Professional Services, Inc. (D.B.A. Great Lakes Physicians) which sets forth ways in which my personal health information may be used or disclosed by Great lakes Physicians, and outlines my rights with respect to such information.

Authorization To Leave Messages With Household Members/Answering Machine

From time to time it is necessary for representatives of Great Lakes Physicians to leave messages for patients. The purposes of these messages is to remind patients that they have an appointment, to notify the patient that Great lakes Physician staff would like to discuss patient information, or to ask a patient to call a Great Lakes Physician office regarding an issue or concern. At no time will a representative of Great lakes Physicians discuss your medical circumstances or condition without your consent. The purpose of this consent is to leave messages with members of your household or on your answering machine/voice mail, or cell phone.

- ☐ Home Telephone # _____ ☐ Work Telephone _____
- ☐ Can leave message with detailed information
OR
☐ Leave a message with a call back number only
- ☐ Can leave message with detailed information
OR
☐ Leave a message with a call back number only

- ☐ Alternate Telephone # _____
- ☐ Can leave message with detailed information
OR
☐ Leave a message with a call back number only

Please Indicate Who We Can Speak To Regarding Your Medical Information:

- ☐ Patient only
- ☐ Spouse or Significant other Name: _____ Phone: _____
- ☐ Parents Name: _____ Phone: _____
- ☐ Other Name: _____ Phone: _____

You have the right to revoke this consent, **in writing**, except where we have already made disclosures in reliance on your prior consent.

Patient's Name Printed

Date of Birth

Signature of Patient or Legal Representative

Relationship

Date