

I. OUR GENERAL DUTIES REGARDING YOUR MEDICAL INFORMATION

We receive, use, and create medical information and records related to the care and services you receive at Kettering Cardiothoracic & Vascular Surgeons, Inc., (the "Practice"). We need such information to provide you with quality care, to comply with certain legal requirements, and to carry out business functions of the Practice. We are required by law to maintain the privacy of your medical information (also known as "protected health information"). In other words, we must make sure that medical information that identifies you is kept private. We are committed to protecting your privacy rights and will only use or disclose your medical information as permitted by law.

This Notice applies to all of the records of your care used or generated by this Practice and describes the different ways that we use and disclose your medical information. It also describes certain rights that you have with respect to your medical information. We are required by law to give you this Notice of our legal duties and privacy practices with respect to medical information about you. You have the right to receive a paper copy of this Notice. In addition, if we maintain an Internet Web Site, we will make a copy of our current Notice available on that Site.

We are required by law to abide by the terms of the Notice that is currently in effect. Please be aware that we may change the terms of this Notice at any time. We will post a copy of the current notice in the office waiting area. In addition, each time you visit our office for treatment, we will make a copy of the current notice in effect available to you upon your request.

II. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

A. Frequent and Routine Uses and Disclosures for Treatment, Payment, Health Care Operations, and Administrative Purposes.

At your first face-to-face visit to our offices on or after April 14, 2003, we will use good faith efforts to obtain from you a written acknowledgment that you have received a copy of this Notice of Privacy Practices. After that, with a very few exceptions described below, applicable Ohio and Federal (HIPAA) laws permit us to use and disclose your medical information for treatment, payment, and/or health care operations purposes and other routine uses, as described below.

(i) **No Consent Needed:** We are not required to obtain your consent to use/disclose your patient information for the following purpose(s):

(a) **Treatment** - We may use or disclose medical information about you to provide you with medical treatment or services. This means that we may share medical information about you with doctors, nurses, and other staff here at the Practice who are involved in taking care of you. It also means that we may disclose medical information about you to providers outside our office who are or may be involved in your medical care.

For example, we may disclose medical information to another physician, a hospital, surgical center, or other facility to which we may send you for procedures or follow-up care.

(b) **Appointment Reminders and Other Administrative Purposes** - We may also use and disclose medical information about you to:

- Contact you as a reminder that you have an appointment for treatment at the Practice (but this may be limited by your request for confidential communications, as described below on page 6);
- Tell you about or recommend possible treatment options or alternatives that may be of interest to you; and
- Tell you about health-related benefits or services that may be of interest to you.

(c) **Payment** - We may use or disclose medical information about you to your insurance company, a governmental payer, or other responsible third party for the purpose of receiving payment for the medical treatment you have received. For example, we may tell your health plan about a medical treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also use your medical information for billing and collections purposes.

(d) **Health Care Operations** - We also may use and disclose medical information about you for purposes of health care operations. These uses and disclosures are for the necessary business of the Practice, and they include such activities as education and training and quality improvement. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. For some of these health care operations purposes, we will share your medical information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the Practice. Whenever an arrangement between our Practice and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

(ii) **Exceptions** — Ohio law gives certain types of medical information more stringent confidentiality protection. Ordinarily, because of the nature of our Practice, we do not have occasion to access, use, or disclose such information. If we do use such information, however, our practices are as follows.

(a) **AIDS/HIV** — For purposes other than patient treatment, public health and safety, organ procurement, accreditation or oversight review, and emergency exposures, we must obtain your specific authorization before we disclose information about HIV/AIDS status or testing results. Thus, for example, we must obtain specific authorization from you before releasing any such information about you for payment or health care operations purposes, but we do not have to do so for treatment purposes.

(b) **Mental Health Records** — For records, reports, and applications pertaining to persons who are or were hospitalized or whose hospitalization has been sought pursuant to a court order, disclosure is prohibited except where the information is

disclosed pursuant to a court order, to the patient's family member involved in treatment, to the executor or administrator of a deceased patient's estate, to the Department of Mental Health for quality assurance purposes, or to the appropriate prosecuting attorney for commitment proceedings. Information on psychological/mental health matters from any other sources are not given such special protection and may be used or disclosed by the Practice for the general treatment, payment, and health care operations purposes, as described above in Paragraph (i) of this Section A.

(c) **Mental Retardation/Developmental Disabilities** — The personal and medical records of all mentally retarded/developmentally disabled persons shall remain confidential, except that such records may be disclosed pursuant to court order and where the managing officer for institution records (appointed by the director of the Department of Mental Retardation and Developmental Disabilities) believes that disclosure to a mental health facility is in the best interests of the patient. Further, the **identity** of an individual who requests programs or services offered through the Department of Mental Retardation and Development Disabilities shall not be disclosed unless approved by the county board, necessary for approval of a direct service contract, or necessary to ascertain that the county board's waiting lists for programs or services are being maintained in accordance with the law.

(d) **Drug and Alcohol Treatment** — Records pertaining to the identity, diagnosis, or treatment of any patient which are maintained in connection with any state-licensed drug treatment program shall be kept confidential, except that such record may be disclosed pursuant to a written release signed by the patient, to court or governmental personnel having responsibility for supervising a parolee or probationary patient ordered to rehabilitation in lieu of conviction, to qualified personnel for the purpose of conducting scientific research, management, financial audits, or program evaluation, or pursuant to court order.

B. Other Uses and Disclosures of Medical Information for which Patient Permission or Authorization is Not Necessary

We may use and disclose medical information without your express permission in the following situations:

(i) **Uses and Disclosures to Family and Friends** - We may disclose to your family member or close personal friend involved with your medical care medical information about you that is directly relevant to your family member or friend's involvement with your care or with the payment related to your care. In most instances, before we disclose any medical information about you to your family members or your friends, we will inform you of the disclosure and give you an opportunity to agree or object to the disclosure.

(ii) **Uses and Disclosures for Disaster Relief Purposes** - For the limited circumstances of disaster relief efforts, we may disclose medical information about you to your close family or friends or to a public or private disaster relief entity for purposes of notifying your family and friends of your condition and location. If you are available and competent, prior to the disclosure we will give you an opportunity to agree or object

to the disclosure to the extent that providing you with prior notice and an opportunity to restrict or object to the disclosure will not interfere with our ability to respond to the emergency situation.

(iii) **Uses and Disclosures Required by Law** - We may use or disclose medical information to the extent that such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law;

(iv) **Uses and Disclosures for Public Health Activities** - We may use or disclose medical information about you for public health activities, such as to:

(a) A public health authority that is authorized by law to collect or receive information for the purposes of preventing or controlling disease, injury, or disability;

(b) To a public health authority or other appropriate government entity authorized by law to receive reports of child abuse or neglect;

(c) An FDA agent or official to report reactions to medication or problems with products;

(d) A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or

(e) An employer, to evaluate whether the individual has a work-related illness.

(v) **Disclosures about Victims of Abuse, Neglect, or Domestic Violence** - We may disclose medical information about you to a government authority, including a social service or protective agency, if we reasonably believe a patient to be a victim of abuse, neglect, or domestic violence.

(vi) **Uses and Disclosures for Health Oversight Activities** - We may disclose or use medical information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; or licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

(vii) **Disclosures for Judicial and Administrative Proceedings** - We may disclose medical information about you in the course of any judicial or administrative proceeding with a valid court order or appropriate subpoena or discovery request, as long as we follow certain procedures required by Ohio or federal law.

(viii) **Disclosures for Law Enforcement Purposes** - We may disclose medical information if asked to do so by a law enforcement official, as long as we follow certain procedures required by Ohio or federal law.

(ix) **Uses and Disclosures to Coroners, Medical Examiners, and Funeral Directors** - We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties.

