



An Association of Independent Practitioners  
Westerville | Dublin  
www.ColumbusBehavioralHealth.com  
614.360.2600

## NOTICE OF PRIVACY PRACTICES

Effective 12/12/2014; Revised 6/29/2020; 3/4/2024

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.

### OUR RESPONSIBILITIES

This notice explains your rights to your health information and our duties to help you. We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### YOUR RIGHTS

*Right to request restrictions:* You have the right to ask us **not** to 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 health care service or item out-of-pocket in full, and specifically request that we not share that information for the purpose of payment of our operation with your health insurer, we will honor your request, unless a law requires us to share that information.

Right to receive confidential communications: You have the right to request that we communicate with you in a certain way. For example, you may ask that we only contact you on your cell number and not at work. We will accommodate reasonable requests.

Right to get a copy of your medical record: You have the right to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health request within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to ask us to correct your medical record: You may ask us to correct health information that you think is incorrect or incomplete. You will be notified in writing if your request is denied within 60 days.

Right to an accounting of disclosures: You have the right to receive a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

Right to choose someone to act for you: If you have given someone medical 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 the person has this authority and can act for you before we take any action.

Right to a paper copy of this Notice: You have a right to receive a paper copy of this notice at any time. We will provide you with a copy promptly.

## **WAYS WE USE OR SHARE YOUR HEALTH INFORMATION:**

### For Treatment

\_We can use and share your health information with other professionals who are providing treatment to you. For example, a therapist treating you may ask other providers at the practice for case consultation.

### For Payment

\_We can use and share your health information in order to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

### For Health Care Operations

\_We can use and share your health information to run our practice, improve your care, and

contact you when necessary. For example we use health information about you to manage your treatment and services.

## **WE ARE ALLOWED TO SHARE YOUR HEALTH INFORMATION FOR THESE PURPOSES:**

### *As Required by Law*

\_We will share health information about you when we are required to do so by state or federal law including the Department of Health and Human Services if they want to see that we are complying with federal privacy law.

### *Public Health Risks*

\_We will use or share your health information in certain situations. Examples include preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing, or reducing a serious threat to anyone's health or safety.

### *In Cases of Child Abuse*

\_If we know or have reason to suspect that a child is being neglected or abused, or that a child has been neglected or abused within the preceding three years, we will immediately report this to the local welfare agency, police, or sheriff's department.

### *Judicial and Administrative Proceedings*

\_We can share information about you in response to a court or administrative order or response to a subpoena.

### *Law Enforcement*

\_We can share your health information with a law enforcement official if required or permitted by law.

### *Research*

We use or share your information for health research purposes under certain limited circumstances.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

*Work with a medical examiner or funeral director*

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **NOTICE CHANGES**

We can change this Notice. We reserve the right to make the revised or changed Notice effective for all information we already have about you. The new notice will be available upon request, in our office and on our website [www.ColumbusBehavioralHealth.com](http://www.ColumbusBehavioralHealth.com).

#### **COMPLAINTS**

If you feel that we violated your privacy rights you may contact us at Columbus Behavioral Health Privacy, 115 Commerce Park, Suite B, Westerville, OH 43082.. or call us at 614.360.2600.. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.