



Mid-Ohio Neurology

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

This is a formal notification, as required by the government concerning the privacy policy of this practice. This practice has an obligation to maintain all medical information in the strictest of confidence. Our practice cannot release information without your consent including conversations, reminder calls, test results and other confidential issues. Patient information about health care is identified as PHI or protected health information. This new policy requires that you, the patient, identify at the time of registration with us specific direction about release of information. You can change this information at any time with either written notification or verbal notification, followed up in writing.

Your protected health information (PHI) is a part of your medical care, and can be used or disclosed as follows:

- For your treatment this practice and other locations which we contract with for services or for emergency care needs. This may include any office services, referral for diagnostic tests of services related to hospital or nursing home care.
- For obtaining payment for treatment with your identified health care program. This would include and documentation related to this care. Including history forms, progress notes or radiology notes. This would include eligibility verification, prior authorization and claim submission.
- For operators of this practice, such as enrolling with insurance programs, hospital privileges, accounting, and compliance with federal and state laws and regulations.
- Appointment reminders and health related benefit services only with your consent identified on the registration form which can be modified at any time in writing or orally, followed by written consent.
- Consent is not required for emergency care and treatment An emergency is identified as a medical condition that in the judgment of the physician requires information for care on your behalf.

Certain disclosures can be made without your consent, and they are as follows:

- Disclosure required by the government or law enforcement agencies. An example would be victims of abuse.
- Information used for public health purposes, medical e)(aminers or related to a person's death or for the health department for disease tracking. Specific governmental functions required by law. Military requests for records.
- Information used for health care oversight, such as a site review by an insurance program.
- Workers compensation and/or employer paid exams.

This practice reserves the right to modify or change this privacy statement and process at any time. Revision to the notice will be available upon request by contacting the office. The changes will be effective retroactively to the initial date of the Privacy Notice. An updated Privacy Notice will be posted in the office within 60 days of the revision.

If you have a concern or complaint about how your protected information is being used, from this time forward you should first contact our office Manager to resolve your concerns or you may contact the Office of Civil Rights or the Ohio Medicare Carrier, GBA Palmetto.