

**Notice of Privacy Practices
for
UC Physicians Affiliated Covered Entity**

This Affiliated Covered Entity (ACE) is comprised of the following Groups:

University Anesthesia Associates, Inc., University Dermatology Consultants, Inc., University Emergency Physicians, Inc., University Family Physicians, Inc., University Internal Medicine Associates, Inc., University Neurology, Inc., Greater Cincinnati OB/GYN, Inc., University Eye Physicians, Inc., University Orthopaedics Consultants of Cincinnati, Inc., University Ear, Nose, & Throat Specialists, Inc., Academic Pathology Associates, Inc., University Rehabilitation, Inc., Psychiatric Professional Services, Inc., University Radiology Associates of Cincinnati, University of Cincinnati Surgeons, Inc., University Anesthesia Group, Inc., University Physicians, Inc., University Surgeon and Dental Associates, Inc.

Effective Date April 14, 2003

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

OUR COMMITMENT TO YOU

As faculty of the University of Cincinnati College of Medicine, our physicians have a three-part Mission. They are committed to **HEALING** through high quality medical care as they perform **TEACHING** to the healthcare providers of tomorrow. In addition the faculty strive to be **LEADING** the advances in medical knowledge through healthcare research. In order to be successful, these efforts require the usage and disclosure of health information. We understand that medical information about you and your health is personal. We are committed to using and disclosing health information about you responsibly as we focus on our Mission. This Notice of Privacy Practices describes the health information we collect and how and when we use and disclose that information. It also describes your rights as they relate to your health information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- **Obtain a paper copy of this Notice** upon request, even if you have received it electronically or from our website at www.ucphysicians.com
- **Inspect and copy your health record by using a written request form.** We may charge you a reasonable fee for copying the information and for postage
- **Complete a written request for an amendment of your health record.** We are not obligated to make all requested amendments but we will give each request careful consideration
- **Obtain an accounting of certain disclosures** of your health information. We may charge a reasonable fee for more than one accounting in a 12 month period
- **Make a written request for confidential communications** of your health information by alternative means (e.g. fax versus mail) or at alternate locations (e.g. office versus home)

- **Request a restriction on certain uses and disclosures** of your information by completing a request form. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate
- **Provide written authorization** for uses and disclosures not otherwise permitted by law
- **Revoke your authorization** to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information according to law
- Provide you with this Notice of 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 alternative locations.

We reserve the right to change our practices and to make new provisions effective for all information we have about you. We will post the current Notice in our offices and on our website at www.ucphysicians.com. We will provide copies of the current Notice in effect upon your request.

We will not use or disclose your health information without your authorization, except as described in this Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

USE AND DISCLOSURE INFORMATION

For Healthcare and Treatment. *For example:* Doctors, nurses and other professionals involved in your care will use information in your medical record to plan a course of treatment for you that may include procedures, medication, tests, etc. We may give information to your health plan or other providers to arrange referrals, consultations and coordination of care. To provide coordination of care and efficiency, our radiology images and reports are routinely shared with University Hospital staff.

For Payment. *For example:* A bill may be sent to you or a third-party payer. The information on, or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Our billing company makes patient demographic information available to all subscribers of its system.

For Healthcare Operations. *For example:* Quality improvement teams may use information in your health record to assess the care and outcomes in your case and others like it. Since education is an important part of our Mission, we frequently have students, residents and fellows involved in your care and treatment.

To Business Associates: Certain aspects of our services are performed through contracts with other persons or companies, such as billing, transcription, auditing, legal services, etc. We require these business associates to appropriately safeguard the privacy of your information.

For fundraising: We may contact you as part of a fund-raising effort to further our Mission.

To family and friends involved in your care: Health professionals using their professional judgment may disclose to a family member, other relative, close personal friend or persons you identify, information that is relevant to that person's involvement in your care or payment related to your care. We may use or disclose information to assist in

notifying a family member, personal representative or other person responsible for your care, information about your location and general condition.

For appointments and services: We may contact you to provide appointment reminders or information about treatment alternative(s) or other health related benefits and services that may be of interest to you.

OTHER PERMITTED USES AND DISCLOSURES

To public health authorities charged with preventing or controlling disease, injury or disability. We will notify appropriate reports if we suspect child/elder abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence.

For research purposes we will generally seek your authorization. However in some situations an Institutional Review Board or Privacy Board may review a research proposal and grant a waiver of authorization under established standards set by law to ensure the privacy of your information.

To coroners and funeral directors to identify deceased persons, determine cause of death and carry out their duties.

For marketing of all goods and services we will obtain your authorization except if the communication is in the form of a face-to-face communication made to you or a promotional gift from us of nominal value.

To organ donation organizations as necessary to facilitate organ procurement, tissue donation and organ transplantation.

To the Food and Drug Administration (FDA) information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

For workers compensation to the extent authorized by and to the extent necessary to comply with applicable laws.

For legal/judicial/administrative/law enforcement purposes such as reporting certain wounds, injuries and crimes; responding to court orders and assisting in identifying and locating suspects, fugitives or victims of crime.

For health oversight activities such as audits, investigations, civil or criminal proceedings or licensure and disciplinary actions.

For military/national security as required by armed forces services and also as necessary for national security, intelligence activities or for protective services for the President and others.

For Further Information or Assistance

If you have questions, would like to exercise one of your specific rights or would like additional information you may contact the UC Physicians' Privacy Officer as noted below.

If you believe your privacy rights have been violated you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. We welcome your comments.

Secretary

Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Privacy Officer

UC Physicians Affiliated Covered Entity
222 Piedmont Avenue
Cincinnati, OH 45219
513-558-4274