

# New Patient Appointment



## **A Guide to Your New Patient Appointment**

Your first appointment with us is important. We will discuss and collect your medical or dental history, conduct a thorough exam, and review your medication usage. We will then establish a treatment plan if needed.

## **Arriving for Appointments**

To speed up the check-in process, we kindly request that you arrive 15 minutes before your scheduled appointment. Please have the following items ready at check-in:

- Identification (Driver's License, State ID, Passport)
- Your insurance card (if applicable)
- Your co-pay (if applicable)

If you are enrolling in the sliding fee program or applying for insurance, please bring 30 days' worth of household income, such as current pay stubs, tax returns, or a letter of employment.

## **Please prepare the following for your appointment:**

- List of current medications, including over-the-counter
- Any medical records from your previous doctor or a fax number to the doctor's office so we may request the records
- A list of health concerns to discuss with the doctor

## **Cancelling or Rescheduling Your Appointment**

We understand that you may not be able to keep your appointment at times. However, we kindly ask that you inform us at least 24 hours in advance, if you need to cancel or reschedule. To ensure you receive a reminder and to confirm your appointment date and time, please inform the staff of your preferred communication method.

Automated notification method options (you may choose more than one):

- Email
- Phone Call
- Text Message

We value your time and strive to provide efficient and convenient services. If you need to reschedule your appointment, a member of our team will contact you the next morning. We are happy to accommodate your needs and find another convenient time for your visit.

We appreciate your cooperation and understanding in following these guidelines. Our goal is to provide the best possible care to all of our patients, and your support greatly assists us in achieving this objective.

## **Patient Portal**

We offer a patient portal for both medical and dental purposes. This convenient platform allows you to communicate with us by sending messages to schedule appointments, request refills, or ask the doctor a question. You can also access essential items such as your lab test results, vaccination records, and any clinical summaries or consultation outcomes. Signing up for the portal is easy; just provide staff with your email address to get started today.

**Patient Portal: <https://health.healow.com/medinacountyhealth>**

# Our Model of Care

We see you as a vital member of your healthcare team.

We are committed to providing the quality care you need. Your healthcare team will make sure you are up-to-date on all of your health care and/or dental screenings, provide preventative care and care when you are sick or experiencing dental problems. Should you develop a chronic condition, our team of healthcare professionals will work with you to create a personalized plan and guide you through treatment. Come for one service or come for them all!

As a patient-centered health center, access to your health care team is easy. Often, we can provide same day sick visits. Emergency dental appointments are scheduled as soon as possible, often, the same day. If you need a follow-up visit, the front office will help you with scheduling. If you are worried about being able to afford the care you need, we have in-house billing specialists that will help you with options including setting up a payment plan that fits your budget. You can also meet one-on-one with our Licensed Social Worker to see if you could benefit from, or potentially qualify for, other programs or resources. We are here to help.

Choosing your primary care providers (PCP) is important as they often manage your care for an extended period. We encourage you to choose someone with whom you feel comfortable. Your PCP is a leader in your patient-centered team. Should you ever require hospitalization, your PCP will work with your hospital team.

Your health is important to us; we are available by phone during normal business hours as well as for emergencies after hours by calling **330-723-9688 and choosing option 1**. However, we encourage you to make an appointment in advance, including same day urgent care.

*We're glad you're here!*

Let us know how we can help you with your health care needs.

# Insurance Coverage Tips



We understand how stressful it can be to navigate the confusing world of healthcare coverage. That is why we offer a Certified Application Counselor (CAC) to assist with insurance enrollment. From filling out forms, understanding eligibility requirements, to submitting documentation, our CAC is here to help make your experience as comfortable and stress-free as possible. You can easily schedule an appointment by calling us at 330-723-9688 and choosing option 1.

It is important to maintain active insurance coverage to avoid any gaps in coverage. If there are changes to your name or address, notify your insurance company and/or Ohio Medicaid immediately to receive important correspondence promptly. Be sure to read any messages or letters from your insurance company or Ohio Medicaid carefully and follow the instructions provided. Our Billing Specialists and CAC are always available to answer any questions you may have.

During your visit, if you need to provide income information, please bring all necessary documentation. Even if you have insurance coverage, there may be fees associated with your visit. However, you may be eligible for reduced fees based on your income. Be sure to refer to the Sliding Fee Discount Insert for more information.

Don't forget to bring your health insurance card to each visit to avoid any confusion and ensure that all statements are directed to the correct recipient. Notify us of any changes to your insurance coverage to prevent any billing errors. We believe that financial barriers should not prevent anyone from receiving healthcare services. If you are unable to afford the cost of a co-payment, please contact us so we can schedule an appointment for you with one of our Billing Specialists. Our team can also help set up a payment option to fit your current situation.

If you receive a statement from us have any questions regarding charges, please feel free to call our office and ask to speak with a Billing Specialist or Office Supervisor. You can do this over the phone at 330-723-9688, option 1, or in person by appointment.

# Referrals, Interpreters & Transportation



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## **Referrals:**

We recognize that specialized care for your medical and dental needs is essential. That is why we are pleased to provide referrals to qualified specialists. This ensures that all professionals involved in your care have access to your treatment, medications, lab results, and other tests. It is important to request referrals before scheduling a specialist visit. Please keep in mind that some referrals may require insurance approval before you can receive the care you need. This process may take several days to complete. We are available to help you with any questions you may have about your referral's coverage or to provide location and specialist information.

## **Interpreters:**

Our facility is dedicated to offering quality, culturally sensitive care to all our patients. We understand how important language is in healthcare, which is why we provide interpreters at no additional cost to you. Our interpreters prioritize your privacy and confidentiality while helping ensure you receive the best quality care possible. We offer on-site and over the phone interpretation services in multiple languages to support you during your time with us. Our team is always happy to facilitate effective communication and provide top-notch care. Please let any of our staff know, preferably when scheduling a visit, if you would like an interpret to attend your appointment.

## **Transportation:**

If transportation is an issue for you when attending appointments at our locations, please don't hesitate to reach out to our Licensed Social Worker or Office Supervisor for assistance. We understand how important it is for you to receive medical and dental care, so we're here to help. You may qualify for a no-cost transportation service upon evaluation of eligibility.

# Urgent Care Appointments

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If you are feeling sick and need to schedule an appointment or to speak with a team member, please call our main number at 330-723-9688 and choose option 1. When leaving a message, please include your full name, date of birth, the best phone number to reach you, and the reason for your call. Your call will be returned as soon as possible, depending on the urgency of your medical concern.

To ensure we schedule an appropriate appointment, be prepared to answer questions about your symptoms. If possible, we will accommodate you with an office or telehealth appointment, or provide recommendations over the phone. We strongly encourage calling ahead before coming to the health center, as this may save you a trip and minimize wait time. If you walk in without calling to schedule an appointment, we may not be able to see you.

If we are closed, you can still reach our on-call doctor by phone for urgent needs. To do so, dial the regular Health Center telephone number at 330-723-9688, option 1, and follow the instructions. If you do not receive a response within 15 minutes, please call again.

It is important to note that the emergency room may not always be the most appropriate or cost-effective option for your care. The emergency room is best if you are experiencing a medical emergency. Examples of medical emergencies include difficulty breathing, heavy or sudden bleeding, severe or sudden chest pains or pressure, or any other serious health problem that requires *immediate* attention. In such cases, please call 911 or proceed to the nearest emergency room. When contacting 911, provide your name, street and city address, and a brief description of the emergency, such as difficulty breathing.

# We're Glad You're Here!



Thank you for choosing the Medina County Health Center for your healthcare needs. Inside this folder, you will find information to help you have a great experience, get to know who we are and what we believe in, along with the services we have to offer.

Everyone deserves access to quality healthcare without fear of judgement or discrimination. We strive to maintain confidentiality and privacy throughout every interaction, respecting the dignity and autonomy of every patient. By consistently upholding these principles within our facility, we aim to foster trust between patients and healthcare providers, promoting overall well-being for all who seek our services.

We understand that individuals may face unique challenges when it come to their health, and we are committed to providing personalized care to meet your specific needs. Our team of healthcare professionals is dedicated to staying up-to-date with the latest advancements in medical/dental research and technology, ensuring that our patients receive the highest quality of care.

Everyone deserves healthy relationships. The Health Center is a safe space. If you are experiencing violence and/or sexual abuse, please let our staff know and you will be provided with a safe space and help with resources. If you are afraid to speak aloud, you can alert staff in writing, hand staff a red card conveniently placed at the front desk and in each operatory, or ask to speak with "Tom".

## Locations & Hours

### Medina Office:

Medical, Dental Services & Behavioral Health  
4800 Ledgewood Drive  
Medina, Ohio 44256

#### Hours:

Monday, Wednesday and Thursday  
8:00AM to 4:30PM

Tuesday  
8:00AM to 7:00PM

Friday  
8:00AM to 2:00PM

Phone: 330-723-9688, option 1  
Fax: 330-723-9674

We Close for Federal Holidays

### Wadsworth Office:

Medical Services & Behavioral Health  
185 Wadsworth Road, Suite C  
Wadsworth, Ohio 44281

#### Hours:

Tuesday  
8:00AM to 7:00PM

Wednesday  
8:00AM to 4:30PM

Friday  
8:00AM to 2:00PM

Phone: 330-723-9688, Option 1  
Fax: 330-723-9674

We Close for Federal Holidays

**Urgent After-Hours Phone Number: 330-723-9688, option 1**

If you do not hear back within 15 minutes please call again

Visit us at

[www.medinahhealth.org/healthcenter](http://www.medinahhealth.org/healthcenter)

# Our Services

## Physicals

- Annual Exams
- School/Sports
- Work

## Immunizations

- Child
- Teen
- Adult
- International Travel

## Screenings

- Cervical Cancer (Pap)
- Sexually Transmitted Infection
- HIV
- Colorectal Cancer
- Breast Cancer

## Reproductive Health

- Annual Exams
- Family Planning
- Pregnancy Tests
- Birth Control

## Well-Child Check

- Developmental Screenings
- Immunizations
- Weight Checks

## Dental Care

- Exam & Cleaning
- Sealants
- Root Canals
- Extractions
- Fillings
- Crowns
- Fluoride Treatment

## Chronic Disease

- Medication Management
- Coordination of care with a Specialist
- Education and Support
- Diabetes, Asthma, etc...

## Other Services

- Opioid Treatment (Vivitrol)
- PrEP
- Case Management
- Covid-19 Testing

## Our Licensed Social Worker is available to assist you even if you are not a patient.

## Insurance

- Certified Application Counselor for Medicaid/Marketplace
- Insurance Eligibility
- Emergency Medical for Non-U.S. Citizen

## Counseling

- Cognitive Behavioral Therapy
- Counseling
- Goal Setting

## Resources Such As:

- Homelessness Resources
- Referrals for Free Eye Exam and Glasses
- Transportation for Appointment
- Nursing Home Eligibility
- Other Social Services

## If you are looking for more information, you can visit our sites below:

### Website:

<http://medinahealth.org/healthcenter>

### Email Us:

[healthcenter@medinahealth.org](mailto:healthcenter@medinahealth.org)

### Community News Letter:



Call Us: 330-723-9688, Choose option 1

### Patient Portal

<https://health.healow.com/medinacountyhealth>

### Facebook:

Facebook.com/medinahealth

### Instagram:

@MedinaHealth

### Twitter:

@MedinaHealth



## **Medina County Health Department** **Customer Rights**

The Medina County Health Department hereby adopts the following service pledge to our customers:

You can expect Medina County Health Department staff to:

- Treat you with respect, integrity, dignity, courtesy, and fairness whatever your age, sex, race, religion, nationality, ethnic origin, sexual orientation, gender identity, or service needs.
- Provide services that are sensitive to your cultural values, in your preferred language, and in compliance with ADA requirements.
- Give you answers that you can understand to questions about the services and policies of the Medina County Health Department and its divisions.
- Provide timely access to your records upon request.
- Inform you of costs prior to service.
- Explain your service, treatment, or health status in terms you can understand.
- Keep all records about your service or health care private unless permission to release is given by you, required for billing purposes, or mandated by law.
- Make you aware of what information we are required by law to report about you.
- Hear your suggestions about our services.
- Accept your written or verbal complaints and act on valid grievances within a reasonable time.
- Partner with you to reach your health care and service needs.

If you have questions or comments, please contact us at 330.723.9688.



# There is Help Available to Pay for your Health Care: The Medina County Health Department Health Center's Sliding Fee Discount Program

The Health Center provides comprehensive and high quality primary care services to people in need, regardless of their ability to pay. At the Health Center you will NOT be turned away even if you don't have health insurance. This handout explains our Sliding Fee Discount Program for which you may qualify.



## What is the Sliding Fee Discount Program?

It is a program that may offer you a discount on your medical bill depending on your income and family size.

## What do I need to know about the Sliding Fee Discount Program?

- The program sets a discount on what you pay based on the size of your family and how much money your family makes in a year.
- You can apply for a discount even if you have insurance.
- Each health center sets its own fees and discounts.

## How does the Sliding Fee Scale Discount Program Work?

The program is designed to allow people to pay for health care services based on their ability to pay. Therefore, people making less money will pay less than people making more money.

## What will I pay if I qualify for the Program?

How much you might pay will depend on your insurance, and your family income and size.

Type of Insurance	You MIGHT Pay
Private Health Insurance	Deductible and/or Copay
Medicaid	Nothing, unless co-pay required
CHIP	Copays
Medicare	Copays
<u>Have</u> health insurance <u>and</u> qualify for the <b>Sliding Fee Discount Program</b>	Nothing, a Nominal or Discounted fee
<u>No</u> health insurance <u>but</u> qualify for the <b>Sliding Fee Discount Program</b>	Nothing, a Nominal or Discounted fee
<u>No</u> health insurance <u>and</u> <u>don't</u> qualify for the <b>Sliding Fee Discount Program</b> <u>or</u> you choose not to participate in	Regular fee

## How do I apply for the Program?

Please let our staff know that you are interested in applying for the Program.

## What papers I may need, to show family income and size?

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- Earnings
- Unemployment compensation
- Worker's compensation
- Social security
- Supplemental security income
- Public assistance
- Veteran's payment
- Survivor benefit
- Disability benefit
- Pension or retirement income
- Interest
- Dividends
- Rents, royalties, estates, and trust
- Educational assistance (if for living expenses)
- Alimony
- Child support
- Other cash income

***If you don't have any of those documents we will NOT turn you away; we may ask you to sign a temporary self-declaration to give you time to bring the needed documents.***

### Terms to Know

**Deductible:** Amount of money you pay before the insurance company starts paying its portion for your services.

**Copay:** A fixed amount of money that is set by insurance companies and that you pay each time you receive most health care services.

**Nominal Fee:** A small amount of money that is set by individual health centers that you might pay to help cover the cost of your care.



### Remember...

we at the Medina County Health Center want to make sure that you receive the health care that you need. We will work with you to find a solution to pay for your health care services, depending on your circumstances.



[www.medinahhealth.org](http://www.medinahhealth.org)  
4800 Ledgewood Drive, Medina  
330-723-9688, option 1



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**NOTICE OF PRIVACY PRACTICES**

**Medina County Health Department  
4800 Ledgewood Drive  
Medina, Ohio 44256**

**HIPAA Privacy Officer: Director of Administrative Services (330) 723-9530**

**Effective Date: July 17, 2017**

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

*We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the health care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality clinic care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this clinic properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your health information. It also describes your rights and our legal obligations with respect to your health information. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

**TABLE OF CONTENTS**

- A. How This Clinic May Use or Disclose Your Health Information.....P. 1
- B. When This Clinic May Not Use or Disclose Your Health Information.....P. 3
- C. Your Health Information Rights.....P. 3
  - 1. Right to Request Special Privacy Protections
  - 2. Right to Request Confidential Communications
  - 3. Right to Inspect and Copy
  - 4. Right to Amend or Supplement
  - 5. Right to an Accounting of Disclosures
  - 6. Right to a Paper or Electronic Copy of this Notice
- D. Changes to this Notice of Privacy Practices.....P. 4
- E. Complaints.....P. 4

**A. How This Clinic May Use or Disclose Your Health Information**

This clinic collects health information about you and stores it in a chart, on a computer, and in an electronic health record/personal health record. This is your health record. The health record is the property of this clinic, but the information in the health record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use health information about you to provide your health care. We disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your health information with other physicians, dentists or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose health information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. We use and disclose health information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose health information about you to operate this clinic. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for health reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your health information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care

clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share health information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician or dental organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official. We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other health operations. This is a voluntary agreement. You may opt-out at any time by notifying the clerical staff.

4. Appointment Reminders. We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign In Sheet. We may use and disclose health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your health information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of Health Information. We will not sell your health information.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this clinic is merged with another organization, your health information/record will become the property of the new organization, although you will maintain the right to request that copies of your health information be transferred to another physician, dentist, clinic, or health group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

**B. When This Clinic May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this clinic will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this clinic to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**C. Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for photo copying, supplies, postage. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this clinic, except that this clinic does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

#### **E. Complaints**

Complaints about this Notice of Privacy Practices or how this clinic handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Celeste Davis, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Voice Phone (800) 368-1019  
FAX (312) 886-1807  
TDD (800) 537-7697  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.