
Wood Health Company, LLC

Notice of Privacy Practices

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.

Each time you visit a Wood Health Company office, we make a record of the information gathered during your visit. This information is used for a number of purposes. These uses are set forth below. Finally, we have certain responsibilities regarding our use of your information. Our responsibilities are set forth below.

USE AND DISCLOSURES OF HEALTH INFORMATION

We are permitted by law to use your health information to provide treatment to you. For example, we will provide your physician and other clinicians involved in your care and treatment with the information in our records to assist the physician in providing proper care to you. We will also provide this information to subsequent health care providers. These individuals may create additional information related to the care and treatment they provide to you.

We are permitted by law to use your health information to obtain payment for our services. For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.

In addition to these disclosures, we may use your information to contact you to provide appointment reminders to you or to advise you of treatment alternatives available to you.

We are permitted, and in some cases required by law, to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

- To public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other Public health issues;
- To health oversight agencies, such as governmental auditors, the Ohio Department of Health and other agencies when required;
- To any individual when ordered by the court or other legal process to do so;
- To law enforcement officials when necessary for law enforcement purposes and required by law;
- To law enforcement officials if you are an inmate to provide health care to you or for the safety and security of the institution;
- To Family and Friends that are involved in your care, or who assist in taking care of you;
- To a coroner or medical examiner when necessary to enable them to perform their duties;
- To organ procurement organizations, to enable them to make suitability determination in cases of emergency;
- To Workers' Compensation and similar programs;
- To researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy;
- To the military if you are a member of US or foreign military forces and if required by the appropriate authorities.

We will not use your information for any other purpose without your written authorization. You have the right to revoke any authorization you provide us.

YOUR INDIVIDUAL RIGHTS

You have certain rights regarding your health information. These rights include:

- The right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location to keep communications confidential;
- The right to obtain a paper copy of this Notice;
- The right to inspect and copy your health information (copies are available for a reasonable fee.) You must submit your request in writing and schedule an appointment to do this. However, our practice may deny your request in certain limited circumstances.
- The right to request amendments to your health information you believe to be inaccurate. You must submit your request in writing to the Office Manager. You must provide us with a reason that supports your request. We may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete; b) not part of the individually identifiable health information kept by or for our practice; c) not part of the individually identifiable health information which you would be permitted to inspect and copy; d) not created by our practice, unless the individual or entity that created it is not available to amend the information.
- The right to obtain an accounting of our uses and disclosures of your health information, subject to certain exceptions. You are required to submit your request in writing to the Office Manager. All requests for an "accounting of disclosures: must state a time period, which may not be longer than six (6) years from the date of the disclosure, and may not include dates prior to April 14, 2003.
- The right to request restrictions on our permitted uses and disclosures of your information. We are not, however, legally obligated to honor this request.
- The right to request communications regarding your health information be sent by alternative means or at an alternative location.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your information in accordance with this notice. We are also required to provide you with this Notice, explaining our duties and practices regarding your health information. We are required to abide by the terms of this Notice.

We reserve the right to change the content of this Notice and to make new provisions regarding your protected health information. We will provide you a revised Notice during your visit after the revisions are effective. If you have any questions regarding this Notice, or wish to exercise any of your rights as described herein, you may contact the Administrator at (419) 353-7069. Any complaint regarding your rights or our practices, can be directed in writing to the attention of the Privacy Officer, 745 Haskins Road, Suite B, Bowling Green, OH 43402. Finally, you may submit a complaint to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

