

Acknowledgment of Receipt of Privacy Notice

I, _____, have received the Notice of Privacy Practices from Ohio Cancer Specialists, Inc.

Signature

Date

In lieu of patient's signature, I _____, a staff member of Ohio Cancer Specialists, Inc., state that _____ has been given our current Notice of Privacy Practices.

Signature

Date

Ohio Cancer Specialists

Notice of Privacy Practices

Ohio Cancer Specialists, Inc. ("Ohio Cancer Specialists") is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of Ohio Cancer Specialists and any affiliated health care providers that jointly perform payment activities and business operations with our practice. A copy of our current notice will always be posted in our reception area. You will also be able to obtain your own copies by accessing our website at www.ohcancer.com. We will ask you to sign a form that will serve as acknowledgement that you have received this Notice of Privacy Practices.

We will generally obtain your written authorization before using your health information or sharing it with others. You may also initiate the transfer of your records to another person by completing an authorization form. If you provide us with written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it.

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

Exception for Treatment, Payment, and Business Operations. We are allowed to use and disclose your health information without your consent, if not prohibited by the law of Ohio, to treat your condition, collect payment for that treatment, or run our practice's normal business operations. We may share your health information with staff within our practice who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. We may share your health information with another physician at another health care institution, or Ohio Cancer Specialists, to determine how to diagnose or treat you. We may also share information with another health care institution to whom you have been referred, or who may have been involved in your past health care (as it pertains to your present condition).

We will have a written business contract to ensure that any outside company or organization not involved directly in your health care, but with whom we have normal business relationships, will protect your privacy. This may include outside entities such as cleaning personnel, technicians who may need to come into the office, consultants, etc.

Exception for Disclosure to Friends and Family Involved in Your Care. We will ask you whether you have any objection to sharing information about your health care with your friends and/or family involved in your health care. We may also notify a family member, personal representative, or another person responsible for your care about your general condition or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

Exception for Emergencies or Public Need.

Emergencies – We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

To comply with court orders, subpoenas, or laws that we are required to follow;

To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;

If you have been the victim of a crime and we determine that (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; (3) in our professional judgment disclosure to these officers is in your best interests.

If we suspect that your death resulted from criminal conduct; or

If necessary to report a crime that occurred on our property.

To Avert A Serious Threat to Health or Safety – We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services – We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans – If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions – If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates or detainees.

Workers' Compensation – We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors – In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

Right to an Accounting of Disclosure – After April 14, 2003, you have a right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. An accounting list, however, will not include:

- Disclosures we made to you.

- Disclosures you authorized

- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations

- Disclosures made to your friends and family involved in your care

- Disclosures made to federal officials for national security and intelligence activities

- Disclosures about inmates or detainees to correctional institutions or law enforcement officers; or

- Disclosures made before April 14, 2003.

To request this list, please write to Ohio Cancer Specialists. Your request must state a time period for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

Right to Request Additional Privacy Protections – You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery or therapy you had. To request restrictions, please write to Ohio Cancer Specialists. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement

Communication Barriers – We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required by Law – We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities – We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. Finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence – We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities – We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall – We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes – We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement – We may disclose your health information to law enforcement officials for the following reasons:

Organ and Tissue Donation – In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research – In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our office. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our offices any information that identifies you.

Your Rights to Access and Control Your Health Information

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

Right to Inspect and Copy Records – You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of health information, please submit your request in writing to our office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request.

We ordinarily will respond to your request within 30 days. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or all of your request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

Right to Amend Records – If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Ohio Cancer Specialists. Your request should include the reasons why you think we should

unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

Right to Request Confidential Communications - You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of, at work. To request more confidential communications, please write to Ohio Cancer Specialists. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

Right to File Complaint. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. You may contact Janice Link in our office at 419-756-0746 if you believe your privacy rights have been violated. If you wish to contact the Secretary of Health and Human Services, please call Janice for information on how to do this.

Acknowledgment of Receipt of Notice. We will request that you sign a separate form or notice acknowledging you received a copy of this Notice. If you choose, or are not able to sign, a staff member will sign their name and date. The acknowledgment will be filed with your records.