

THE HEALTHY PATH, LLC
NOTICE OF PRIVACY PRACTICES (effective 07/01/2010)

**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.**

I. GENERAL

This notice of Privacy Practices is provided to you consistent with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA consists of laws which protect the privacy, confidentiality, and security of your health information. As your health care provider, we are committed to upholding these HIPAA laws.

II. YOUR INDIVIDUAL RIGHTS

Notification. You have the right to receive a printed copy of this notice.

Restrictions. You have the right to request restrictions on the use and disclosure of your Protected Health Information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

Communications. You have the right to receive confidential communications concerning your medical condition and treatment by notifying us in writing and by providing an acceptable alternative means of communication.

Inspections. You have the right to inspect and copy your Protected Health Information by notifying us in writing. We have the right to charge for our time and services. You may inspect your medical records on our premises with a staff member present at a time which is convenient for the operation of the office. An office visit may be charged if the staff member is asked questions during the inspection. The current allowable fee for providing copies of medical records as established by the Ohio Revised Code may be charged. The actual cost of mailing may also be charged. All fees will be collected in cash prior to copying and mailing. We routinely will have up to 30 (thirty) days to comply with your written request for inspection and copying of your Protected Health Information.

Corrections. You have the right to amend your Protected Health Information by notifying us in writing. If we deny your request, you will be given a written explanation to which you may provide a statement of disagreement.

Accounting. You have the right to receive an accounting of how and to whom your Protected Health Information has been disclosed for purposes other than treatment, payment and health care operations and other certain exceptions for a cash fee of \$25 after the initial accounting.

III. OUR LEGAL DUTIES

We are required to maintain the privacy of your Protected Health Information and to provide you with this Notice of Privacy Practices. We also are required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. We will provide you with a revised notice on your next office visit.

IV. USES AND DISCLOSURES

We may use and disclose your Protected Health Information as allowed by HIPAA and as outlined below.

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment.

Payment. Your health information may be used to seek payment from your health plan or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of our office. For example, we may contact you by such methods as phone, mail or email. We may also leave messages on your answering machine or with a family member if we feel that this disclosure is in your best interest.

Marketing. Your health information may be used to send you information on or tell you about the treatment and management of your medical condition or other health-related goods and services. Specifically, you may receive newsletters and other health-related information from The Healthy Path, and you may receive phone calls from a Wellness Coordinator.

Facility Directory. We may disclose your name, your location in our facility, your condition described in general terms, and your religious affiliation, if any, to members of the clergy or, except for your religious affiliation, to others who contact us and ask about you by name.

Communication. Pertinent health information may be disclosed to a family member, other relative, friend or others who need to know more about you in order to help with your care or to make payment related to your care.

Public Health. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the public health department.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Funeral Director, Coroner, Medical Examiner. Your health information may be shared with a coroner, medical examiner, funeral director, or an organ procurement organization to help them carry out their duties.

Disaster Relief. Your health information may be disclosed to a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising. We may contact you for fundraising purposes.

Research. Your health information may be used for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Specialized Government Functions. Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Victims of Abuse, Neglect or Domestic Violence. We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Worker's Compensation. We may disclose health information when authorized and necessary to comply with laws relating to worker's compensation or other similar programs.

Health Oversight Activities. We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Other Uses and Disclosures. A disclosure of your health information or its use for any purpose other than those listed above or as allowed by HIPAA requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

V. CONTACT INFORMATION

If you would like to submit a question, comment or complaint about our privacy policies and practices, you can do so by sending a letter outlining your concerns to the following address:

The Healthy Path, LLC ♦ Attention: Office Manager ♦ 123 Emmons Place ♦ Mount Orab, OH 45154

If you believe that we have violated your privacy rights under the HIPAA Privacy Rules, please bring the matter to our attention by sending a letter describing your concern to the above address. As your health care provider, we are committed to upholding these HIPAA laws.