



## 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.*

Our staff uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our organization.

### **How We May Use or Disclose Your Health Information**

***For Treatment.*** We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

***For Payment.*** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

***For Health Care Operations.*** We may use and disclose health information about you for operational purposes. For example, your health information maybe disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

***Appointments.*** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Group Health Plans.*** A group health plan, health insurance issuer, or HMO with respect to a group health plan may disclose health information to the sponsor of the plan.

***Required by Law.*** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

***Public Health.*** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities.

***Decedents.*** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

***Organ/Tissue Donation.*** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research.** We may review your medical information to determine if your protected health information is needed for medical research projects. To the extent that information is needed an institutional review board or privacy board will review the research proposal and established protocols to ensure the privacy of your health information.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other Uses.** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken in reliance on such.

## **Your Health Information Rights**

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided; however, we are not required to agree to a requested restriction;
- obtain a paper copy of this notice of Privacy Practices upon request;
- inspect, and obtain a copy of your health record as provided by law; amend your health record as provided by law;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent we have already taken action based upon your authorizations;
- and receive an accounting of disclosures made of your health information.

## **Complaints**

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

## **Our Obligations**

Law requires us to:

- maintain the privacy of protected health information.
- provide you with this notice of legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be made available to you at our offices, via the mail, and via our website, [www.curoclinic.com](http://www.curoclinic.com).

## **Contact Information**

If you have any questions or complaints, please contact:

Curo Clinic  
540 Parmalee Ave. Suite 310  
Youngstown, Ohio 44510  
330-747-1420