



**LSS Health Center**  
245 N Grant Ave.  
Columbus, Ohio 43215  
Phone: (614) 224-0747  
Fax: (855) 208-4527

## HIPAA Notice of Privacy Practices

### **Our Pledge Regarding your Health Information:**

We understand that health information about you and your healthcare is personal. We are committed to protecting this health information. For every patient we treat, we create a record of the care and services we provide in order to assure quality care and compliance with legal requirements. This notice applies to all the records of your care generated by this health care practice whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure.

### **Our Uses and Disclosures:**

*We typically use or share your health information in the following ways:*

- **To treat you:** We can use your health information and share it with other professionals who are treating you.
- **To run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **To bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
- **To help with public health and safety issues:** We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- **Do research:** We can use or share your information for health research.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.



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- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **We want to inform you that we participate in the CliniSync Health Information Exchange in Ohio.** We and other healthcare professionals may access to your health information through the CliniSync Health Information Exchange for treatment, payment or other healthcare operations.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- **Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time.



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- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting us and asking to speak with the Compliance Officer during business hours.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.