

**Request Confidential Communications.** You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we contact you only at your work number, or by mail at a special address or postal box. Your request must be made in writing. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate.

**An Accounting of Disclosures.** You have the right to request a list of disclosures of your health information we have made outside of our practice that were not for treatment, payment or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain the information). Please see the registrar or call us for the appropriate form. We will respond within 60 days of receiving your request. We will provide the first list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.

**File a Complaint.** If you believe that we have violated your medical information privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a complaint with our Privacy Officer or directly with the Secretary of Health and Human Services. There will be no retaliation for your filing a complaint.

Privacy Officer  
Mayfield Clinic  
506 Oak Street  
Cincinnati, OH 45219

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

## Uses or Disclosures Not Covered

Uses or disclosures of your protected health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

## Changes to This Notice

We reserve the right to change the terms of this notice and our privacy practices at any time. Any changes will apply to the protected health information we already have. Before we make an important change to our practices, we will promptly change this notice and post a new notice in each office's registration area. You can also request a copy of this notice at any time by contacting the Privacy Officer listed above. You may also view a copy of this notice on our website: [www.mayfieldclinic.com](http://www.mayfieldclinic.com).

## For More Information

If you have questions or would like additional information, you may contact us at the address listed above, or at (513) 221-1100 or (800) 325-7787.

Effective Date: April 14, 2003

# NOTICE OF PRIVACY PRACTICES

## Patient Information

**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.**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice. It explains Mayfield's privacy practices with regard to your medical information (also referred to as protected health information) and how we may use and disclose your protected health information for treatment, payment and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information, and we also describe them in this notice. We are required to abide by the terms of the notice currently in effect.

**MAYFIELD**  
C L I N I C

506 Oak Street  
Cincinnati, OH 45219  
513-221-1100 • 800-325-7787

[www.mayfieldclinic.com](http://www.mayfieldclinic.com)

## Ways in Which We May Use and Disclose Your Protected Health Information

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive.

**Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, if you are being treated for a back condition, we may disclose your information to a physical therapist in order to coordinate your care.

**Payment.** We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example, we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

**Health Care Operations.** We will use and disclose your protected health information to support the business activities of The Mayfield Clinic. For example, we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. Other operations include business management, licensing, and teaching. Since education is an important part of our Mission, we may have students, residents, and fellows involved in your care and treatment. In addition, we may disclose your health information to third party business associates, who perform services such as billing, consulting, transcription services, etc., for our practice. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

## Other Ways We May Use and Disclose Your Protected Health Information

**Appointment Reminders and Health Related Benefits or Services.** We may use and disclose your protected health information to provide appointment reminders or give you information about treatment alternatives or other health care services that we offer.

**Others Involved in Your Care.** We will use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

**Research.** Generally, we will seek your authorization to use your health information for research purposes. However, sometimes you may not be available to give authorization, such as when our research involves a review of prior care and treatment. In these situations, we may seek approval from an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Worker's Compensation.** We may use and disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Marketing.** We will obtain your authorization for any use or disclosure of your protected health information for marketing except if the communication is in the form of a face-to-face communication made to you or a promotional gift from us of nominal value.

**Fundraising.** We may contact you as part of a fundraising effort to further our Mission.

**Organ Donation.** Consistent with applicable law, we may disclose health information to organ procurement organizations or related organizations for the purpose of tissue donation and transplant.

**As Required by Law.** We may use and disclose your protected health information when required to by federal, state or local law, including reporting wounds, injuries and crimes.

**Public Health Activities.** We may use and disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We will make appropriate reports if we suspect abuse, neglect or domestic violence. We will also disclose information to coroners, medical examiners, or funeral directors, consistent with applicable law, to carry out their duties.

**Military/National Security.** We may release your protected health information if you are a member of the military as required by armed forces services, and also as necessary for national security, health/safety or intelligence activities.

## Your Health Information Rights

Although your medical record is the physical property of The Mayfield Clinic, the information belongs to you. You have the right to:

**A Paper Copy of This Notice.** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our registrar at your next visit or by calling and asking us to mail you a copy.

**Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information, but this request must be in writing. Please see the registrar or call us for the appropriate form. We will respond to you within 30 days of receipt of your request. If the information is stored off-site, we are allowed up to 60 days to respond, but must inform you of this delay. In certain situations, we may deny your request. If so, we will inform you, in writing, our reasons for the denial and your right to have the denial reviewed. We may charge you a fee for the costs of copying, mailing or other supplies used in fulfilling your request.

**Request Amendment.** You have the right to request that we amend your medical information that you believe is inaccurate or incomplete. You must make your request in writing. Please see the registrar or call us for the appropriate form. We will respond within 60 days of receipt of your request. We are not obligated to make all requested amendments, but we will give each request careful consideration.

**Request Restrictions.** You have the right to request a restriction or limitation on how we use and disclose your protected health information. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them, except in emergency situations.