

CENTRAL OHIO DIGESTIVE HEALTH

Compassionate Care. Expert Solutions. Healthier Tomorrow.

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NOTICE OF PRIVACY PRACTICES

Effective Date: _____

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 COMMITMENT TO YOUR PRIVACY

Central Ohio Digestive Health ("COD Health," "we," "us," or "our") is committed to protecting the privacy and security of your Protected Health Information ("PHI"). This Notice describes our legal duties and privacy practices regarding your PHI under the Health Insurance Portability and Accountability Act ("HIPAA"), the HITECH Act, and applicable Ohio law. We are required by law to (1) maintain the privacy of your PHI, (2) provide you with this Notice of our legal duties and privacy practices, (3) notify you following a breach of unsecured PHI, and (4) follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. **Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes sharing information with other physicians, specialists, hospitals, laboratories, anesthesia providers, pharmacies, and other healthcare providers involved in your care.
2. **Payment.** We may use and disclose your PHI to bill and collect payment for the services we provide. This includes verifying insurance coverage, obtaining prior authorizations, submitting claims, and following up on unpaid claims.
3. **Healthcare Operations.** We may use and disclose your PHI for our internal operations, such as quality improvement, staff training, credentialing, accreditation, licensing, audits, legal services, and business planning.
4. **Appointment Reminders & Health Information.** We may contact you to remind you of appointments, follow-up care, prep instructions, or to share information about treatment alternatives or other health-related benefits and services.
5. **Individuals Involved in Your Care.** With your verbal agreement (or, in an emergency, our professional judgment), we may share relevant information with family members, friends, or others you identify as being involved in your care or payment for your care.

6. As Required by Law. We will disclose your PHI when required by federal, state, or local law (e.g., subpoenas, court orders, mandatory reporting).

7. Public Health & Safety. We may disclose your PHI to public health authorities for activities such as disease prevention, reporting communicable diseases, child abuse, adverse events, or product recalls, and to prevent a serious threat to health or safety.

8. Health Oversight, Law Enforcement, Coroners, Organ Donation, Workers' Compensation, Military, National Security, and Inmates. We may disclose your PHI to authorized agencies and officials for these limited and specific purposes as permitted or required by law.

9. Research. We may use or disclose your PHI for research purposes only when an Institutional Review Board (IRB) has approved the research and waived the authorization requirement, or when the research uses only de-identified information.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization, which you may revoke at any time in writing (except to the extent we have already relied on it):

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- Disclosures that constitute a sale of PHI
- Any other use or disclosure not otherwise described in this Notice or permitted by law

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your PHI:

1. Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI in our designated record set, in paper or electronic form. We may charge a reasonable cost-based fee for copies.

2. Right to Request Amendment. If you believe your PHI is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances, but you have the right to file a written statement of disagreement.

3. Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, healthcare operations, and certain other excluded categories.

4. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures. We are not required to agree, except that we must agree to your request to restrict disclosure to a health plan for a service you paid for in full out-of-pocket.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a specific way or at a specific location (for example, only at work or by mail to a specific address).
6. Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically. A copy is available at the front desk and at www.codh.health.
7. Right to Be Notified of a Breach. You have the right to be notified following a breach of your unsecured PHI.
8. Right to Choose Someone to Act for You. If you have a legal representative (e.g., medical power of attorney, legal guardian), that person may exercise your rights and make choices about your PHI on your behalf. We will verify the authority before taking action.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain. The revised Notice will be posted in our office and on our website (www.codh.health), and a copy will be available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To file a complaint with us, contact our Privacy Officer:
Privacy Officer, Central Ohio Digestive Health
6850 Perimeter Dr, Suite D, Dublin, OH 43016
Phone: (614) 927-1968 | Email: info@codh.health

To file a complaint with HHS, contact:
Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue SW, Washington, DC 20201
Phone: 1-877-696-6775 | Web: www.hhs.gov/ocr

CONTACT INFORMATION

For questions about this Notice or our privacy practices, please contact our Privacy Officer at the address or phone