

## 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.**

We are required, by law, to maintain the privacy and confidentiality of your Protected Health Information (PHI) and to provide you with notice of our legal duties and practices with respect to your PHI. We are also required to notify you following a breach of your unsecured PHI.

### **Treatment**

We may disclose your PHI to other healthcare professionals for the purpose of treatment, for example, it may be necessary to seek consultation regarding your condition

### **Payment**

We may disclose your PHI to your insurance carrier for the purpose of payment for health care. For example, billing statements may contain diagnosis, date of injury or condition, and codes which describe the healthcare services you received

### **Health Care Operations**

We may use or disclose your PHI for permissible health care operations such as quality improvement, case management or other activities.

### **Business Associates**

We may disclose your PHI to organizations providing services on our behalf involving your PHI. Business Associates are required by contract and by law to protect your PHI.

### **Workers Compensation**

We may disclose your PHI as necessary to comply with State Workers Compensation Laws.

### **Emergencies**

We may disclose your PHI to notify or assist in notifying a family member or another person responsible for your care about your medical condition, or in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

### **Judicial and Administrative Proceedings**

We may disclose your PHI in the course of any administrative or judicial proceeding.

### **Law Enforcement**

We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person and other law enforcement purposes.

### **Deceased Persons**

We may disclose PHI to coroners or medical examiners.

### **Organ Donation**

We may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

### **Research**

We may disclose your PHI to researchers conducting research that has been approved in accordance with law.

**Public Safety**

It may be necessary to disclose your PHI to authorized persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies**

We may disclose your PHI for military, national security, prisoner, and government benefits programs.

**Marketing**

We may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings as permitted by law. We will not disclose your PHI for purposes of marketing a product or service without first obtaining your written authorization. You may opt out of any marketing or fundraising communications.

**Change of Ownership**

In the event that we sell our practice or merge with another organization, your PHI will become the property of the new owner.

**Authorized Disclosures**

Disclosures of PHI that are not listed here require your written authorization. You may revoke your written authorization at any time, but your revocation will not be effective to the extent that we have already relied on it and made disclosures of your PHI.

**Your Rights**

1. You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to agree to a requested but will consider all requests in good faith.
2. You have the right to have your PHI communicated through an alternative method or sent to an alternative location upon request.
3. You have the right to inspect and copy your PHI.
4. You have the right to request that we amend your PHI. Please be advised, however, that we are not required to agree to amend your PHI. If your request is denied, you will be provided with an explanation of the reason(s) and information about how you can appeal the denial.
5. You have the right to receive an accounting of disclosures of your PHI.
6. You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

We will amend this Notice whenever we make material changes to our privacy practices. Amendments will only be effective when this Notice is updated. If you have questions about any part of this Notice or if you want more information about your privacy rights, please contact us at the address at the bottom of this Notice. Complaints about your privacy rights or how we have handled your PHI should be directed to our Privacy Officer at the address listed below. If you are not satisfied with our handling of your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

**For More Information or to Report a Problem**

If you have questions about this notice, or if you have concerns about these privacy practices, or if you believe your rights have been abused, please contact:

**Privacy Officer**  
**4535 Dressler Rd NW**  
**Canton, OH 44718**  
**330-493-4443**  
**privacy@usacs.com**