

HIPAA NOTICE OF PRIVACY PRACTICES

Columbus Neighborhood Health Centers, Inc.
600 West Spring Street – Rear 2, Columbus, Ohio 43215-2327

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain 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 health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

WE ARE REQUIRED BY LAW TO:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- For Treatment
- For Payment
- For Health Care Operations
- Health-Related Products, Services and Treatment Activities
- Business Associates
- Employer
- Family and Friends Involved in Your Care
- As Required By Law
- To Avert a Serious Threat to Health or Safety
- Military and Veterans
- Workers' Compensation
- Public Health Risks
- Health Oversight Activities
- Lawsuits and Disputes
- Law Enforcement
- Coroners, Health Examiners, and Funeral Directors
- National Security and Intelligence Activities
- Protective Services for the President and Others
- Inmates

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of this Notice

A complete copy of the HIPAA Notice of Privacy Practices is available upon request. You will be required to sign a separate form acknowledging you have received a copy of this notice. This acknowledgement will be filed with your records.

[TOP PAPER FOR PATIENT TO KEEP]