



Doyle Medical, LLC | 1397 Commerce Dr., Stow, OH 44224 | 866.321.3508

## **HIPPA Privacy Notice**

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. *Please review it carefully.*

### **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.

**Receive an electronic or paper copy of your medical record.** You may request to view or receive an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record.** You may ask us to correct health information about you that you believe to be incorrect or incomplete. We may decline your request, but we will provide a written explanation within 60 days of declining your request.

**Request confidential communications.** You may request that we contact you in a specific way i.e., home or office phone, or to send mail to a different address. We will fulfill all reasonable requests.

**Ask us to limit what we use or share.** You may ask that we refrain from using or sharing certain health information for treatment, payment, or our operations. We may decline this request if we believe it will affect your care.

**Receive a list of those with whom we've shared information.** You may request for a list citing the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures that you request we make. We will provide a list accounting a year for free but will charge a reasonable, cost-based fee if you request another within 12 months of your first request.

**Receive a copy of this privacy notice.** You may request a paper copy of this notice at any time. We will provide you with a hard copy promptly.

**Choose someone to act for you.** If you have given anyone medical power of attorney or if you have a legal guardian, that person may exercise your rights and make choices about your health information. We will ensure that this person has this authority and may act for you before we take any action.

**File a complaint if you feel your rights are violated.** You may contact us and file a complaint if you feel we have violated your rights by using the contact information found at the top of this page. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1.877.696.6775, sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by visiting [www.hss.gov/ocr/privacy/hipaa/complaints](http://www.hss.gov/ocr/privacy/hipaa/complaints).



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## Your Choices

*For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us. We will follow your preferences.*

You have both the right and choice to direct us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we feel it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

We will never share your information in the following cases unless we receive your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you may tell us to refrain from contacting you again.

## Our Uses and Disclosures

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

**Treatment.** We may use your health information and share it with other professionals who are treating you.

**Organizational function.** We may use and share your health information to run our practice, improve your care, and contact you when necessary,

**Billing.** We may use and share your health information to bill and receive payments from healthcare plans or other entities.

Other ways in which we are allowed or are required to share your information are as follows:

**Public health and safety issues.** We may share your health information in situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

**Research.** We may use or share your information for health research.

**Compliance 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 ensure our compliance with federal privacy law.



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**Organ and tissue donation requests.** We may share health information about you with organ procurement organizations.

**Medical examiners and funeral directors.** We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Worker's compensation, law enforcement, and other government requests.** We may use or share health information about you for workers' compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by the law, and for special government functions such as military, national security, and presidential protective services.

**Lawsuits and legal actions.** We may share health information about you in response to a court or administrative order, or in response to a subpoena.