

CENTER FOR METABOLIC AND BARIATRIC SURGERY FAST TRACK METABOLIC WEIGHT LOSS CENTER 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.

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical conditions being treated.

Health care operations: Your health information may be used as necessary to support the day to day activities and management of our medical and surgical companies. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Abuse or Neglect: Our practice may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Release of Information to Family/Friends: With prior written authorization, our practice may release your health information to a friend or a family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to a pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. Likewise, if a spouse is scheduling appointments for their family member, some medical information may be released, etc.

Disclosure Required by Law: Our practice will use and disclose your health information when we are required to do so by federal, state, or local law.

Lawsuits and Similar Proceedings: Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Deceased Patients: Our practice may release your information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation: Our practice may release your health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research: Our practice may use and disclose your health information for research purposes in certain limited circumstances. We will obtain your written authorization to use your health information for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- The use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - An adequate plan to protect the identifiers from improper use and disclosures
 - An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifier or such retention is required by law)
 - Adequate written assurances that the private health information will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use and disclosure would otherwise be permitted.
- The research could not practicably be conducted without the waiver;
- The research could not practicably be conducted without access to and use of your health information.

Serious Threats to Health or Safety: Our practice may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.

Military: Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Inmates: Our practice may disclose your health information to correctional institution or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care service to you, for safety and security of the institution, and /or to protect your health and safety or the health and safety of other individuals.

Worker's Compensation: Our practice may release your health information for worker's compensation and similar programs.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before your notified us of your decision.

Appointment reminders: Your health information may be used by our staff to send you appointment reminders.

Information and treatment: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Individual Rights: You have certain right under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive and accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Our Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy polices and practices. These changes in our policies and practices may be required by changes in federal and state laws regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information: As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting any of our offices locations.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by contacting:

Center for Metabolic and Bariatric Surgery
10475 Reading Road
Suite 117
Evendale, Ohio 45241
513-559-1222

Fast Track Metabolic Weight Loss Center
10475 Reading Road
Evendale, Ohio 45241
513-475-3598

By signing below, I hereby acknowledge these policies and procedures regarding my healthcare privacy and that I have been offered a copy of this information.

SIGNATURE OF PATIENT

DATE

PRINTED PATIENT NAME