



CENTRAL OHIO  
**PRIMARY CARE**  

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**THE BEST FOR PRIMARY CARE**

**HIPAA 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**

**Last Updated: January 1, 2020**

This notice explains how Central Ohio Primary Care Physicians, Inc. (COPCP) uses and discloses (shares) your health information. It also explains your health information rights.

You will receive this Notice of Privacy Practices on your first in person service encounter with COPC or in connection with a mobile application used for remote registration of patients. You will be asked to acknowledge receipt of this notice.

## **OUR LEGAL OBLIGATIONS**

We have a legal obligation to:

1. Maintain the privacy of your Protected Health Information. Protected Health Information (“health information”) is health information that individually identifies you.
2. Inform you about our legal duties and privacy practices related to your past, present and future health information.
3. Follow the terms of this notice as currently in effect.

## **HOW WE MAY USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION**

The following describes the ways we may use and disclose (“share”) your health information. All other uses and disclosures will require your written authorization or the written authorization of your legal health care representative.

You may revoke your written authorization at any time by writing to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082.

### ***Treatment/Care***

We may use and share your health information to provide, coordinate and manage your health care and any related services. This includes the coordination or management of your health care with outside providers. For example, if you are or become home bound, we may share your health information with the home care agency providing your care and services. We may also use and share your health information to facilitate a telemedicine connection and visit.

### ***Payment of Your Treatment/Care***

We may use and share your health information for payment of health care provided by us or another provider. For example, your health information may be disclosed to your health plan for determination of coverage or payment of a bill.

### ***Health Care Operations***

We may use and share your health information to support COPC’s operational and business activities and those of other covered entities subject to HIPAA as otherwise permitted by law. For example, your health information may be used and shared to conduct quality assessment and review activities or to remind you of an appointment.

We may share your health information for functions and services provided by our Business Associates. For example, we may share your health information with a company to perform billing services on our behalf or to provide us with services to support our provision of health care services. Business Associates and their subcontractors are obligated by law to protect the privacy of your health information.

***Individuals Involved in Your Care or Payment for Your Care***

When appropriate, we may share your health information with a person who is involved in providing or paying for your care, such as a family member, close friend or legal health care representative. You may opt out of this disclosure as outlined in this notice.

***As Required by Law***

We will share your health information when required to do so by international, federal, state or local law; statutes; regulations; court orders.

***To Avert a Serious Threat to Health or Safety***

Your health information may be shared to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will be made only to someone who may be able to help prevent or lessen the threat (including the target of the threat).

***Organ, Eye or Tissue Donation***

We may share your health information with organizations involved in procuring, banking or transplanting organs, eyes or tissue.

***Essential Government Functions***

Your health information may be shared with authorized federal officials for: 1.) conducting intelligence, counter intelligence and national security activities; 2.) providing protective services to the President of the United States; 3.) making medical determinations for U.S. State Department employees; 4.) determining eligibility for or conducting enrollment in certain government benefit programs; and 5.) military purposes (for example, if you are a member of the armed forces, we may release your health information as required by military command authorities).

***Law Enforcement (Federal, State, Local)***

Your health information may be shared with a law enforcement official if the information is: 1.) required by law; 2.) to identify or locate a suspect, fugitive, material witness, or missing person; 3.) to report the victim or suspected victim of a crime or death resulting from criminal activity (this includes suspected abuse, neglect or domestic violence; 4.) to report the commission and nature of a crime, location of crime or crime victims, and the perpetrator of a crime (this includes crimes occurring on COPC premises). We may share your health information if you are an inmate of correctional facility.

***Health Oversight Activities***

We must share your health information with government agencies for legally authorized activities such as audits, investigations, and civil or criminal proceedings.

***Public Health Activities***

We may share your health information for public health activities such as: 1.) the prevention or control of disease, injury or disability; 2.) to report births and deaths; 3.) to report adverse reactions to medications or problems with products; 4.) to notify people of recalls of products they may be using; 5.) to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; 6.) to provide proof of immunization to a school where proof is required for student admission (a verbal discussion with or an e-mail from the parent or legal guardian suffices as authorization to share immunization information).

### ***Additional State and Federal Requirements***

Some state and federal laws provide additional privacy protection of your health information. These include:

Sensitive Information. Some types of health information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your written permission or in some instances, a court order, to use or disclose that information. Sensitive health information includes information dealing with genetics, HIV/AIDS, mental health, sexual assault and alcohol and substance abuse.

Information Used in Certain Disciplinary Proceedings. State law may require your written permission if certain health information is to be used in various review and disciplinary proceedings by state health oversight boards.

Information Used in Certain Litigation Proceedings. State law may require your written permission for us to disclose information in certain legal proceedings.

Disclosures to Certain Registries. Some laws require your written permission if we disclose your health information to certain state-sponsored registries.

### ***Worker's Compensation***

Your health information may be shared with Worker's Compensation or similar programs as necessary to provide benefits for work related injuries or illness.

### ***Decedents***

Upon your death, we may share your health information with: 1.) a person who was involved in providing or paying for your care, such as a family member, close friend or legal health care representative; 2.) a coroner or medical examiner as necessary to identify a deceased person or determine the cause of death; 3.) a funeral director as necessary to perform their duties. Health information is not subject to privacy protection 50 years following the date of your death.

### ***Research***

Under certain circumstances, we may use or disclose health information about you for research purposes. For example, we might disclose your health information for use in a research project involving the effectiveness of certain medical procedures. In some cases, we might disclose your health information for research purposes without your knowledge or approval. However, such disclosures will be made only if approved through a special process. This process evaluates a proposed research project and its use of health information, and balances the research needs with your need for privacy of your health information. We may combine conditional and unconditional authorization for research if we differentiate between the two activities and allow for unconditional research activities. Future research studies may be part of a properly executed authorization which includes all of the required core elements of an authorization.

### ***Marketing***

Your health information may be used for marketing purposes without an authorization only when: 1) the communication is face-to-face with you; or 2) promotional gifts of nominal value (e.g., pamphlet) are provided by us. Any other uses of your health care information for marketing purposes will require your written authorization or the authorization of your legal health care representative.

### ***Change of Ownership***

In the event COPC or a COPC practice is sold or merged with another organization, your health information will become the property of the new owner although you will maintain the same rights with respect your health information.

### ***Data Breach Notification***

We may use or share your health information to provide legally required notices of an unauthorized breach (for example, unauthorized access) of your unsecured health information. In the event of a breach of your unsecured health information, you will be notified by COPC. You may also be notified by one of our Business Associates or their subcontractors.

### ***Psychotherapy Notes***

COPC does not create or maintain psychotherapy notes.

### ***Sale of Protected Health Information***

Your health information will not be sold without written authorization from you or your legal health care representative.

## **YOUR OPPORTUNITY TO OPT OUT OF CERTAIN USES AND DISCLOSURES**

You may Opt-Out of the following uses and disclosure of your health information.

### ***Individuals Involved in your Care or Payment for Your Care***

Unless you Opt-Out, we may share your health information with a person who is involved in providing or paying for your care such as a family member, close friend or legal health care representative.

### ***Fundraising***

The COPC Foundation may contact you regarding fundraising activities for our community health care efforts. You have the right to opt out of receiving fundraising information. You can opt out by sending a written request to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082.

### ***Disaster Relief***

We may share your personal health information with disaster relief organizations to coordinate your care or notify your family and friends of your location or condition in a disaster. You will be provided with an opportunity to object to such a disclosure whenever it is feasible to do so.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

### ***The Right to Access Your Own Health Information***

With certain exceptions outlined by privacy regulations, you have the right to review and receive a copy your health information and billing records. To review or obtain a copy of your health information, you or your legal health care representative must submit a written request. The request form is available at your physician's office and on our website at [www.copcp.com](http://www.copcp.com). Send your request form to: COPC, EHR Department, 655 Africa Road, Westerville, Ohio 43082. We have up to 30 days from the time your written request is received to make your health information available to you. We may charge you a reasonable fee based on our costs to copy and mail your health information. You may ask for the cost in advance of the information being prepared. In very limited circumstances, we may deny your request. If we deny your request, you will receive written notification of the denial. You have the right to appeal the denial by

submitting a written appeal request to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082. Your appeal request will then be reviewed by a licensed health care professional not directly involved in your care or in the denial of your request for access to your health information. You will be notified in writing regarding the outcome of that appeal.

### ***The Right to Amend Your Health Information***

If you believe your health information is incorrect or incomplete, you have the right to request that we amend (change) the information as long as the information was created by us. To request an amendment of your health information, you or your legal health care representative must submit a written amendment form stating the reason(s) for amending your health information. The amendment request form is available at your physician's office and on our website at [www.copcp.com](http://www.copcp.com). Send your amendment request form to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082. We will respond within 60 days. If your request is approved, we will place the amendment request form in your health record and correct your health information to reflect the approved amendment. We may deny your request if the existing health information is correct and complete, was not created by us, or is not available for inspection. If your request is denied, we will notify you in writing and include the reason(s) for the denial. We will explain your right to file a written statement of disagreement with the denial.

### ***The Right to an Electronic Copy of Electronic Medical Records***

If your health information is maintained in an electronic record (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request. We may charge you a reasonable fee based on our costs for the labor associated with preparing and transmitting the electronic health information.

### ***The Right to an Accounting of Certain Disclosures of Your Health Information***

You have the right to request a list of certain disclosures of your health information. The list will not include disclosures made: 1.) for purposes of treatment, payment, or health care operations; 2.) to you, your caregivers or your legal health care representative; 3.) for which you or your legal health care representative provided a written authorization; 4.) for national security or intelligence purposes; 5.) to correctional institutions or law enforcement officials; 6.) for purposes of research or public health when direct patient identifiers are not used; 7.) as required by law; 8.) to a health oversight agency in certain circumstances; 9.) before April 14, 2003. By law, the maximum period the list must cover is 6 years immediately preceding the written request for an accounting of certain disclosures. The first accounting of certain disclosures in a 12-month period will be provided at no charge. For any additional accounting of disclosures, you may be charged a reasonable fee based on our costs for the labor associated with preparing the accounting of disclosures. To request an accounting of disclosures of your health information, you or your legal health care representative must submit a written request. The form to request for an accounting of disclosures is available at your physician's office and on our website at [www.copcp.com](http://www.copcp.com). Send your account request form to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082.

### ***The Right to Request Restrictions of Your Health Information***

You have the right to request a restriction or limitation on how we use or disclose your health information. However, you may not restrict or limit the uses that are required by law. You have the right to restrict

disclosure of your health information to your health plan when you have paid out of pocket and in full for the health care item or service unless the disclosure is required by law. To request a restriction of your health information, you or your legal health care representative must submit a written request. The form to request a restriction of your health information is available at your physician's office and on our website at [www.copcp.com](http://www.copcp.com). Send your restriction request form to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082.

***The Right to Choose How We Share Your Health Information with You***

You have the right to request, in writing, that we communicate your health information in a certain way or at a certain location. For example, you may request that we only contact you by mail or at work. We will accommodate reasonable and feasible requests.

***The Right to a Paper Copy of this Notice***

You have the right to a paper copy of this notice and may request a paper copy of this notice at any time, even if you agreed to receive this notice electronically. You may obtain a copy of this notice from your physician's office and on our website at [www.copcp.com](http://www.copcp.com).

**REVISIONS TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to make revisions to the terms of this notice and to make the updated notice effective for all health information we maintain. Revised notices will be available at your physician's office and on our website at [www.copcp.com](http://www.copcp.com).

**IF YOU HAVE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you feel your privacy rights have been violated or you disagree with a decision we have made about your health information rights, you may call the COPC Compliance Hotline at 1-866-539-5813, call the COPC Compliance Officer at 614-818-2055 or send a written complaint to: COPC Compliance Officer, 655 Africa Road, Westerville, Ohio 43082.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

**EFFECTIVE DATE**

This Notice of Privacy Practices is **effective January 1, 2020**.

**ADDITIONAL INFORMATION**

If you have any questions about this Notice, or need additional information related to this Notice, please contact the COPC Compliance Officer at: 614-818-2055.