

Moses-Mouser & Associates Inc.  
**NOTICE OF PRIVACY PRACTICES**  
**PLEASE REVIEW IT CAREFULLY**

**OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

We create a record of the care and services you receive at Moses-Mouser and Associates. We understand that this health information about you is personal and protected by law (it is called the protected health information or "PHI"). We are committed to protecting PHI. This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

Make sure that PHI that identifies you is protected; give you this notice of our legal duties and privacy practices with respect to your PHI; and follow the terms of the Notice that is currently in effect.

**HOW MAY WE USE AND DISCLOSE PHI ABOUT YOU?**

The following categories describe different ways that we use and disclose PHI.

**For Treatment:**

We may use your PHI to provide you with treatment or services, including sharing PHI with doctors, nurses, medical students, or other personnel who are involved in taking care of you.

**For Payment:**

We may use and disclose your PHI to bill and collect payment for treatment and services provided to you. However, if you have insurance but decide to pay for a service yourself out-of-pocket in full on the day of service and do not wish us to provide the information to your insurance company, you can tell us in writing to "restrict" disclosure consistent with the section below entitled Right to Request Restrictions on Uses and Disclosures of PHI.

**For Health Care Operations:**

We may use and disclose PHI about you for our business operations. These uses and disclosures are necessary to run our practice and make sure our patients receive quality care.

**Business Associates:**

We contract with outside organizations, called business associates, to perform some of our operations task on our behalf. Examples would include billing agencies. When these services are performed, we disclose the necessary health information to the companies so that they can perform the tasks we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

**Appointment Reminders:**

We may use and disclose your PHI to remind you of things like appointments, annual exams, and or prescription refills.

**Treatment Alternatives:**

We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, this may include specific brand name or over-the-counter pharmaceuticals.

**Health Related Benefits and Services:**

We may use and disclose PHI to tell you about health-related benefits or services. For example patient assisted drug programs or low vision services.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to the person's involvement in your health care or payment related to you care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon on our professional judgment. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals directly involved in your health care.

**Research:**

Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects, however, are subject to a special approval process. Before we use and disclose PHI for research, the project will have been approved through a research approval process.

THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**Military and Veterans:**

If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Public Health Risks:**

We may disclose PHI about you for public health activities. We will make these disclosures when required or authorized by law. Examples of these activities generally include the following: To prevent or control disease, injury or disability; To report births and deaths; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.

**Health Oversight Activities:**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute.

**Law Enforcement:**

We may release PHI if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim

of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About the death we believe may be the result of criminal conduct; In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:**

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities:**

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:**

We may disclose PHI about you to authorized federal officials so they may provide protection to the President, or to other authorized persons.

**Inmates:**

The rights listed in this Notice will not apply to inmates of a correctional institution.

**In Any Other Situation Required By Law:**

We will disclose PHI about you when required to do so by federal, state or local law.

**YOUR RIGHTS REGARDING YOUR PHI**

**Right to Inspect and Obtain a Copy.**

You have the right to inspect and have a copy of PHI that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes (if applicable). This right does not apply to information that may be used in a civil, criminal or administrative action or proceeding and information that is no part of the records maintained by or on behalf of *Moses-Mouser & Associates Inc.* about you. In some cases copies may be made available in electronic format in addition to paper. To inspect and have a copy of PHI that may be used to make decisions about you, you must submit your request in writing to the location's medical records supervisor. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We have a reasonable time-period to make a response to your request.

We may deny your request to inspect and have a copy in some limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by *Moses-Mouser & Associates Inc.*, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment:**

If you feel that PHI we have about you is incorrect you have the right to request an amendment (a change to your record). To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment to

those records not created by us; Is not part of the information which you would be permitted to inspect and copy; or *James L. Moses, M.D. Inc.* believes the current record is accurate and complete.

**Right to Receive Notice of a Breach:**

We may give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that has not otherwise been properly secured as required by HIPPA ( a "breach"). In that event, we would notify you as soon as reasonably possible but no later than sixty (60) days after the breach has been discovered.

**Right to an Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of people who saw your records who you did not specifically authorize. For example, if we responded to a legal request for your records.

**Right to Request Restrictions on Uses and Disclosures of PHI:**

You have the right to request a restriction or limitation on how we use your PHI. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had performed in our office. Although we will consider your request carefully, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. Additionally, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related PHI to your health plan if you have completed your request no later than the time of the service. In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse, insurance company, etc. Keep in mind we cannot fulfill your request to the extent that action might have already taken place.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at your work phone number or by mail.

**Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with *Moses-Mouser & Associates Inc.*, or the Secretary of the Department of Health and Human Services.

Attn: *Scott Williams, Privacy Officer. 2680 W. Broad St.*

*Columbus, OH 43204*

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

I understand that this practice may refuse me services if I refuse to sign this consent.

Patient/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

If not patient, relationship: \_\_\_\_\_