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www.grovecityfamilyhealth.com

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND YOUR RIGHTS REGARDING THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

This notice informs you of the way GCFH may use and disclose health information about you. It also describes your rights regarding the use and disclosure of health information.

HOW GCFH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use and disclose health information about you to provide medical treatment services. For example, we may need to disclose health information about you to health care providers outside GCFH to coordinate your care.

Payment: We may use and disclose health information about you so that the services you receive from us may be reimbursed. For example, we may need to contact your insurer to obtain prior approval for any treatment that you receive.

Health Care Operations: We may use and disclose your health information for our own operations. For example, your information may be used for GCFH practice quality, accounting, legal, claims, and consulting services.

Other Uses and Disclosures: For other uses and disclosures we are required to have your written authorization unless the disclosure falls within one of the exceptions below. If you give us authorization use or disclose your health information, you may revoke the authorization in writing at any time. You understand that we are unable to take back any disclosures we have already made prior to your revocation of the authorization.

- We may use and disclose your health information to send you via mailing including Patient Portal, if deemed appropriate, about health-related products and services available at GCFH.
- Your condition may be released to the news media if they ask for you by name. The only information that will be released is your condition in the following terms: “satisfactory”, “fair”, “guarded”, or “critical”.
- If you do not object, we may release your health information to a friend or family who is involved in your medical care. Furthermore, we may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- Under certain circumstances, we may use and disclose your health information for research purposes. In most cases, we will ask for your specific authorization prior to giving a researcher access to your health information.
- We may disclose your health information to notify the proper authority if we believe you are a victim of abuse, neglect, or domestic violence.
- We may disclose your health information when we are required to do so by federal, state, or local law.
- We may disclose your health information for public health activities (such as reports of communicable diseases, births and deaths, child abuse or neglect, reactions to medications or problems with products), and if required by law, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, or to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.
- We may release your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release information to funeral directors necessary to carry out their duties.
- We may release your health information to a law enforcement official in response to a court order or subpoena for the following reasons: 1) to identify or locate a suspect, fugitive, witness, or missing person, 2) to gain information about criminal conduct at the hospital, 3) for information about a death we believe

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may be the result of criminal conduct, 4) in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- If you are an organ donor, we may release your health information to organizations that handle organ procurement or transplantation or to an organ donation bank as is necessary to facilitate the procurement or transplant.
- We may use and disclose your health information when necessary to prevent a serious threat to you or another individual's health and safety. This disclosure would only be to someone who can help prevent the threat.
- We may release your health information if you are involved in a lawsuit or dispute but only in response to a court or administrative order. We may only release your health information in response to a subpoena, discovery to inform you of the request or a protective order has been requested.
- Your health information may be released to military command authorities if you are a member of the armed forces.
- If you are an inmate of a correctional facility or in the custody of law enforcement, we may release your health information to the facility or the official as is necessary.
- All disclosures of psychotherapy notes will require your authorization unless the disclosure is necessary to protect your or others' safety.
- We may release your health information to authorized federal officials for national security activities, to provide protection to the President of the United States or other foreign heads, or to conduct special investigations.

YOU'RE RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding your health information. If you would like to exercise the following rights please contact our Administrator, or your Physician of record. You have the right to:

- Inspect and receive a copy of your medical and billing records. Certain limitations do apply to this right. You should know that you do not have a right to receive a copy of your psychotherapy notes.
- Request an amendment to your health information if you feel that it is inaccurate or incomplete.
- Request a restriction on who can see your health information.
- Request that we communicate your health information to you in an alternate method or location.
- Request a paper copy of this Notice.
- Request a list of all disclosures we made of your health information.

CHANGES TO THE NOTICE

We have the right to change this Notice effective for all health information which we already have about you as well as any information we may receive in the future. We will post the revised Notice and provide you with a copy.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated or if you should have any questions please contact our Administrator at (614)875-8949 or address your written complaint to our Administrator at Grove City Family Health, 6024 Hoover Road Suite A, Grove City, Ohio 43123. You will not be penalized for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington DC within 180 days of a violation of your rights. We will take no retaliation if you file a complaint.