



Columbus Vascular Vein & Wound Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

OUR LEGAL DUTY

Federal and state law requires us to maintain the privacy of your health information. The law also requires us to give you this notice about privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and these new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us in writing to Privacy Policy Officer for Columbus Vascular Vein and Wound Center at 895 South State Street Westerville, OH 43081.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and health care operations. For example:

Treatment: we may use your health information to obtain payment for services we provide to you.

Payment: We may use and disclose your health information to obtain payment for services provided. We may also disclose your health information to another health care provider or entity that is subject to federal Privacy Rules for its payment activities.

Health Care Operations: We may use and disclose your health information for our healthcare operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditations, certification, licensing or credentialing activities. We may disclose your health information to another health care provider or organization that is subject to federal privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your information to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose medical information based on professional judgment on whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences on your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders via voicemail, messages, postcards, letters, etc.

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in best public benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDS overnight, and to employers regarding work-related illness and injury;
- to report adult abuse, neglect, or domestic violence.



COLUMBUS VASCULAR VEIN & WOUND CENTER

895 S. State St
Westerville, OH 43081
<http://www.cvvwc.com>

phone: (614) 917-0696
fax: (888) 732-7890
email: info@cvvwc.com

Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, _____, have been given the opportunity to receive a copy of the Notice of Privacy Practices for Columbus Vascular Vein and Wound Center.

- Declined Copy
 Accepted Copy

Signature of Patient: _____ Date: _____

Signature of Guardian: _____ Date: _____

Printed Name: _____ Date of Birth: _____