



**NOTICE OF PRIVACY POLICY
LAST UPDATED 4/30/2026**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THE INFORMATION. PLEASE REVIEW CAREFULLY.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY OhioDERM, WHETHER MADE BY OhioDERM OR AN ASSOCIATED FACILITY.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly and confidentially. This Act gives you, the patient, the right to understand and control how your personal health information (“PHI”) is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

- Provide Treatment
 - We are permitted to use and disclose your medical information to those involved in your treatment (for example: your primary care physician or a specialist).
- Bill for your services
 - We can use and share your health information, including your contact information, to contact, bill and get payments from you, your guarantor, health plan(s), and any other entities or individuals responsible for payment, and for other payment purposes, including accounting, debt-collection and related financial communications.
- Complete administrative operations
 - We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent after opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2.
 - Law: if required by state or federal law to comply.
 - Medical examiner, coroner, funeral director, Organ Donations: to assist if an individual passes away.
 - Public health and safety: preventing/reporting disease, participating in product recalls, reporting adverse medication reactions, neglect, or domestic violence, and preventing/reducing a serious threat to anyone’s health or safety.

- Research: as permitted by applicable laws and rules, once there are established protocols by an institutional review board to ensure your privacy. This information will be de-identified.
- Law enforcement: for law enforcement purposes or with law enforcement official (including for purposes of identifying or located suspects, fugitives, witnesses, or victims of crimes), or certain information relating to inmates, with health oversight agencies of activities authorized by law.
- Military: if you are a member of the military for activities set out by certain military command authorities as requested by armed forces services. We may also release your information, if necessary, for national security, intelligence, or protective services activities.
- Business Associates: we may contract with certain outside persons or organizations to perform certain services (ex: billing company) on our behalf. At times it may be necessary for us to provide your protected health information. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.
- Lawsuits and legal actions: if court or administrative order, or in response to a subpoena or discovery request.
- Appointment reminders, treatment alternative, and other services: We may contact you by telephone via phone call or text messaging, mail, or both to provide appointment reminders, information about treatment, follow-up after and appointment, or notify you of other health-related benefits and services that may be of interest to you.
- Test Results and Other Protected Health Information: In order to communicate with you regarding your health care, we may leave messages on your answering machine or with family or friends who may answer your phone with test results and other health information.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- The right to access and obtain paper and/or electronic copies of your personal health information. Requests must be made in writing and signed by you, or your personal representative. We will provide the copy within (30) days of your request. You may also access your records by utilizing the patient portal.
- The right to amend your PHI
- The right to obtain a paper copy of this notice from us upon request
- The right to request restrictions about what we share and how it is used for treatment, payment, or operations. We are however, not required to honor a request restriction except in limited circumstances. If we do agree to the restrictions, we must abide by it unless you agree in writing to remove it.
- The right to receive an accounting of disclosures of your PHI
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI. This notice, effective as of January 1st, 2024 is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. OhioDERM reserves the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain. We will make this public, and you have the right to request a paper copay from our office.

If you feel your rights have been violated, you may file a complaint with OhioDERM or the State of Ohio. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

The Notice of Privacy Practices applies to the following office locations with OhioDERM:

5775 Preimeter Drive		54 W. High Street	812 Redskin Trail
Suite 200	2200 Timber Trail	Suite C	Suite D
Dublin, OH 43017	Bellefontaine, OH 43311	London, OH 43140	Wapakoneta, OH