**PflegMed Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully. We have a legal duty to protect your health information. We way use and disclose your health information as follows:

1. Use and disclosures that does not require your authorization. PflegMed, LLC collects health information from you and stores it in a paper chart and on a computer. The collected information may be used for the following purpose.
2. For treatment. We may give information about you to physicians, nurses, medical students and other health care personal who are involved in your care.
3. To obtain payment for treatment. We may give potions of your information to our billing department and to your health plan to get paid for the service we provided to you. We may also give your information to another health care provider that has treated you for their payment purposes.
4. For regular health operations. We may disclose information about you to operate the business. For example, we may use information about you to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also give your information to other r health care providers and health plans for their business operations if they have or had a patient relationship with you.
5. When required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we give your information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot and other wounds, either by subpoena or when ordered by the court.
6. For public health activities. For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we give coroners, medical examiners, and funeral directors necessary information relating to a death.
7. For health oversight activities. For example, we will provide information to assist government when it conducts an investigation or inspection of a health care provider or organizations.
8. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may give your information to law enforcement personnel or persons able to present or lessen such harm.
9. For specific government functions. We may give out information on military personnel and veterans in certain situations. We may also give your information for national security purposed, such as protecting the President of the United States or conducting intelligence operations.
10. For worker compensation purpose. We may release your information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury.
11. Appointments and service. We may contact you to remind you of an appointment or give you a test result. You have the right to request the messages not to be left on voicemail or sent to a particular address. We may also contact you to give you information about treatment alternatives or other health care services and benefits we offer.
12. You have the opportunity to object to these disclosures.
13. Disclosures to family, friends, or others. We may provide your information to a family member, friend or other person you indicate is involved in your care or the payment for your health care unless you object and fill out the appropriate form.
14. Disclosures that require authorization. Disclosures related to psychiatric treatment programs, human immunodeficiency virus (HIV) test results or diagnosis of AIDS or an AIDS-related condition, information about alcohol treatment programs or certain information to the State Long-Term Care Ombudsman will not be made without your authorization expect as required or allowed by law. Before we disclose your personal health information for any reason either than those reasons described in Section A and B, we will need to get your written authorization. If you authorize us to use or disclose your information, you can revoke authorization by filling out the appropriate form.

Your Health Information Right

1. The right to request limits on how we use and disclose your health information. You have the right to ask that we limit how we use and give out your information. We will carefully consider your request but we are not required to accept it. If we accept your request, we will put it in writing and abide by it except in emergency situation. To requests limits, complete the appropriate form.
2. The right to choose how we send your information to you. You have the right to ask that we send information to you to an alternate address. For example, you may ask us to send information to your work address rather than your home address. You can also ask that it be send by alternative means. For example, you can ask that we send information by fax instead of regular mail. We will agree to your request if we can easily provide it in the format your request.
3. The right to see and get copies of your health information. Most of the time, you have the right to look at or get copies of your health information that we have. Your request must be appropriate for and signed by you or your legally authorized representative. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons why and explain how you can have the denial reviewed.
4. The right to correct or update your health information. If you believe that there is a mistake in your information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request and your reason for the request must be submitted on the appropriate form. Each request will be carefully considered. If we approve your request, we will make the change to your information and tell you that we have done it.
5. Changes to the policy. If our private policy should change at any time in the future, we will promptly change and post the new notice. We reserve the right to apply any changes to our privacy policy or the notice to all of the personal health information that we maintain, including information collected before the date of change.
6. Complaints. If you think we may have violated your privacy rights or you disagree with a decision we made about your health information, you may file a complaint with the person listed in Section VII below.
7. Person to contact for information about this notice. If you have any questions about this notice or any complaints about our privacy practices, please contact: PflegMed 140 W Front St Perrysburg, OH
8. Effective date of this notice: March 1, 2018.