Important Notice Regarding the Privacy of Your Health Information

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Privacy Practices describes your rights with regard to your health information, as well as how we may use your health information, and how we must protect the confidentiality of your health information. This is a summary of the more detailed information contained in our Notice of Privacy Practices.

Your rights include:
A right to inspect and copy your medical information.
A right to amend your health information.
A right to request restrictions on what information we use or how we disclose your health information.
A right to receive an accounting of certain disclosures we have made of your health information.
A right to receive a paper copy of our Notice of Privacy Practices.

These rights do have special restrictions, so it is important that you read the full Notice.

We may use your health information and/or records to:
Plan for your care.
Help your health care providers communicate and work together to care for you.
Submit bills to pay for your care.
Help health care payers make sure services were actually provided.
Help improve the quality of health care. For example, after your visit we may contact you to see how you are doing and to find out how you felt about our service.
Disclose information to certain officials or organizations where we may, or are, required to do so by law.

The Ohio State University health system is an academic and research institution. Researchers who are working to find new treatments and cures, or important information to improve your health care and the health care of the general public may use or access your information. We may share your information to assist in the training and education of healthcare professionals. Every person who may access your information is bound by our confidentiality requirements, as outlined in our Notice of Privacy Practices.

We encourage you to carefully read the Notice, and ask you to speak with the office manager for your provider’s office, or contact the OSU Physicians, Inc. Privacy contact at (614) 798-1236 if you need more information.

I have received the Notice of Privacy Practices for OSU Physicians, Inc.

Printed Patient Name __________________________________________________________

Signature ___________________________________________ Date ________________

Documentation of Attempt ___________________________________________ Date ________________