

# MAYFIELD Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

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

#### Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a Complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you may have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you.

- We can use your health information and share it with other professionals who are treating you.

Example. We may disclose your information to an outpatient testing center in order to coordinate your care. If you are treated in our physical therapy department, due to the open setting, your health information may be discussed with you within hearing of others.

#### Run our organization.

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- Example. We may use health information about you to manage your treatment and services. We may also use health information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. Other operations include business management, licensing, and teaching. Since education is an important part of our Mission, we may have students, residents, and fellows involved in your care and treatment.

#### Bill for your services.

- We can use and share your health information to bill and get payment from health plans or other entities.

- Example. We give information about you to your health insurance plan so it will pay for your services.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways--usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues.

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

#### Do research.

- We can use or share your information for health research.

#### Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### Address workers' compensation, law enforcement, and other government requests.

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

#### This Notice of Privacy Practices applies to Mayfield Clinic, Inc.

Mayfield Clinic  
PO Box 19964  
Cincinnati, OH 45219  
<http://www.mayfieldclinic.com>

#### Privacy Officer:

Michael Radomski, 513-569-5210  
or [mradoski@mayfieldclinic.com](mailto:mradoski@mayfieldclinic.com)

**Effective Date:** April 14, 2003 | **Revision Date:** October, 2017

## Notice of Nondiscrimination & Language Assistance

### Discrimination is Against the Law

Mayfield Brain & Spine complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mayfield does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Mayfield Brain & Spine provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call our Language Access Coordinator at 513-386-6883.

If you believe that Mayfield Brain & Spine has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Mayfield Brain & Spine, Compliance Officer, PO Box 19964, Cincinnati, OH 45219 (Phone: 513-569-5355, Fax: 513-569-5279). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Español / Spanish

Mayfield Brain & Spine cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-513-386-6883.

### 繁體中文 / Chinese

Mayfield Brain & Spine 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-513-386-6883。

### Deutsch / German

Mayfield Brain & Spine erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-513-386-6883.

### (Arabic) العربية

يلتزم [Mayfield Brain & Spine] بقوانين الحقوق المدنية الفيدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل أو الجنسية أو الإعاقة أو الجنس.

ملحوظة: إن كنت تتحدث اذكري اللغة فإن خدمتنا متاحة لك عبر الهاتف أو عبر الإنترنت. اتصل برقم 1-513-386-6883.

### Deutsch / Pennsylvania Dutch

Mayfield Brain & Spine iss willich, die Gsetze (federal civil rights) vun die Owverichkeet zu folliche un duht alle Leit handle in der seem Weg. Es macht nix aus, vun wellem Shtamm ebber beikummt, aus wellem Land die Voreldre kumme sinn, was fer en Elt ebber hot, eb ebber en Mann iss odder en Fraa, verkrippelt iss odder net.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-513-386-6883.

### **Русский / Russian**

Mayfield Brain & Spine соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-513-386-6883.

### **Français / French**

Mayfield Brain & Spine respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-513-386-6883.

### **Tiếng Việt / Vietnamese**

Mayfield Brain & Spine tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-513-386-6883.

### **Oroomiffa (Oromo) / Cushite**

Mayfield Brain & Spine Seera hariiroo hawwaasummaa Federaalaan wal qabatan sanyiidhaan, bifaan, dhiigaan, umriidhaan, hiri'ina qaamaan, yookiin koorniyaadhaan hin loogu.

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-513-386-6883.

### **한국어 / Korean**

Mayfield Brain & Spine 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-513-386-6883 번으로 전화해 주십시오.

### **Italiano / Italian**

Mayfield Brain & Spine è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-513-386-6883.

### **日本語 / Japanese**

Mayfield Brain & Spine は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-513-386-6883まで、お電話にてご連絡ください。

### **Nederlands / Dutch**

Mayfield Brain & Spine voldoet aan de geldende wettelijke bepalingen over burgerrechten en discrimineert niet op basis van ras, huidskleur, afkomst, leeftijd, handicap of geslacht.

**AANDACHT:** Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-513-386-6883.

### **Українська / Ukrainian**

Mayfield Brain & Spine дотримується чинних федеральних законів про цивільні права і не допускає дискримінації за ознакою раси, кольору шкіри, національного походження, віку, інвалідності чи статі.

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-513-386-6883.

### **Română / Romanian**

Mayfield Brain & Spine se conformează legilor Federale privind drepturile civile și nu discriminează pe baza rasei, culorii, originii naționale, vârstei, dizabilităților sau sexului.

**ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-513-386-6883.