

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

Enclosed is the patient information packet to be filled out before your first appointment at Little Flower Family Practice.

Please complete all sections, answering all questions.

You must bring this completed packet **and your insurance card(s)** with you to your appointment. Please come 15 to 20 minutes early so we have time to enter your information into the computer.

If you arrive without this necessary information, which is essential for your treatment, you will be asked to reschedule your appointment.

If you need to reschedule this appointment, please call at least 24 hours before. **If you do not show up for the appointment and had not called to reschedule you will not be permitted to reschedule here.**

Your appointment date: _____

Your appointment time: _____ (please come 15-20 minutes before this time)

Your appointment is scheduled with _____

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

Authorization to Release Protected Health Information

Patient Name _____

Date of Birth _____ Social Security # _____

I, the undersigned, hereby authorize _____

To Provide _____

(Healthcare facility or person requesting records)

(Address)

With the following information:

- _____ Complete Medical Record (Past two years)
- _____ Recent labs (Please Specify Dates) _____
- _____ Immunization Record
- _____ Other (Please Specify) _____

Purpose of Disclosure:

- | | |
|---------------------------|----------------------|
| _____ Relocation | _____ New Physician |
| _____ Referral/Specialist | _____ Second Opinion |
| _____ Changed Insurances | _____ Other _____ |

I understand and acknowledge that the medical record may contain information regarding psychiatric disorders. Human Immune Virus (HIV) test results, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions, alcohol and/or drug dependence/abuse.

This authorization shall be in force and in effect for one year from the date of signature at which time this authorization to use or to disclose this protected health information expires.

I understand that I have the right to revoke this authorization at any time by sending written notification to Little Flower Family Practice. I understand that a revocation is not effective to the extent that Little Flower Family Practice has relied on the use or disclosure of the protected health information. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Little Flower Family Practice will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights). I understand that I have the right to refuse to sign this authorization. The use or disclosure requested under this authorization will result in direct or indirect remuneration to Little Flower Family Practice from a third party.

Signature of Patient or Representative

Date

Name of Patient (Please print)

Relationship to Patient

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

NOTICE OF PRIVACY PRACTICES

The terms of this Notice of Privacy Practices apply to LITTLE FLOWER FAMILY PRACTICE operating as a clinically integrated health care arrangement composed of James D Johns, MD, and Sandra Collier, CNP. The members of this clinically integrated health care arrangement work and practice at 211 15th St NW Canton, Ohio 44703. All of the entities and persons listed will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at LITTLE FLOWER FAMILY PRACTICE INC. or a copy may be obtained by mailing a request to 211 15th St NW Canton, Ohio 44703.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

YOUR AUTHORIZATION. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization.

USES AND DISCLOSURES FOR TREATMENT. We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors, nurses, and other health professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, test, etc. We may also release your personal health information to another healthcare facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. For instance, if, after you leave the office, you are going to receive hospital care, we may release your personal health information to that hospital so that a plan of care can be prepared for you.

USES AND DISCLOSURES FOR PAYMENT. We will make uses and disclosures of your personal health information as necessary for payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medicare I procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS. We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations, which include clinical improvement, professional peer review, business management, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

FAMILY AND FRIENDS INVOLVED IN YOUR CARE. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that persons' involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in some aspect of caring for you.

BUSINESS ASSOCIATES. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide certain of your personal health information to one or more of those outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

APPOINTMENTS AND SERVICES. We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voicemail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to Little Flower Family Practice 211 15th St NW Canton, Ohio 44703 Attn: Cathy Rambaud, office manager.

HEALTH PRODUCTS AND SERVICES. We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

RESEARCH. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that receive a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

OTHER USES AND DISCLOSURES. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

- We may release your personal health information for public health activities, such as required reporting of disease) injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to the Food and Drug Administration of necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information if required to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your personal health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities;
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

RIGHTS THAT YOU HAVE

ACCESS TO YOUR PERSONAL HEALTH INFORMATION. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge a fee if you request a copy of the information, (fee schedule provided upon request). We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such a summary. You may obtain an access request form from LFFP.

AMENDMENTS TO YOUR PERSONAL HEALTH INFORMATION. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in

Little Flower Family Practice

211 -15th Street N.W. Canton, Ohio 44703

(330) 455-0800 Fax (330) 455-1453

writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request from LFFP.

ACCOUNTING FOR DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION.

You have the right to receive and accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available at LFFP. The first accounting in any 12-month period is free; you will be charged a fee of \$2.00 for each subsequent accounting you request within the same 12-month period.

RESTRICTIONS ON USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from LFFP. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to LFFP 21115th St NW Canton, Ohio 44703 Attn: Privacy Manager, Cathy Rambaud.

COMPLAINTS. If you believe your privacy rights have been violated, you can file a complaint with our privacy manager, Cathy Rambaud, in writing. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE. You will be asked to sign an acknowledgement form that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Manager, Cathy Rambaud at LFFP, 211 15th St NW Canton, Ohio 44703 or call 330.455.0800.

As a patient, you retain the right to obtain a paper copy of this Notice even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003

This Notice was revised April 22, 2008