



**Notice of Privacy Practices
For Infuse One Ohio
Effective Date: 1/16/2023**

Infuse One Ohio understands that your health information is sensitive, and we are committed to protecting it. This Notice of Privacy Practices (Notice) describes how your health information may be used and disclosed, and how you can get access to this information. Please review this document carefully.

Your Health Information: Infuse One Ohio creates a record of your care. Typically, this record contains information such as your symptoms, test results, diagnoses, treatment, and related medical information, as well as billing and insurance information. This Notice applies to all of the records related to your care that Infuse One Ohio creates or maintains.

How We Use Your Health Information: This Notice describes how we may use within Infuse One Ohio and disclose your health information. This Notice also describes your rights to access and control your health information.

Uses and Disclosures of Health Information Not Requiring Consent or Authorization: The following categories describe different ways that we use and disclose medical information without your authorization under most circumstances. While we set forth examples, not every potential use or disclosure in a category will be listed.

Treatment: We will use and disclose your health information to provide you with medical treatment or services. Your health information may be disclosed to physicians, providers, nurses, technicians, interns, and others involved in your care at Infuse One Ohio. We may also disclose your health information to other healthcare providers outside Infuse One Ohio who are participating in your treatment, to pharmacists who are filling your prescriptions, to laboratories performing tests, and to family members who are helping with your care, and so forth.

Payment: We will use and disclose your health information for payment and collection purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from you, your health plan (e.g. your insurance) and/or applicable third parties. Health information may be shared with the following: billing companies, insurance companies (private and government health plans), government agencies in order to assist with qualifications of benefits, or collection agencies.

Operations: Your health information may be used and disclosed for purposes of furthering day-to-day Infuse One Ohio operations. We may use and disclose your health information for administrative, financial, legal, and quality improvement activities performed to operate Infuse One Ohio's business and to support our core functions of treatment and payment. For example, we may combine and assess the health information of our patients to evaluate the need for new services or treatment. We may use and disclose your health information to perform various functions (e.g. appointment reminders, accreditation; quality evaluations or records analysis; training staff, students, interns, other health care providers or ancillary staff such as billing personnel, to assist in resolving problems or complaints within Infuse One Ohio). We may use your health information to contact you to provide information about referrals, for follow-up with lab results, to inquire about your health or for other reasons. We may share your health information with business associates who assist us in performing operational functions, but we will always obtain assurances from them to protect your health information the same as we do.

As Required by Law: We may have an obligation under federal, state, or local law to disclose your health information. For example, we may be required to report gunshot wounds, suspected abuse, or neglect.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command

authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services.

Research: We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Food and Drug Administration (FDA): We may disclose to the FDA medical information related to FDA regulated products or activities to collect or report adverse events, product defects or problems, or biological product deviations, to track FDA-regulated products; to enable product recalls, repairs or replacement, or conduct post marketing surveillance.

Abuse, Neglect, Or Domestic Violence: We may disclose your health information if we reasonably believe you are a victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure or disciplinary actions or other government oversight activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs, and compliance with law.

Judicial and Administrative Purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative, and law enforcement purposes.

Health or Safety: We may use or disclose your health information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Law Enforcement Purposes: We may disclose your medical information to law enforcement officials in the following cases: as required by law to report wound or physical injury; in compliance with, and as limited by the relevant requirements of a court order or court-ordered warrant, subpoena, summons, or similar process; identification or location of a suspect, fugitive, material witness, or missing person; in limited circumstances when the individual is or may be the victim of a crime; about an individual who has died to alert law enforcement that the individual's death may have resulted from criminal conduct; related to criminal conduct that occurred on Infuse One Ohio's property; or in a medical emergency not on Infuse One Ohio's property to report the nature or location of a crime, the victim(s) of such crime, and the identity, description, and location of the criminal.

National Security and Intelligence Activities: We may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information to a coroner or medical examiner to identify a deceased person, determine cause of death, or other purposes as authorized by law. We may disclose medical information to funeral directors so they can carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities engaged in the procurement, storage, or transplantation of organs, eyes, or tissue to facilitate organ, eye, or tissue donation and transplant.

Inmate or in Custody of Law Enforcement: If you are an inmate in a correctional institution or under lawful custody of law enforcement, we may disclose your health information to a correctional institution or law enforcement official as allowed or required by law.

Disaster Relief: We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts.

Worker's Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health: We may disclose your medical information for public health activities, including: for prevention or control of disease, injury, or disability; for reporting of disease, injury, or vital events such as birth or death; for public health surveillance, investigations or interventions; at the direction of a public health authority to an official of a foreign government agency acting in collaboration with a public health authority; to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition; for reporting of child abuse or neglect; under limited circumstances, to report to an employer information about an individual who is a member of the employer's workforce related to a work-related illness or injury or a workplace-related medical surveillance.

Disclosure to Relatives, Close Friends and Other Caregivers: We may use or disclose your health information to a family member, other relative, a close friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we obtain your agreement or provide you with the opportunity to object to the disclosure and you do not object or if we reasonably infer that you do not object to the disclosure.

Patient Directory Information: Unless you tell us otherwise, we will include your name, location of the facility, and your general condition (good, fair etc.) in our patient directory and make this information available to anyone who asks for you by name.

Certain Limited Marketing Communications: we may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

Uses and Disclosures of Health Information Requiring Authorization: For uses and disclosures for purposes other than as described above, we are required to have your written authorization. Most uses and disclosures for marketing purposes (other than under the limited circumstances as described above) and disclosures that constitute the sale of your health information require your authorization. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already relied on your authorization. We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you or to defend ourselves in a legal action or other proceeding brought by you.

Your Rights Regarding Your Health Information: You have certain rights with regard to your health information as described below.

Right to Request Additional Restrictions: You may request restrictions on our use and disclosure of your health information (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions, we are not required to agree to a requested restriction unless the disclosure is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service for which you have paid us out of pocket in full. If you wish to request additional restrictions, please contact the Privacy Officer. We will send you a written response.

Right to Receive Communications by Alternative Means/Locations: You may request in writing, and we will attempt to accommodate any reasonable request, to receive your health information by alternative means of communication or at alternative locations.

Right to Inspect and Copy Your Health Information: You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you

access to a portion of your records. If you desire access to your records, please submit a written request to the Privacy Officer. If you request copies, we may charge you a reasonable copy fee.

Right to Request Amendment to Your Record: You have the right to request that we amend your health information maintained in your record. If you desire to amend your record, please submit the request in writing to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures: Upon request, you may obtain an accounting of certain disclosures of your health information made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a 12- month period, we may charge you a reasonable fee for the accounting statement.

Right to Receive Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice from us, upon request. We will provide you a copy of this Notice on the first day we treat you at our facility. In an emergency situation, we will give you this Notice as soon as possible.

Further Information; Complaints: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your health information, you may contact the Privacy Officer. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

Breach of Unsecured Health Information: You have the right to receive notification of any breach of your unsecured health information.

Our Legal Duty: We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding health information, and to abide by the terms of the Notice currently in effect. We may update or change our privacy practices and policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice at Infuse One Ohio and on our website at infuseoneohio.com. You can also request a copy of our Notice at any time. If you are concerned about your privacy rights, or if you disagree with a decision we made about your records, you may contact the Privacy Officer.

Privacy Officer: If you have any questions, requests, or complaints, please contact:

Email: dpatel@infuseoneohio.com

Address: 6265 Emerald Parkway
Suite 150
Dublin, OH 43016
Attn: Dan Patel