SUMMARY OF JOINT NOTICE OF PRIVACY PRACTICES
WEST CENTRAL SURGERY CENTER
TOLEDO PAIN SERVICES
DECA HEALTH INC.

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.

This is a brief summary of your privacy rights. A copy of the entire Joint Notice of Privacy Practices which provides a full description of your rights is available at the registration desk.

This notice summarized the privacy practices of West Central Surgery Center, Toledo Pain Services, and DECA Health Inc. These organizations are allowed to share medical information with each other for treatment, payment and operational activities. We will use this information in order to provide our patients with complete and comprehensive health care services.

Our Commitment to You

We are committed to protecting your medical information. We are required by law to keep medical information about your private, to give you a notice about our privacy practices and to follow the practices outlined in the notice.

How We May Use and Disclose Your Medical Information

We may use your medical information for treatment (such as sending medical information about you to your referring physician, payment (such as sending a bill to your insurance company), and for health care operations (such as evaluating the performance of our staff).

Under certain circumstances we are allowed to use or disclose your medical information without your written permission. We may give out information about you for public health purposes, reports or abuse, neglect, or domestic violence, health oversight audits or inspections, research studies, funeral arrangements and organ donations, government programs, workers compensation and emergency situations. We also disclose patient information when required by law, such as in response to a request from law enforcement or in response to judicial orders.

We also may contact you for your appointment reminders, or to tell you about possible treatment options and health services. We may disclose medical information about you to a friend or family member who is involved in your care.

Your Rights Concerning Your Medical Information

You have the right to access or copy your medical information. There may be a fee for this service. You may ask us to amend the medical information you believe is incorrect or incomplete. You may have a list of non-routine disclosures we have about you. You may request special confidential communications. You may request restrictions on information discussed about you. You have the right to complain to use and to the federal government if you believe your privacy rights have been violated. You have the right to a copy of the entire Joint Notices of Privacy Practices.

We have the right to make changes to the Joint Notice of Privacy Practices. A copy of the current Joint Notice of Privacy Practices is available in the locations where you receive services.

***** This is a summary only. The full text of the Joint Notice of Privacy Practices is available at the registration desk*****

DECA Health
PRACTICE • PARTNER • SUCCESS

West Central Surgical Center

COMPREHENSIVE CENTERS FOR PAIN MANAGEMENT

NOTICE OF PRIVACY ACKNOWLEDGMENT

Patient Name: _____
(Printed Name)

I understand and acknowledge the receipt of Health Insurance Portability and Accountability Act (HIPAA).

Signature: _____ **Date:** _____

Patient is unwilling or unable to sign for the following reason:

_____
_____
_____

Employees Fill Out:

☐**Notice of HIPAA was given to patient (Please Check)**

Employee Signature: _____ **Date:** _____