

Notice Regarding the Use and Disclosure of Protected Health Information
Effective: April 14, 2003

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 Notice has been prepared by D&E Counseling Center. It tells you how Protected Health Information about you can be created, shared, protected, and maintained.

What is my Protected Health Information?

- Anything from the past, present or future;
- About your mental or physical health or condition
- That is spoken, written, or electronically recorded, and is:
- Created by or given to anyone providing care to you, a health plan, a public health authority, your employer, your insurance company, your school or university, or anyone who processes health information about you.

What rights to I have about my Protected Health Information?

- You have the right to consent to the use and disclosure of your Protected Health Information for the limited purpose of diagnosing you and administering and paying for your treatment.
- You have the right to authorize the sharing of your Protected Health Information for other purposes.
- You have the right to see and copy your Protected Health Information. Exceptions to this information are psychotherapy notes, information prepared for certain legal proceedings, and information maintained by clinical laboratories.
- You have the right to request that we amend your Protected Health Information.
- You have the right to be informed about and to share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to restrict how we use and disclose your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
- You have the right to have a copy of this Privacy Notice. We may change the terms of this Privacy notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from the secretary.

All questions and complaints about the use and disclosure of your protected Health Information may be sent to:

Cathy Reppy
Privacy Officer
(330) 793-2487
Youngstown OH 44515

We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information