

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. If you have questions, contact the Privacy Officer.

PRIVACY OFFICER

Address: 1105 Schrock Rd, Ste. 400, Columbus, OH 43229
Phone: (614) 572-0876
Email: compliance@equitashealth.com

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 us 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 below You can file a complaint with Equitas Health by sending a letter to 1105 Schrock Rd, Ste. 400, Columbus, OH 43229, calling (614) 572-0876, or emailing compliance@equitashealth.com 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, D.C. 20201, calling 1-877-696- 6775, or visiting 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 have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care Share information in a disaster relief situation Include your information in a hospital directory <p>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.</p>
In the case of health programs and services	We may contact you about health related programs and activities, or to ask for your feedback on services, but you can tell us not to contact you again.
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none"> 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 when doing the following things:

Treating you	We can use your health information and share it with professionals who are treating you.	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Running our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary. This may include with outside companies and organizations that provide services to us. These organizations sign an agreement to protect your information.	Examples: We use health information about you to manage your treatment and services. Electronic health records are run by an outside company (OCHIN) and keep your health information private and secure.
Billing 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

THIS IS A QUICK OVERVIEW OF YOUR RIGHTS & RESPONSIBILITIES AS AN EQUITAS HEALTH PATIENT OR CLIENT.

Your Rights

- You have the RIGHT to get the care you need free from any form of discrimination.
- You have the RIGHT to include a support person in your health care and appointments.
- You have the RIGHT to know why we will not – or will no longer – serve you.
- You have the RIGHT to feel safe at Prism Health.
- You have the RIGHT to know the price of our services and to ask for help paying for them.

Your Responsibilities

- You have the RESPONSIBILITY to give your care team your most up-to-date address, phone numbers, earnings info, health record, and insurance info.
- You have the RESPONSIBILITY to show up to your appointments.
- You have the RESPONSIBILITY not to physically or verbally abuse, threaten, harm, or endanger any Equitas Health, patient, client, or staff.
- You have the RESPONSIBILITY for any choice you make to get – or refuse – any treatment, service, or therapy.
- You have the RESPONSIBILITY to let us know if we have not made something fully clear to you.

If we fail to uphold your rights in any way, you have the RIGHT & the RESPONSIBILITY to send your complaint to our Compliance Officer, our Patient Experience Specialist or any agency that accredits, funds, or partners with Equitas Health.

Complaints

If you are not satisfied with your care or the services you receive, please talk with the staff and providers to try and resolve any issues. If you continue to be unsatisfied, reach out to us through email, a phone call or fill out the feedback form online.

Send an Email

PatientFeedback@equitashealth.com.
In your email, include your phone number and share as much information as you can.

Online Form

equitashealth.com/patient-resources

Call us

Patient Experience Specialist (614) 572-0900
Vice President of Quality & Compliance (614) 299-2437 x5027



To read the full Notice of Privacy Practices scan this QR code or visit <https://phntxpharmacy.org/specialty-pharmacy-services/pharmacy-patient-resources/>