

FillPoint Health LLC
HIPAA Privacy Note

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION BELOW CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to insurance providers for the purpose of processing and receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released in response to a court order or as otherwise required or allowed by law.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may be released after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. You may also be contacted by the organization to remind you to re-fill prescriptions and to request your participation in patient satisfaction surveys.
- You may be contacted by the organization for the purpose of raising funds to support the organization's operations.
- You have the right to restrict the use of your confidential healthcare information. However, we may not follow your restriction to the extent it interferes with our ability to provide you with quality healthcare or in the event of an emergency.
- You have the right to receive confidential communications about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to correct your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to receive a copy of this Privacy Notice upon request.
- Your confidential healthcare information may not be released for any purposes other than those identified in this notice.
- We are required by law to protect the privacy of our patients. We will keep confidential all patient healthcare information in accordance with all applicable laws and regulations.
- We will abide by the terms of this notice. We reserve the right to make changes to this notice but will continue to always maintain the confidentiality of your confidential healthcare information. Patients will receive a copy of any significant changes to this notice within 60 days of making the changes.
- You have the right to complain to us and/or the Secretary of the United States Department of Health and Human Services. If you believe your rights to privacy have been violated. If you have a complaint or wish to receive further information about our privacy practices, please contact us in writing at the following address:
- FillPoint Health LLC
- 6175 Shamrock Ct Ste S Dublin, OH 43016
- All complaints will be investigated. You will not be penalized in any way for filing a complaint.

Print Patient Name:			
Patient/Representative Signature:			
Relationship (if different than patient):		Date:	