

Peter Sheng, M.D. Inc.

Notice of Privacy Practices

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.

USES AND DISCLOSURES

Treatment: We will use and disclose your protected health information (PHI) to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to all health professionals that may provide care, diagnosis or treatment to your.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, marketing, and conducting for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment

Law Enforcement: Your PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting as required by law.

Public Health Reporting: Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures: Your PHI will be made only with your consent, authorization or opportunity to object unless required by law. If you change your mind after authorizing a use or disclosure of your PHI you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

The right to inspect and copy your PHI. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

The right to request a restriction on the use and disclosure of your PHI.

The right to receive confidential communications concerning your medical condition and treatment.

The right to amend or submit corrections to your PHI

The right to receive an accounting of how and to whom your PHI has been disclosed

We reserve the right to change the terms of this notice. These changes may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all PHI we maintain.

Complaints: You may file a complaint with us if you believe your privacy rights have been violated by us. You will not be penalized or otherwise retaliated against for filing a complaint.

This notice is effective on or after Feb. 10, 2003.

4578 East Tech Dr., Suite 202
Cincinnati, Ohio 45245
(513)-528-2900
(513)-528-7329 Fax

Peter Sheng, M.D. Inc.
Hematology • Medical Oncology
Acupuncture • Chinese Herbs

8220 North Creek Dr. #210
Cincinnati, Ohio 45236
(513)-984-3334
(513)-984-4158 Fax

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information (PHI).

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices :

Print Name

Signature

Date