



CROSSROADS UROLOGY

West Central Ohio Urological Centers of Excellence

Notice of Privacy Practices

Our Commitment to your privacy: Crossroads Urology is committed to maintaining the privacy of your protected health information (PHI). PHI includes information about your health condition and the care and treatment you receive from Crossroads Urology and other healthcare providers. This Notice details how your PHI may be used and disclosed to third parties for the purposes of treatment, payment, and healthcare operations.

Understanding Your Medical Record: Each time you visit Crossroads Urology, a record of your visit is made. This record typically includes your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is used to plan your care, communicate among health professionals, serve as a legal document, and verify services billed to you, your insurance, or another third party.

How We May Use and Disclose Your PHI Treatment: We may use your PHI to provide, coordinate, or manage your healthcare and related services, such as sharing information with other healthcare providers involved in your care.

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Treatment: We may use your PHI to provide, coordinate, or manage your healthcare and related services, such as sharing information with other healthcare providers involved in your care.

Payment: We may use and disclose your PHI to obtain payment for healthcare services, including billing and collection activities, determining eligibility, and coordinating benefits.

Healthcare Operations: We may use and disclose your PHI for healthcare operations, such as quality assessment and improvement, employee review, training, licensing, and conducting or arranging for other healthcare-related activities.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder of your appointment.

Treatment Alternatives: We may use and disclose your PHI to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services: We may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

As Required By Law: We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities: We may disclose your PHI for public health activities, including reporting disease, injury, vital events, and conducting public health surveillance, investigations, and interventions.

Health Oversight Activities: We may disclose your PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.

Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your PHI for law enforcement purposes, including reporting certain types of wounds or injuries, identifying or locating a suspect, fugitive, material witness, or missing person, or in case of a crime on the premises.

Research: We may use and disclose your PHI for research purposes, provided that we have received your authorization, or the research project has been approved by an institutional review board or privacy board.

Your Rights Regarding Your PHI

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI, with certain exceptions. You may be charged a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Request Restrictions: You have the right to request a restriction on certain uses and disclosures of your PHI. We are not required to agree to your requested restriction, but if we do, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your medical matters in a specific way or at a specific location. We will accommodate reasonable requests.

Right to Amend: If you believe the PHI we have about you is incorrect or incomplete, you may request an amendment to your PHI. We may deny your request under certain circumstances, but if we do, we will provide you with information on how to appeal our decision.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we have made of your PHI. This accounting does not include disclosures made for treatment, payment, healthcare operations, and certain other purposes.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically. You may request a paper copy at any time.

Changes to this Notice: We reserve the right to change this Notice and make the revised or changed Notice effective for PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in our office and on our website. The Notice will specify the effective date on the first page.

Contact Information

Jenene Nicholson
Crossroads Urology
2751 Fort Amanda Road, Lima, Ohio 45805
(567) 529-9000

Privacy@crossroadsurology.com

I hereby acknowledge that I have received and reviewed a copy of Crossroads Urology's Notice of Privacy Practices, which explains how my protected health information (PHI) may be used and disclosed, as well as my rights regarding my PHI.

I hereby consent to the use or disclosure of my protected health information by Crossroads Urology for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills, or to conduct the healthcare operations of Crossroads Urology. I understand that diagnosis or treatment by Crossroads Urology may be conditioned upon my consent as evidenced by my signature on this document.

I hereby consent to the use of an AI (Artificial Intelligence) scribe with discussions and interactions taking place during my appointment. I understand that the AI scribe is fully compliant with HIPAA and that my health information will be stored securely, and a third party will not have access to my health information.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of Crossroads Urology. Crossroads Urology is not required to agree to the restrictions that I may request. However, if Crossroads Urology agrees to a restriction that I request, the restriction is binding on Crossroads Urology.

Patient Signature

Date

Patient Label

If you are signing as a personal representative of the patient, please provide the following information:

Personal Representative's Name _____

Relationship to Patient _____

Signature

Date