

## Notice of Privacy Practices

**Effective Date:** 11/1/2025

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164.

**Your Rights:** When it comes to your health information, you have certain rights. Please review carefully.

- Get a copy of your health information. You can ask to see or get an electronic/paper copy of your medical record and other health information we have about you. We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your record. You can ask us to correct health information you think is incorrect or incomplete. We may say no, but we will explain in writing.
- Request confidential communications. You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will say yes to all reasonable requests.
- Request restrictions. You can ask us to limit sharing of certain health information for treatment, payment, or operations. We are not required to agree, and we may say no if it affects your care.
- Restrict disclosures to your insurer. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information with your health plan. We will agree unless required by law.
- Get a paper copy of this notice. You can ask at any time.
- Exercise rights through a representative. If you have given someone medical power of attorney or a legal guardian has been appointed, that person can exercise your rights. We will confirm their authority first.
- Ask for an accounting of disclosures. You can ask for a list (accounting) of the times we've shared your health information for six years prior to your request, who we shared it with, and why. We'll include all disclosures except those for treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make).

**Your Choices:** For certain health information, you can tell us your choices about what we share.

- You may direct us to share your information with family, friends, or others involved in your care.
- We will not use or disclose your information for marketing, the sale of your information, or most psychotherapy notes unless you give written authorization.

### **Our Uses and Disclosures:**

We typically use or share your health information in the following ways:

- Treatment (e.g., sharing information with a specialist).
- Payment (e.g., submitting claims to your health plan).
- Health care operations (e.g., quality assessment, care coordination, practice management, contacting you about care).

Other ways we may share your information include:

- Public health and safety activities (disease prevention, recalls, adverse events, suspected abuse, serious threats).
- Required reporting to state or federal agencies, including HHS.
- Organ and tissue donation requests, coroner/medical examiner/funeral director duties.
- Workers' compensation, law enforcement, health oversight activities, and specialized government functions.



- Court orders and subpoenas.

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**Other Uses and Disclosures:** For uses and disclosures not described in this Notice, we will ask for your written authorization. If you give us an authorization, you may revoke it at any time, in writing, and we will stop any further uses/disclosures. We cannot take back disclosures already made.

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**Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this Notice.

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**Business Associates:** We may share your health information with third-party service providers known as business associates (such as billing companies, IT vendors, or consultants). These business associates are required by law and by contract to protect your information and use it only for the services they provide on our behalf.

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**Health Information Exchange (HIE):** We participate in one or more Health Information Exchanges. Your healthcare providers can use this secure electronic network to share your records for a better picture of your care. This is voluntary; you may opt out at any time by notifying your physician's office. **Note:** Opting out prevents sharing through the HIE but does not limit our internal use of your information for treatment, payment, or operations.

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**Changes to the Terms of This Notice:** We can change the terms of this Notice. Changes will apply to all information we have about you. A new Notice will be available upon request, in our office, and on our website.

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**Complaints:** You may file a privacy complaint with us using the contact information below or with the U.S. Department of Health and Human Services, Office for Civil Rights ([ocrportal.hhs.gov](http://ocrportal.hhs.gov)). We will not retaliate against you for filing a complaint.

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**Privacy Officer:**

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