

sent to another physician or clinic there will be a \$15.00 charge for your records. This must be paid prior to the release of your records.

We may release your health information for public activities, such as reporting of disease, injury, birth and death, and for required public health investigations such as reporting to the Ohio cancer incidence Surveillance System or the Ohio Trauma Registry.

We must report any abuse, wounds and injuries to the authorities.

We may release information to your employer when we have provided health care to you as the request of your employer, or armed forces, and for national security or intelligence activities.

We may release your personal records to Workers' compensation agencies if necessary for your Workers' compensation benefit determination.

Please report any violation to the Privacy office.

You have the right to request amendments to your health information. This must be done in writing, signed by you and must state the reasons for the amendment/correction request. We are not obligated to make all requested amendments but will give each request careful consideration.

Please sign below showing you have read this Privacy Practices Letter.

Signature of Patient

Date
