

NOTICE OF PRIVACY PRACTICES

PATIENT ACKNOWLEDGMENT FORM

Our Notice of Privacy Practices (“**Notice**”) provides information about: (1) the privacy rights of our patients; and (2) how we may use and disclose Protected Health Information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) (Privacyofficer@zangcenter.com for the East Division or Privacyofficer@coainc.cc for the West Division) or a letter to:

Privacy Officer: Nancy Merriman, RN
Ohio Oncology & Hematology, LLC
East Division
Zangmeister Center
3100 Plaza Properties Drive
Columbus, OH. 43219
Phone: 614-383-6000
Email: Privacyofficer@zangcenter.com

Privacy Officer: Joseph Hofmeister, M.D.
Ohio Oncology & Hematology, LLC
West Division
Columbus Oncology and Hematology Associates
810 Jasonway Avenue
Columbus, OH. 43214
Phone: 614-442-3130
Email: Privacyofficer@coainc.cc

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature of Patient or Authorized Representative

Date

Print Name of Patient/Authorized Representative