

Jasonway Cancer Center 810 Jasonway Ave. Columbus, Ohio 43214-4359 Dublin Cancer Center 6700 Perimeter Drive Dublin, Ohio 43016-8063

Phone: (614) 442-3130 Fax: (614) 442-3145 Westerville Cancer Center 300 Polaris Pkwy, Suite 330 Westerville, Ohio 43082-7813

NOTICE OF PRIVACY PRACTICES

Columbus Oncology & Hematology

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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) to <u>Privacyofficer@coainc.cc</u> or a letter to:

Privacy Officer: Dr. Joseph Hofmeister, MD Columbus Oncology Associates, Inc 810 Jasonway Ave, Suite A 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