



Community Medical Associates

Daniel Miller, MD · Douglas Sposetta, APRN-CNP, FNP-BC

1450 S. Canfield-Niles Rd., Austintown, OH 44515

Phone (330) 799-8752 · Fax (330) 799-8754

NOTICE OF PRIVACY PRACTICES

Effective date: October 7, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes the privacy practices of Community Medical Associates, including Daniel Miller, MD, Douglas Sposetta, APRN-CNP, FNP-BC, and the staff who work with them at 1450 S. Canfield-Niles Rd., Austintown, OH 44515. If you have questions, call (330) 799-8752 and ask for the privacy contact. This notice is offered in the office. A copy is available on request. It is not inserted into the signature page of the new-patient packet.

Our duty

We are required by law to maintain the privacy of your protected health information, to give you this notice of our legal duties and privacy practices, and to follow the notice that is currently in effect. If we change this notice, the new notice applies to information we already have and to information we receive later. We will notify you if a breach of your unsecured protected health information occurs, as required by law.

Treatment, payment, and health-care operations

Treatment. We use and share information to care for you. For example, we share notes with a specialist we refer you to, or with a hospital that is treating you. Payment. We use and share information to bill and collect payment, including sending a claim to your health plan. Health-care operations. We use and share information to run the practice, including quality review, training, accreditation, scheduling, and customer service.

Other uses permitted by law

We may also use or share information without a separate authorization when the law allows it. Examples include public-health reporting, health-oversight activities, workers' compensation, judicial and administrative proceedings, law enforcement in the situations the law describes, coroners and funeral directors, organ donation, research that meets privacy rules, a serious threat to health or safety, specialized government functions, and correctional institutions. Unless you object, we may share limited information with a family member or other person involved in your care or payment, and we may contact you with appointment reminders or information about treatment alternatives.

Authorization required for other uses

Other uses and disclosures require your written authorization. That includes most uses of psychotherapy notes, marketing, and the sale of protected health information. We will not use or sell your information for those purposes without an authorization. You may revoke an authorization in writing. Revoking it does not undo a disclosure we already made in reliance on it.

Your rights

Access. You may ask to see or get a copy of your record. We may charge a reasonable, cost-based fee allowed by Ohio law. Amend. You may ask us to amend information you believe is incorrect or incomplete. We may say no, and we will tell you why in writing. Accounting. You may ask for a list of certain disclosures we made in the six years before your request. Restrictions. You may ask us to limit how we use or share information for treatment, payment, or health-care operations. We are not required to agree, except for the out-of-pocket restriction below. Confidential communications. You may ask us to contact you at a different address or phone number, or by a different method. We will agree to a reasonable request. Paper copy. You may ask for a paper copy of this notice at any time.

Out-of-pocket restriction

If you pay a service in full out of pocket and ask us not to share that item with your health plan, we will not disclose that item to the plan unless the law requires it.

Breach notification

We will notify you if a breach of your unsecured protected health information occurs, as required by law.

Complaints

If you believe your privacy rights have been violated, you may complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Privacy contact: Community Medical Associates, 1450 S. Canfield-Niles Rd., Austintown, OH 44515. Phone (330) 799-8752. Fax (330) 799-8754. Ask for the privacy contact. Office for Civil Rights, U.S. Department of Health and Human Services. Complaint forms and instructions are at www.hhs.gov/hipaa/filing-a-complaint. Mailing address: 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone 1-877-696-6775.

This notice is offered in the office. A copy is available on request. Care is not withheld if you decline to sign an acknowledgment that it was offered.