

HIPAA NOTICE OF PRIVACY PRACTICES

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.

Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, “medical information”. This notice will tell you how we may use and disclose protected health information about you. This notice will also tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Our Agency is required to abide by the terms of this Notice of Privacy Practices, but reserves the right to change the Notice at any time. If there is any change in the terms of this Notice, we will provide you with written revised notice as soon as practical by mail or hand delivery.

Permitted Uses and Disclosures

Under federal and state law, we can use or disclose your medical information as necessary for purposes of treatment, payment, and health care operation. Examples of the uses and disclosures that we may make under each section are listed below:

Treatment. We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities that are involved in your care. We may consult with other health care providers concerning you, as part of the consultation shares your medical information with them.

Payment. We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or third party payer. For example, we may need to give your insurance company, Medicare or Medicaid information about the health care services we provide to you so that they will pay us for those services or reimburse you for amounts that you have paid.

Health Care Operations. We may use and disclose medical information about you for your own health care operations. These are necessary for us to operate our Agency and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers and students working in our Agency. We may also disclose the information to study ways to more efficiently manage our organization.

Other Uses and Disclosures Allowed

Federal law also allows us to use and disclose your medical information in the following ways:

Appointment/Visit Reminders. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail.

Emergency Treatment. In emergency treatment situations, we may treat you as long as our Agency attempts to obtain consent as soon as practical after treatment.

Fundraising. We may use certain information (name, address, telephone number) to contact you in the future to raise money for our Agency. We may also provide your name to our related company and/or foundation only, for the same purpose. The money raised will be used to expand and improve the services and programs we provide to the community. If you do not wish to be contacted for fundraising efforts, please notify Kim Moore, Owner/Administrator at 7665 Raider Road, Middletown, IN 47356, in writing.

Census Report/Directory. We may include information such as your name, your address, your physician, and your diagnosis in general terms on a census report used within the agency. This information is used primarily for scheduling, coordinating, billing and healthcare oversight purposes.

Family and Friends Involved in Your Care. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Business Associates. We may disclose medical information to a business associate as part of a contracted agreement to provide services for our Agency.

Special Situations also Allowed

Disaster Relief. We may use or disclose medical information about you to a public or private entity authorized by law or by its character to assist in disaster relief efforts.

Required by Law. We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities. We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. In addition, your medical records may be viewed by such licensing and accrediting bodies such as the Indiana State Department of Health and the Joint Commission on Accreditation of Healthcare Organizations, CHAP or another accrediting body as appropriate..

Victims of Abuse, Neglect or Domestic Violence. We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings. We may disclose medical information about you in response to a subpoena, court order, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosures for Law Enforcement Purposes. We may disclose medical information about you to a law enforcement official for law enforcement purposes: such as responding to a subpoena or court order, or to notify authorities of a criminal act.

Coroners and Medical Examiners. We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining the cause of death.

Funeral Directors. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

National Security and Military Functions. We may disclose medical information regarding military and veteran activities, national security and intelligence activities, protective services for the president and others, correctional institutions and custodial situations.

Workers Compensation. We may disclose medical information about you to the extent necessary to comply with regard to fault.

Other Uses and Disclosures

Other uses and disclosures of medical information will be made only with your written authorization. That authorization may be revoked, in writing, at any time. However, should you revoke such an authorization, you should understand that we are not able to take back any disclosures we have already made with your permission and that we are required to retain our records as proof of the care that we provided you.

Your Rights With Respect to Medical Information About You

All following requests must be in writing.

- **Right to request restrictions** on certain uses and disclosures of information about you. However, our Agency is not required to agree to the requested restriction. You must submit your request in writing. You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the use or disclosures we make to a family member, other relative, a close personal friend or any other person identified by you. For example, you could ask that we not disclose medical information about you to your mother or brother. To request a restriction, you may do so at any time in writing. We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.
- **Right to receive confidential communication** of protected health information. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing.
- **Right to inspect and copy protected health information.** With very few and limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must submit your request in writing. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.
- **Right to amend protected health information.** You have the right to request your medical information be amended. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with other relevant persons. Under the law, we may deny your request to amend medical information if we determine that the information: 1) Was not created by us 2) Is not part of the medical information maintained by us; 3) Would not be available for you to inspect or copy; or, 4) Is accurate and complete.
- **Right to receive a list of disclosures.** You have the right to receive a list of instances in which we disclose your health information for purposes other than treatment, payment, health care operations

and certain other activities for the last six years, but not before April 14, 2003. If you requested this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Our Duties to You

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we are maintaining at the time. We will provide you with a written notice as soon as practical by mail or hand delivery.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact **Kim Moore, Owner/Administrator at 765-354-9004.**

Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

Our Agency and staff will not retaliate against you for filing a complaint.

To file a complaint with us, contact **Kim Moore, Owner/Administrator at 1006 West Mill Street Suite B, Middletown, IN 47356.** All complaints should be submitted in writing.

Effective Date of Notice

This notice becomes effective on April 14, 2003.