

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 (PHI), about you, is maintained as a record of your contacts or visits for healthcare services with our office. Specifically, "Protected Health Information (PHI)" is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

We are required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law. If you have any questions about this Notice, please contact our Privacy Officer by calling (812) 475-1948.

Your Rights under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive & we are required to provide you with a copy of this Notice of Privacy Practices – We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

You have the right to authorize other use & disclosure – This means you have the right to authorize or deny any other use or disclosure of PHI that is not specified within this notice. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to designate a personal representative – This means you may designate a person with the delegated authority to consent to, or authorize the use or discloser of PHI.

You have the right to inspect & copy your PHI - This means you may inspect and obtain a copy of PHI about you that is contained in your patient record.

You have the right to request a restriction of your protected health information - This means you may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In certain cases, we may deny your request for a restriction.

You have the right to request an amendment to your PHI – This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

You have the right to request disclosure accountability - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office other than for the purposes of treatment, payment healthcare operations, or a purpose authorized by you.

How We May Use or Disclose PHI

Following are examples of uses and disclosures of your PHI that we are permitted to make.

Treatment – We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other healthcare providers who may be involved in your care and treatment. We may also call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health related benefits and services offered by our office.

Payment – Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you, such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations – We may use or disclose, as-needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes education, provider credentialing, certifications, underwriting, rating, or other insurance-related activities. Additionally, it includes business administrative activities such as customer services, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information. We may also use and disclose your PHI in the following instances as outlined below. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI.

To Others Involved In Your Healthcare – Unless you object, we may disclose to a family member, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

As Required By Law – We may use or disclose your PHI to the extent that the use or disclosure is required by law.

For Public Health – We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

For Communicable Diseases – We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight – We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

In Case of Abuse or Neglect – We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made in a manner that is consistent with the requirements of applicable federal and state laws.

For The Food & Drug Administration – We may disclose your PHI to a person or company required by the FDA to report adverse events, to monitor product defects or problems, to report biologic product deviations to track products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

For Legal Proceedings – We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

For Law Enforcement – We may also disclose PHI, as long as applicable legal requirements are met, for law enforcement purposes.

For Coroners, Funeral Directors & Organ Donation – We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

In Cases of Criminal Activity - Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

For Military Activity & National Security – When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of or eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service.

For Workers' Compensation – Your PHI may be disclosed, by us as authorized to comply with workers' compensation laws and other similar legally established programs.

When an Inmate – We may use or disclose your PHI if you, are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care of you.

Required Uses & Disclosures – Under the law, we must make disclosures about you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Complaints

You may address complaints to us or the Secretary of HHS if you believe your privacy rights have been violated by us. Mail complaints to DHHS, Office of Civil Rights, 200 Independence Avenue SW, Washington DC 20201. You may file a complaint with us by notifying our Privacy Officer of your complaint at (812) 475-1948.



Evansville Multi-Specialty Clinic, PC

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I have certain rights to privacy regarding any protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from designated third-party payers.
- Conduct normal health care operations such as quality assessments or evaluations, and physician certifications.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change the Notice of Privacy practices from time to time and that I am contact this organization at any time to receive a current copy of the Notice of Privacy practices.

I understand that I can request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment and healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you disagree, then you are bound to abide by the restrictions.

Patient Name (Please Print) _____

Signature of Patient/Parent/Legal Guardian: _____

Date: _____ Relation to patient: _____