Our Commitment to Your Privacy

We understand that medical information about you and your health is personal. Therefore we are committed to protecting such information. Our clinic is dedicated to maintaining the privacy of your individually identifiable health information (PHI). In conducting our business, we will create records regarding the treatment and services that we provide to you. We understand that these laws are complicated, but we must provide you with the following important information:

How we use and disclose your PHI: Your privacy rights in regard to your PHI, Our obligations concerning the use and disclosure of your PHI. The terms of this notice apply to all records created or retained by our clinic concerning your PHI. We reserve the right to revise or amend this Notice of Privacy Clinics for all PHI we maintain. Any revision or amendment to this notice will be effective for all of your records that our clinic has created or maintained in the past, and for the future. Our clinic will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our current Notice at any time.

If you have any questions about this notice please contact:
HIPAA Privacy Officer, P.O. Box 2568, Bloomington, IN 47402

1. Uses and Disclosures of PHI: The following categories describe the different ways in which we may use and disclose your medical information. For each category of uses or disclosures, we will explain what we mean and attempt to offer some examples. Not every possible use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the categories below.

a. Uses and Disclosures of PHI Based Upon Your Written Consent
You may be asked by your health care provider to sign a consent form. Please review the consent form carefully. Once you have consented to use and disclosure of your PHI for treatment, payment and health care operations by signing the form, you health care provider may use or disclose your PHI as described in this section 1. Your PHI may be used and disclosed by your health care provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are the examples of the types of uses and disclosures of your protected health care information that the office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but rather to describe the types of uses and disclosures that may be made by our office once you have provided your consent.

1. Treatment. Our clinic may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our clinic – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to other health care providers for purposes related to your treatment.  
2. Payment. Our clinic is free and does not need to use PHI to procure payment for services. However, when we provide copies of your medical records to a third party we will charge for the service of making the copies and sending them. 
3. Health Care Operations. Our clinic may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our clinic may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our clinic.

a. Appointment Reminders. Our clinic may use and disclose your PHI to contact you and remind you of an appointment.

b. Sign in and Waiting Room. We may use a sign-in sheet at the registration desk. We may also call you by name, using both first and last names, in the waiting room.

c. Training: We may disclose your PHI to medical school students that see patients at our clinic as part of their training.

d. Internal review and Quality Assessment: We may disclose your PHI in the course of conducting internal review of our employees or in internal quality assessment activities of our office.

e. Business Associates: We may share your PHI with third party Business Associates that perform various activities, e.g. Billing, transcription services, for the clinic. Whenever an arrangement between our office and a business associate involves the use of disclosure of your PHI we will have a written contract in place with such business associate that contains terms that will protect the privacy of your PHI.

f. Treatment Options. Our clinic may use and disclose your PHI to inform you of potential treatment options or alternatives.

g. Health-Related Benefits and Services. Our clinic may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. Your name and address may be used to send you a newsletter about our clinic and the services we offer. You may contact our Privacy Office at 333-6001 ext. 106 to request that these materials not be sent to you. We may use or disclose your demographic information in order to contact you for fundraising activities supported by our clinic. If you do not want to receive these materials please contact our Privacy Office to request that this material not be sent to you.

b. Uses and Disclosure of PHI Based upon Your Written Authorization
Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such authorization at any time in writing, except to the extent that your health care provider or the clinic has taken an action in reliance on the use of disclosure indicated in the authorization.

c. Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object
We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use of disclosure of the PHI then your health care provider 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.

a. Release of Information to Individuals involved in your care or payment for your care. Our clinic may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician’s office for treatment of a cold. In this example, the babysitter may have access to this child’s medical information your PHI to an authorization. We may also disclose PHI to a friend or family member to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.

b. Emergencies: We may use or disclose your PHI in an emergency situation. If this happens you health care provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your health care provider is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

c. Communication Barriers: We may use and disclose your PHI if your health care provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the provider determines using professional judgment that you intend to consent to use or disclosure under the circumstances.

d. Other Permitted and Required Uses and Disclosures That May be Made WITHOUT Your Consent, Authorization or Opportunity to Object
We may use and disclose your PHI when we are required to do so by federal, state or local law.

a. Disclosures Required By Law. Our clinic will use and disclose your PHI when we are required to do so by federal, state or local law.

b. Public Health Risks. Our clinic may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease, notifying a person regarding a potential risk for spreading or contracting a disease or condition reporting reactions to drugs or problems with products or devices,
Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you:

a. Confidential Communications. You have the right to request that our clinic communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402 specifying the requested method of contact, or the location where you wish to be contacted. Our clinic will accommodate reasonable requests. You do not need to give a reason for your request.

b. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict disclosure of your PHI to a particular person. We are not required to agree to your request. You must provide us with a reason that supports your request. Our clinic will accommodate reasonable requests. You do not need to give a reason for your request.

c. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our clinic has made of your PHI for non-treatment or operations purposes. We will obtain your written authorization for uses and disclosures.

d. Amendments. You have the right to request an amendment of PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our clinic. To request an amendment, your request must be made in writing and submitted to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. You must provide us with a reason that supports your request for amendment. Our clinic will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the clinic; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our clinic, unless the individual or entity that created the information is not available to amend the information.

e. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our clinic has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care is not required to be documented. For example, the doctor is sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our clinic may charge you for additional lists within the same 12-month period. Our clinic will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

f. Right to a Copy of This Notice. You are entitled to receive a paper copy of this notice from your clinic. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer, P.O. Box 2568, Bloomington, IN 47402

g. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic, contact Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. You may request limited access to your health information. You will not be penalized for filing a complaint.

h. Right to Provide an Authorization for Other Uses and Disclosures. Our clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Privacy Officer, P.O. Box 2568, Bloomington, IN 47402 or 812-333-4001 ext. 106.