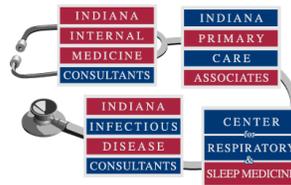


Indiana Internal Medicine Consultants



Notice of Privacy Practices

This Notice of Privacy Practices and Policies outlines our practices, policies and legal duties to maintain confidentiality and protect against prohibited disclosures of protected health information (“PHI”) under the privacy regulations mandated by the Health Insurance Portability and Accountability Act (“HIPAA”) and further expanded by the Health Information Technology for Economic Clinical Health Act (“HITECH”).

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 of Privacy Practices describes how we may use and disclose your protected health information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. “Protected health information” (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Your PHI may be maintained by us electronically and/or on paper. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices.

Uses and Disclosures of Protected Health Information

Your protected health information (“PHI”) may be used and disclosed by your physician, 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 physician’s practice. Following are examples of the types of uses and disclosures of your PHI that the physician’s office is permitted to make. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our office.

- **Treatment:** We will 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 has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your

protected health information. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

- **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 the 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. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
- **Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI to contact you to remind you of your appointment. This contact may include, but is not limited to, leaving voicemail messages, e-mail messages or messages with other members of your household. You may request that we not use any or all of these methods to contact you. We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our HIPAA Privacy Officer to request that these materials not be sent to you.

- **Uses and Disclosures 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 this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.
- **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 or disclosure of 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.
- **Others Involved in Your Healthcare:** Upon your verbal authorization, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that is directly related 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 of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and Disclosures That May

Be Made without Your Consent, Authorization or Opportunity to Object

- **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements by the law. You will be notified, as required by law, of any such uses or disclosures.
- **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. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- **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.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **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 consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **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.
- **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and 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 their duties. We may disclose such information in reasonable

anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

- **Research:** We may disclose your PHI information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **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 and 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.
- **Military Activity and 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 your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services by the President or others legally authorized.
- **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** 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 to you.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to 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 Section 164.500 et. seq.

Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Copies may be made available either

in paper or electronic format. Usually, this includes medical and billing records, but does not include psychotherapy.

To inspect and copy medical information that may be used to make medical decisions about you, you must submit your request in writing to the IIMC Health Information Management Department. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for IIMC.

To request an amendment, your request must be made in writing and submitted to the IIMC HIPAA Privacy Officer. In addition, you must provide a reason that supports your requests. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the medical information kept by or for the practice
 - Is not part of the information which you would be permitted to inspect and copy
 - Is accurate and complete
- **Right to Accounting of Disclosures:** You have the right to request an “Accounting of Disclosures”. This is a list of the disclosures we made of medical information about you. Your “Accounting of Disclosures” will not, however, list certain uses and disclosures that are exempted from the accounting requirement by federal or state law. To request this list of accounting of disclosures, you must submit your request in writing to the IIMC HIPAA Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional list, we may charge you for the cost of providing the list. We will notify you of the cost involved and may choose to withdraw or modify your request at that time before any costs are incurred.
 - **Right to Receive Notice of Breach.** We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to your medical information, and notify you following a breach of your unsecured medical information. We will give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that has not otherwise been properly secured

as required by HIPAA. We will notify you without unreasonable delay, but no later than sixty (60) days after the breach has been discovered.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on how we use and disclose your medical information. For example, you also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Additionally, if you pay for a particular service in full, out of pocket, on the date of service, you may ask us not to disclose any related medical information to your health plan.

With the exception of disclosures to health plans for purposes of payment or health care operations that are not otherwise required by law for items or services paid in full, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the IIMC HIPAA Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the IIMC HIPAA Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain another copy of this notice at our website, at www.iimconline.com.

To obtain a paper copy of this notice, you may request a copy of the Notice of Privacy Practices from any Front Office Staff member, Health Information Management Department, or the IIMC HIPAA Privacy Officer.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post our current Notice of Privacy Practices at each office where we provide direct treatment to our patients and on our website at: www.iimconline.com. The effective date of the Notice will be listed below.

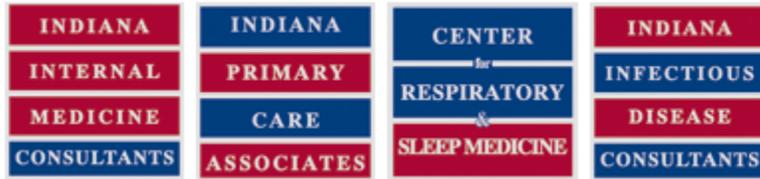
Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Practice or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our HIPAA Privacy Officer of your complaint. **We will not retaliate against you for filing a complaint.**

You may contact our HIPAA Privacy Officer by e-mail at privacyofficer@iimconline.com, or by phone at (317) 885-2860 for further information about the complaint process. You can also write to us at:

**701 East County Line Road
Suite 101
Greenwood, IN 46143
ATTN: HIPAA Privacy Officer**

This notice was published and become effective on April 14, 2003 and was revised October 6, 2017.



Notice of Privacy Practices, effective April 14, 2003, revised October 6, 2017

WRITTEN ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

Patient's Name:			
	Last	First	Middle initial
Date of Birth:			

I hereby acknowledge that I have received the Notice of Privacy Practices of Indiana Internal Medicine Consultants dated April 14, 2003, revised October 6, 2017.

Signature of patient (or healthcare representative)

Date

Printed name of healthcare representative

Relationship to patient

PERMISSION TO DISCLOSE PROTECTED HEALTH INFORMATION TO THOSE INVOLVED IN THE PATIENT'S CARE AND FOR NOTIFICATION PURPOSES

I, _____, request that Indiana Internal Medicine Consultants disclose to the follow family members or friends my protected health information that is directly relevant to such person's involvement with my care or payment related to my care. Indiana Internal Medicine Consultants may also use or disclose this information as necessary to notify the following individuals of my general condition, location or death.

Printed name

Relationship to patient

Contact Number

Printed name

Relationship to patient

Contact Number

Printed name

Relationship to patient

Contact Number

Signature of patient (or healthcare representative)

Date

If patient is unable to sign, but circumstances are such that it can be reasonably inferred that the patient intends to consent to such disclosure, so note by checking and initialing here:

A copy of this written acknowledgement shall be placed in the medical record.