

NOTICE OF PRIVACY PRACTICES OF NORTHEAST INTERNAL MEDICINE

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.

Effective: April 14, 2003
Revised: February 10, 2010

If you have any question or request, please contact:

Privacy Officer
Northeast Internal Medicine
Kay Heller, Office Manager
P.O. Box 236, 2500 N. Detroit Street
LaGrange, In 46761
(260)463-2133

Summary of privacy practices

- A. We have a legal duty to protect health information about you.
- B. We may use and disclose Protected Health Information (PHI) about you without your authorization in the following circumstances.
 - 1. We may use and disclose PHI about you to provide health care treatment to you.
 - 2. We may use and disclose PHI about you to obtain payment for services.
 - 3. We may use and disclose PHI about you for health care operations, including to our affiliated entities.
 - 4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.
 - 5. You can object to certain uses and disclosures.
 - 6. We may contact you to provide appointment reminders.
 - 7. We may contact you with information about treatment, services, products or health care providers.
- C. You have several rights regarding PHI about you.
 - 1. You have the right to request restrictions on uses and disclosures of PHI about you.
 - 2. You have the right to see and copy PHI about you. A fee may be charged. If so, our minimum fee is \$10. Copy cost are: \$0.50 per page for the first 40 pages, \$0.20 per page for all pages over 40.
 - 3. You have the right to request different ways to communicate with you.
 - 4. You have the right to request amendment of PHI about you.
 - 5. You have the right to a listing of disclosures we have made.
 - 6. You have a right to a copy of this Notice.
- D. You may file a complaint about our privacy practices.
- E. This notice is effective April 14, 2003
Revised on February 10, 2010

A. We have a legal duty to Protect Health Information about you

We are required by law to protect the privacy of health information about you that specifically identifies you to an outside observer, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: you’re past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how. When and why we use and/or disclose PHI about you.
- We may only use /or disclose PHI as we have described in this notice.

This notice describes the types of uses and disclosures that we may make and give you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this notice. We are classified as an affiliation of covered entities (section 164.504(d) of the HIPAA regulations), and the affiliated providers will share PHI with each other as necessary to carry out treatment, payment or health care operations relating to the affiliation.

We are required to follow the procedure in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices:
- Making copies of the revised notice available upon request.
- Posting the revised notice on our website
www.northeastinternalmedicine.com.

B. We may use and disclose PHI about you without you authorization in the following circumstances.

1. We may use and disclose PHI about you to provide health care treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, and X-ray or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Example: your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy with calling in a prescription.

Indiana law protects not only your right of privacy, but also your relationship with your physician. State law generally restricts our disclosure (and that of your physician) of your health information in most instances. However, we may disclose health information about you under state law with your permission, pursuant to a court order, or as otherwise may be permitted or required by law. In instances in which your permission is required, we will request that you sign a consent form (which is different than an authorization that is mentioned in another part of this Notice).

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give you medical information to others to bill and collect payment for the treatment and services provided to you by another provider. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of the payment before we provide the services. We may also share portions of the medical information about you with the following:

3. We may use and disclose PHI about you for health care operation.

We may use and disclose PHI in performing business activities, which we call "health care operation". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. In addition, we may disclose PHI about you for the "health care operation" of other providers involved in your care to improve the quality, efficiency, and costs of their care or to evaluate and improve performance of their providers. Examples of the way we may use or disclose PHI about you for "health care operations" include:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar problems to them information, for instance, about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills and qualifications, and performance of health care providers taking care of you.

- Providing training programs for students, trainees, health care professionals (for example, billing clerks or assistants, ect.) to help them practice or improve their skills.
- Coordinating with outside organizations that assess the quality of the care we and others provide.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Complying with the Notice and with applicable laws.

4. We may use and disclose PHI under other circumstance without your authorization or an opportunity to agree or object.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have and opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example we may disclose PHI about you to state and federal oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court of administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner⁴ for the purposes of identifying you when you die.
- When the use and /or disclosure related to organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstance, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure related to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstance, we may disclose PHI about you to a correctional institution having lawful custody of you.
- Special Provision for Minors under Indiana Law: Under Indiana law, minors, with or without consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: Venereal disease and other diseases that must be reported to the State: pregnancy; abuse of a controlled substances or alcohol; and emotional disturbance.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances;

- We may share with a family member, relative friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of you location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of Phi about you in the above circumstances, please call or write to our contact person listed on the cover page of this notice.

6. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about and appointment you have for treatment or medical care.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare.

****ANY OTHER USE OR DISCLOSURE OF PHI
ABOUT YOUR REQUIRES YOUR WRITTEN AUTHORIZATION****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. You may later cancel your authorization in writing by contacting our Privacy Officer. Any disclosures already under way at the time of cancelation will be completed as originally authorized.

C. You Have Several Rights Regarding PHI about You

1. You have the right to request restrictions on uses and disclosures of PHI about you

You have the right request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.4 of the previous section of this Notice. You may request a restriction by completing a request for restriction available by contacting our privacy officer.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by completing a request for restriction, available by contacting our privacy officer.

3. You have the right to see and copy PHI about you.

You have the right to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by completing a request form, available by contacting our privacy officer.

A fee may be charged. If so, our minimum fee is \$10. Copy costs are: \$0.50 for the first 40 pages, \$0.20 for all pages over 40.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment including persons you name who have received PHI about you and who need the amendment. You may request an amendment of PHI about you by completing a request form available by contacting our privacy officer.

5. You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For you treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we will charge you a fee of \$15.00. You may request a listing of disclosures by contacting our privacy officer.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting our privacy officer. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

D. You May File A Complaint About Our Privacy Practices

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:

Privacy Officer

Kay Heller, Office Manager

2500 N Detroit Street

LaGrange, IN 46761

(260) 463-2133

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You may find instructions about how to file such a complaint at their website at www.ocr.hhs.gov

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. Effective Date of this Notice

This Notice of Privacy Practices is effective on April 14, 2003.
Revised on February 10, 2010.