



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR PHI AND OUR RESPONSIBILITIES TO PROTECT YOUR PHI. PLEASE REVIEW IT CAREFULLY.

Dear Patient,

Federal law requires Priority Physicians, P.C. (Practice) to make this Notice of Privacy Practices ("Notice") available to all patients and to make a good faith effort to obtain a signed document acknowledging patients' receipt of this Notice. If you have any questions about this notice, please call the Practice.

Thank you,

Priority Physicians, P.C.

DEFINITIONS

Protected Health Information (PHI) - Individually identifiable health information (communicated electronically, on paper, or orally) that is created or received by covered health care entities that transmit or maintain information in any form.

HHS Secretary - The Secretary of the U.S. Department of Health and Human Services.

Rule - When used within the contents of this notice, Rule pertains to the Final Rule for Standards for Privacy of Individually Identifiable PHI as defined by the Health Insurance Portability and Accountability Act (HIPAA). We are required by Rule to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. The Rule requires that we abide by the terms of the notice currently in effect.

WHEN IS THE NOTICE EFFECTIVE?

This notice became effective on April 1, 2013. We reserve the right to change this notice after the effective date. We reserve the right to make the revised notice apply for all PHI that we already have about you, as well as any information we receive in the future.

TO WHOM DOES THIS NOTICE APPLY?

This notice applies to:

- Practice's workforce.
- All agents of Practice.
- Any member of a volunteer group who may help you while you are seeking health care at Practice.

WHAT ARE OUR RESPONSIBILITIES TO YOU?

Your PHI is personal. We are required by law to protect the privacy of your PHI, and will only release your PHI as allowed by law or with special written permission (authorization) from you. We use the minimal amount of PHI needed to do our work. Only those who need your PHI to provide services are allowed to use it. We protect your information whether verbal, on paper or electronic.

HOW DO WE USE AND RELEASE YOUR PHI?

We primarily maintain your PHI in a secure electronic format. Your information will most often be used, shared or disclosed electronically. The following section explains some of the ways we are permitted to use and release PHI without authorization from you.

USE AND RELEASE OF YOUR PHI WITHOUT YOUR AUTHORIZATION: TREATMENT PURPOSES

While we are providing you with health care services, we may need to share your PHI with other health care providers or other individuals who are involved in your treatment. Examples include doctors, hospitals, pharmacists, therapists, nurses and labs that are involved in your care.

PAYMENT PURPOSES

We may need to share a limited amount of your PHI to obtain or provide payment for the health care services provided to you.

Examples include:

- **Eligibility** – We may contact the company or government program that will be paying for your health care. This helps us determine if you are eligible for benefits, and if you are responsible for paying a co-payment or deductible.
- **Claims** – We and the businesses we work with share PHI for billing and payment purposes. For example, your doctor must submit a claim form to get paid, and the claim form must contain certain PHI.

HEALTH-CARE OPERATIONS PURPOSES

We may need to share your PHI in the course of conducting health care business activities that are related to providing health care to you.

Examples include:

- **Quality Improvement Activities** – We may use and release PHI to improve the quality or the cost of care. This may include reviewing the treatment and services provided to you. This information may be shared with those who pay for your care, or with other agencies that review this data.
- **Health Promotion and Disease Prevention** – We may use your PHI to tell you about disease prevention and health care options. For instance, we may send you health care information on issues such as women's health, cancer or asthma.
- **Case Management and Referral** – If you have a health problem or a health care need is identified by you or one of your providers, you may be referred to an organization such as a home health agency, medical equipment company or other community or government program. This may require the release of your PHI to these agencies.
- **Fund-Raising Purposes** - We may contact you to support us in our mission to provide quality health care, research and education. If you do not want us to contact you about fund-raising efforts, you may notify us and opt out of any such fund-raising communications.
- **Appointment Reminders** – We may use your health records to remind you of recommended services, treatments or scheduled appointments.
- **Business Associates** – We may disclose your PHI to Business Associates for services provided at our location through contracts with Business Associates, such as medical transcription services

and record storage companies. Business Associates are required by Federal law to protect your PHI.

- **Audits** – We may use or release your PHI to make sure that its business practices comply with the law and with our policies. Examples include audits involving quality of care, medical bills or patient confidentiality.
- **Students and Trainees** – Students and other trainees may access your PHI as part of their training and educational activities with us.

OTHER PURPOSES

- **Required By Law** – Sometimes we must report some of your PHI to legal officials or authorities, such as law enforcement officials, court officials, governmental agencies or attorneys. Examples include reporting suspected abuse or neglect, reporting domestic violence or certain physical injuries, or responding to a court order, subpoena, warrant or lawsuit request.
- **Public Health Activities** – We may be required to report your PHI to authorities to help prevent or control disease, injury or disability. Examples include reporting certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **Health Oversight Agencies** – We may be required to release PHI to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health-care system, or for governmental benefit programs.
- **Activities Related to Death** – We may be required to release PHI to coroners, medical examiners and funeral directors so they can carry out their duties related to your death. Examples include identifying the body, determining the cause of death, or, in the case of funeral directors, carrying out funeral preparation activities.
- **Organ, Eye or Tissue Donation** – In the event of your death, we may release your PHI to organizations involved with obtaining, storing or transplanting organs, eyes or tissue to determine your donor status.
- **Research Purposes** – At times, we may use or release PHI about you for research purposes. However, all research projects require a special approval process before they begin, and do not involve in any marketing or sales activity. This process may include asking for your authorization. In some instances, your PHI may be used, but your identity is protected.
- **To Avoid a Serious Threat to Health or Safety** – As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and/or approaching threat to anyone's health or safety.
- **Military, National Security or Incarceration/Law Enforcement Custody** – We may be required to release your PHI to the proper authorities so they may carry out their duties under the law. This may be the case if you are in the military or involved in national security or intelligence activities, or if you are in the custody of law-enforcement officials.
- **Worker's Compensation** – We may be required to release your PHI to the appropriate persons to comply with the laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

- **Persons Involved in Your Care** – In certain situations, we may release PHI about you to persons involved with your care, such as friends or family members, unless doing so would be inconsistent with any prior expressed preference that is known to us. We may also give information to someone who helps pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency.
- **Notification/Disaster Relief Purposes** – In certain situations, we may share your PHI with the American Red Cross or another similar federal, state or local disaster relief agency or authority, to help the agency locate persons affected by the disaster.
- **Directory Information** – Except for emergency situations or when you object, the hospitals may share your location and general condition with persons who request information about you by name, and may share all of your directory information with members of the clergy.
- **HHS Secretary** – We must disclose your PHI to the HHS Secretary to investigate or determine our compliance with the Rule.

WHEN IS YOUR AUTHORIZATION REQUIRED?

Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your PHI. If you provide us authorization to use or release PHI about you, you may cancel that authorization in writing at any time. Any authorization you sign may be cancelled by following the instructions described on the authorization form. You may receive more information about this by contacting us as indicated at the end of this Notice.

WHAT ARE YOUR RIGHTS REGARDING YOUR PHI?

We want you to know your rights regarding your PHI.

- **Right to Receive This Notice of Privacy Practices** – You have the right to receive a paper copy of this notice at any time. You may obtain a copy of the current notice from us at any time.
- **Right to Request Confidential Communications** – You have the right to ask that we communicate your PHI to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. We will do this whenever it is reasonably possible. You can find out how to make such a request by contacting us.
- **Right to Request Restrictions** – You have the right to request restrictions or limitations on how your PHI is used or released. We have the right to deny your request. However, if you, or a third party on your behalf, have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations. You may obtain information about how to ask for a restriction on the use or release of your information by contacting us.
- **Right to Access** – With a few exceptions, you have the right to review and receive a copy of your PHI. Some of the exceptions include:
 - Psychotherapy notes;
 - Information gathered for court proceedings; and
 - Any information your provider feels would cause you to commit serious harm to yourself or to others.

To receive a copy of your record, please call us. We will provide you with the necessary forms and assistance. We may charge you the labor costs copy and/or mail your health record to you. If you are denied access to your health record for any reason, we will tell you the reasons in writing. We will also give you information about how you can file an appeal if you are not satisfied with our decision.

- **Right to Amend** – You have the right to ask that our information in your health record be changed if it is not correct or complete. You must provide the reason why you are asking for a change. You may request a change by sending a request in writing to us. We will provide you with the necessary forms and assistance. We may deny your request if:
 - We did not create the information;
 - We do not keep the information;
 - You are not allowed to see and copy the information; or
 - The information is already correct and complete.

- **Right to a Record of Releases** – You have the right to ask for a list of releases of your PHI by sending a request in writing to us. Your request may not include dates earlier than the six years prior to the date of your request. If you request a record of releases more than once per year, we may charge a fee for providing the list. The list will contain only information that is required by law. This list will not include releases for treatment, payment, health care operations or releases that you have authorized.

- **Right to be notified following a breach of unsecured PHI** – You have the right to be notified if we or any Business Associate disclose any unauthorized PHI.

WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR PHI IS HANDLED?

If you believe that your privacy rights have been violated, you may file a complaint with us or with the HHS Secretary. To receive help in filing a complaint with Practice, you may contact us. You will not be denied treatment or penalized in any way if you file a complaint.

PRACTICE CONTACT INFORMATION

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