



Partners in Health

98 Elm Street, Suite 400
Lawrenceburg, IN 47025

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.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer: Camille Eiler, Practice Administrator, by phone at 812-537-4999, or by mail at Partners in Health, PSC, 98 Elm Street, Suite 400, Lawrenceburg, IN 47025.

Our practice is dedicated to maintaining the privacy of your individually identifiable health information, including demographic information that may identify you (also called "protected health information," or "PHI"). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this "Notice of Privacy Practices" which describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law and what our obligations are concerning the use and disclosure of PHI. It also describes your rights to access and control your PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create and maintain in the future. Our practice will post a copy of our current notice in all our offices in a visible location at all times, and you may request that a revised copy be sent to you in the mail, you may ask for one at the time of your next appointment, or you may obtain it by accessing our website at www.pihdocs.com.

A. Uses and Disclosures of Protected Health Information

1. For Treatment. Your protected health information (PHI) may be used and disclosed by your physician, Partners in Health nurses and 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. 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. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, your children or parents, a babysitter or caretaker, or a friend. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment, for example, a home health agency that provides care for you or a specialist to whom we refer you for additional treatment.

2. For Payment. Your protected health information may also be used and disclosed in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for your costs, such as family members or employers. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts. For example, when we draw blood in our office and send it to an outside laboratory for analysis, we will provide that laboratory with your diagnosis and demographic and insurance information to assist them in billing you or your insurance company for their services.

3. For Healthcare Operations. Partners in Health, PSC may use and disclose your PHI to operate our business. Such business activities include, but are not limited to, quality assessment activities, employee review activities, training of staff and medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may use and disclose your information to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice. 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 as necessary to contact you to remind you of an appointment, or to remind you to schedule an appointment for a periodic screening exam, such as a pap smear or mammogram.

We will share your PHI with third party "business associates" that perform activities (for example, billing or transcription services) for Partners in Health, PSC. Whenever an arrangement between Partners in Health, PSC 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.

B. Consent Form

Prior to receiving treatment as a new patient or as an established patient after April 1, 2003, we will require that you sign a "Consent Form" acknowledging your receipt of this "Notice of Privacy Practices," and agreeing to its terms, and giving your consent for Partners in Health PSC to use and disclose protected health information (PHI) about you to carry out treatment, payment, and healthcare operations, as described above. If you do not sign this "Consent Form" or you later revoke it, Partners in Health, PSC may decline to provide treatment to you.

We may use or disclose your PHI prior to obtaining your written consent, in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician 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. We may also use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

C. Use and Disclosure of your PHI in Certain Special Circumstances

We may use or disclose your protected health information in the following unique situations without your consent or authorization. These situations include

1. Disclosure Required by Law: We may use or disclose your PHI to the extent that the 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 of the law. You will be notified, as required by law, of any such uses or disclosures.

2. Public Health Risks: We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information for the purposes 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/condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled

- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient, including domestic violence; however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
3. **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, surveys, licensure and disciplinary actions; civil administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights law agencies.
4. **Lawsuits and Legal Proceedings.** Partners in Health, PSC may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
5. **Law Enforcement:** We may also disclose your PHI, as long as applicable legal requirements are met, for law enforcement purposes to a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct.
 - Regarding criminal conduct at our offices
 - In response to a warrant, subpoena, summons, court order or similar legal process
 - To identify/locate a suspect, material witness, fugitive, or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).
6. **Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, for 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. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation, if you are an organ donor.
7. **Research.** We may disclose your PHI 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 protected health information.
8. **Military Activity.** We may use or disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. **National Security.** We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or others legally authorized.
10. **Inmates.** We may use or disclose your PHI to correctional institutions or law enforcement officials if you are an inmate of a correctional facility or are under the custody of a law enforcement official, and your physician created or received your protected health information in the course of providing care to you, for the following purposes:
- For the institution to provide health care services to you.
 - For the safety and security of the institution
 - To protect your health and safety or the health and safety of other individuals.
11. **Workers Compensation.** Your PHI may be disclosed by us as authorized to comply with workers compensation laws and other similar legally-established programs.

D. Your Rights Regarding your Protected Health Information (PHI)

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

1. **Confidential Communications.** You have the right to request that our practice 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 only at home, rather than at work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address given below. Your request must specify the requested method of contact or the location where you wish to be contacted. We will accommodate all reasonable requests. You do not need to give us a reason for this type of request.
2. **Requesting Restrictions.** You have the right to request a restriction of our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your restriction request; however, if we do agree, we are bound by our agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our practice's use, disclosure, or both
 - To whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including patient medical records and billing records in a designated record set, but not including psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information which is subject to law that prohibits access to protected health information. You must submit your request to inspect or obtain copies of your records in writing to our Privacy Officer. Partners in Health, PSC may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Your written request will be reviewed by Partners in Health, PSC prior to granting or denying your request within 30 days of the date of the request. If we deny your request to inspect and/or copy your records, you may request a review of our denial. Another licensed health professional chosen by us will conduct such reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. Your request for amendment must be made in writing to our Privacy Officer. You must provide us with a reason which supports your request for amendment. Our practice will deny your request for amendment 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 if we determine that the PHI
 - Is accurate and complete.
 - Was not created by our practice, unless the individual or entity that created the PHI is no longer able to act on the requested amendment.
 - Is not part of the PHI kept by or for the practice.
 - Is not part of the PHI which you would be permitted to inspect and copy.

Partners in Health, PSC will take action (either comply with your request or deny it) within 60 days of the date of the request. If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

5. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures," a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, or to family members or friends involved in your care for notification purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented; examples would include the doctor sharing information with a nurse or medical assistant, or the billing department using your information to file your insurance claims. To obtain an "accounting of disclosures" you must file a request in writing with the Privacy Officer. 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 time period is free of charge; our practice reserves the right to charge you for additional lists within the same 12-month period. We will notify you in advance of the costs involved with such additional requests, so that you may change or withdraw your request before you incur any costs.
6. **Paper Copy.** You have the right to obtain a paper copy of this Notice of Privacy Practices from us, upon request, even if you have agreed to accept this notice electronically, at any time. To request a paper copy of this notice, please contact our Privacy Officer.
7. **Complaints.** If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer of your complaint. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.
8. **Authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures of your PHI that are not identified by this notice or permitted or required by applicable law. An example would be authorization to provide PHI to a life insurance company for underwriting purposes. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked by you at any time by submitting this request to our Privacy Officer. 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.

E. Privacy Officer

You may contact our Privacy Officer, Camille Eiler, Practice Administrator, at 812-537-4999, or by mail at 98 Elm Street, Suite 400, Lawrenceburg, Indiana 47025, for further information about any of your rights described in the above section, to submit written requests as described above, or with any questions about this "Notice of Privacy Practices."

This notice was published and becomes effective on April 1, 2003.