



## 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.*

### YOUR PRIVACY RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You have the right ask to see or get an electronic or paper copy of your medical record. We may ask you to put your request in writing. We must comply with your request (with the exception of a few limited circumstances). Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. Federal law allows us to charge you a reasonable, cost-based fee, if not otherwise prohibited by State law.

#### Ask us to amend your medical record

- You may ask us to amend health information about you that you think is incorrect or incomplete. Your request must be in writing. Ask us how to do this.
- We may say no to your request, but we'll tell you why in writing within 60 days (unless we request an additional 30 days to respond and we will tell you why we need the additional 30 days).

#### Request confidential communications

- You may ask us to contact you in a specific way (for example, home, office or cell phone) or to send mail to a different address.
- We will say yes to all requests we believe are reasonable.

#### Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say no if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.

#### Get a list of those whom we've shared information

- You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. Your request must be in writing.
- We will include all disclosures except for treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and we must honor the choices that person makes about your health information.
- We must make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your privacy rights are violated.

- You may complain if you feel we have violated your privacy rights by contacting our Privacy Officer at: 53880 Carmichael Drive, South Bend, IN 46635 or (574) 247-5185  
2310 California Road, Elkhart, IN 46514 or (574) 264-0791
- You may file a complaint with DHHS Office of Civil Rights. Visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We may not share your information under certain circumstances without your written permission (authorization). Once you give written permission, you may revoke the permission in writing at any time and we will no longer be able to share information going forward, but some information may have been already shared prior to the revocation.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Appointment reminders: We may disclose your health information to contact you and remind you of an appointment.
- Contact you for fundraising efforts, but you can tell us not to contact you again.

*If you not able to tell us your preference (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases, we never share your information unless you give us written permission

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"><li>We may use your health information and share it with other professionals who are treating you.</li></ul>	<i>Example:</i> A doctor treating you for an injury asks another doctor about your overall health condition.
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>We may use and share your health information to bill and get payment from health plans or other entities.</li></ul>	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services. We may also give your information to someone who helps pay for your care.
<b>Run our organization</b>	<ul style="list-style-type: none"><li>We may use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul>	<i>Example:</i> We use health information about you to manage your treatment and services.

## OTHER USES & DISCLOSURES

How else may we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>We may share health information for certain situations such as:<ul style="list-style-type: none"><li>Preventing disease</li><li>Helping with product recalls</li><li>Reporting adverse reactions to medications</li><li>Reporting suspected abuse, neglect, or domestic violence</li><li>Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>We may use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>We may share health information about you with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>We may share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement and other government requests</b>	<ul style="list-style-type: none"><li>We may use or share health information about you:<ul style="list-style-type: none"><li>For workers' compensation claims</li><li>For law enforcement purposes or with a law enforcement official</li><li>With health oversight agencies for activities authorized by law</li><li>For special government functions such as military, national security and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>We may share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

### Changes to the Terms of This Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

*Effective: January 1, 2018*