



Greater Clark Health and Wellness – 6200 E. Hwy 62, Building 2501, Suite 250, Jeffersonville, IN 47130
812-214-0460

Effective Date: September 2010

Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to this information. Please review it carefully.**

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (PHI). We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. 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 or maintain in the future.

B. If you have questions about this Notice, please contact:

- Phone: Igor Kozunov at (877) – 604-7106
- Mail: – 501 E. Jackson St. STE A Brazil, IN 47834
- Email: ContactUs@wflonsite.com – (include Attn: Privacy Officer in the subject line)

C. We may use and disclose your PHI in the following ways:

1. Treatment. Our practice may use your PHI to treat you. We may 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. People who work for our practice may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

3. Health care operations. Our practice may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to your current Health Plan Third Party Administrator to improve information coordination, patient safety, and quality of care.

5. Treatment options. We may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-related benefits and services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of information to family/friends. We may release your PHI to a friend or a family member who is involved in your care. For example, a parent may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

8. Disclosures required by law. We will disclose your PHI when we are required to by federal, state or local law.

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D. Use and disclosure of your PHI in certain special circumstances:

- 1. Public health risks.** We may disclose your PHI to public health authorities for various activities authorized by law.
- 2. Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, a discovery request, subpoena or other lawful process by another party involved in the dispute.
- 3. Law enforcement.** We may release PHI if asked to do so by a law enforcement official regarding a crime investigation, in response to a warrant, subpoena or court order or in regard to criminal conduct in our office.
- 4. Workers' compensation.** Our practice may release your PHI to workers' compensation and similar programs.

E. Your rights regarding your PHI:

- 1. Confidential communications.** You have the right to request that we communicate with you about your health or related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request at your Wellness Center. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- 2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. **We are not required to agree to your request.** In order to request a restriction in our use or disclosure of your PHI, you must make a written request at your Wellness Center.
- 3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing at your Wellness Center in order to inspect and/or obtain a copy of your PHI.
- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing at your Wellness Center. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing at your Wellness Center. All requests for an "accounting of disclosures" must state a time period.
- 6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact your Wellness Center.
- 7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Kayur Patel (812) 462-5799. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- 8. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. 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.



Again, if you have any questions regarding this notice or our health information privacy policies, please contact your Wellness Center.