



Notice of Privacy Practices

Effective July 1, 2014

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT.

Who Will Follow This Notice Of Privacy Practice: This notice describes the privacy practices of Integrative Health and Wellness, LLC.

- All physicians, nurse practitioners, nurses, medical assistants, staff, volunteers, students or others we allow to help you while you are a patient.
- Any health care professional authorized to enter information into your medical record(s).

These individuals will share your medical information as necessary to carry out treatment, payment and health care operations relating to the uses and disclosures of the practice.

Our Pledge Regarding Medical Information: We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice, whether made by practice personnel or your personal health care provider.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The practice and all personnel are required by law to maintain the privacy of patients' Protected Health information (PHI) and to provide individuals with the following notice of the legal duties and privacy practices with respect to medical information. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and these new terms will affect all medical information that we maintain at that time. We are required to notify you following a breach of your unsecured medical information.

The practice may not require individuals to waive their rights under HIPAA privacy regulations as a condition of treatment or payment.

In certain circumstances we may use and disclose medical information about you without your written consent:

For Treatment: We may use medical information about you to provide you with medical treatment or services. We will disclose medical information about you to doctors, nurses, technicians, students in health care training programs or other personnel who are involved in taking care of you. For example, the nurse practitioner may need to tell the massage therapist about the type of back injury you had and what type treatment may be best for you. Different departments of the practice may share health information about you in order to coordinate the services you need. We may disclose health information about you to people outside the practice who provide your medical care such as specialists or other health care providers.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company or a third

party. For example, we may need to give your health plan information about services you received from the practice so your health plan will pay or reimburse you for the services.

For Health Care Operation: We may use and disclose medical information about you for the operations of the practice. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate our staff in caring for you. We may also combine medical information about many practice patients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it without learning who the specific patients are.

Business Associates: We may use or disclose your medical information to an outside company that assists us in operating the practice. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called “business associates” and they contract with us to keep any medical information received from us confidential in the same way we do. These companies may create, receive, transmit, or maintain information on our behalf.

Family Members and Friends: If you agree, do not object to, or the practice reasonably infers that there is no objections, we may disclose medical information about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited medical information is in your best interest under the circumstances. We may disclose medical information to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to the practice. But you also have the right to request a restriction on our disclosure of our medical information to someone who is involved in your care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

If you do not wish us to contact you about appointment reminders, treatment alternatives, or other health-related benefits or services, you must notify us in writing at the address at the bottom of this notice.

Required or Permitted by Law: We may use or disclose your medical information when required or permitted to do so by federal, state, or local law.

To prevent a Serious Threat to Health or Safety: Consistent with applicable laws, we may disclose your medical information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual. Any disclosure, however, would only be to someone able to help prevent the threat.

Disclosures to You: Upon a written request by you, we may use or disclose your medical information in accordance with your request.

Limited Data Set: We may use or disclose certain parts of your medical information, called “limited data set”, for purposes such as research, public health reasons or for health care operations. We would disclose a limited data set only to third parties who have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

Disclosures to the Secretary of Health and Human Services: We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.

De-Identified Information: We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.

Communication Regarding Our Services or Products: We may use or disclose your medical information to make a communication to you to describe a health-related product or service of the practice. In addition, we may use or disclose your medical information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you.

We may occasionally tell you about another company’s products or services, but will use or disclose your medical information for such communication only if they occur in person with you. We may also use and disclose your medical information to give you a promotional gift from us that is minimal in value.

Disclosures of Records Containing Drug or Alcohol Abuse Information: Because of the federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.

Disclosures of Mental Health Records: If your records contain information regarding your mental health. We are restricted in the ways we may use or disclose them. We can disclose such records without written permission only in the following situations:

- If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
- Disclosures to our employees in certain circumstances;
- For payment purposes;
- For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- For law enforcement purposes or to avert a serious threat to the health and safety of your other other;
- To a coroner or medical examiner;
- To satisfy reporting requirements;
- To satisfy reporting requirements;
- To satisfy release of information requirements that are required by law;
- To another provider in an emergency;
- For legitimate business purpose;
- Under a court order;
- To the Secret Service if necessary to protect a person under Secret Service protection;
- To the statewide waiver ombudsman.

Disclosures of Medical Information of Minors: Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

Emergency Treatment Situations: We may use or disclose medical information about you in an emergency treatment situation where substantial barriers to communicating with you exist.

Suspected abuse or Neglect: We may disclose your medical information to a government authority by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a government entity authorized to receive such information.

Special Situations:

Coroners, Medical Examiners and Funeral Directors: We may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your medical information to a funeral director, as necessary, to carry out his/her duties.

Employee Sponsored Health and Wellness Services: We maintain medical information about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the medical information to provide you medical treatment or services and will disclose the information about you to others who provided you medical care.

Health Oversight Activities: We may disclose your medical information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits: investigations: licensure: or disciplinary actions: or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulator programs, and government agencies that ensure compliance with civil rights laws.

Except for disclosures to another provider for your treatment, the information disclosed will be limited to your contact information or physical characteristics.

Law Enforcement: Under certain conditions, we also may disclose your medical information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example. (1) responding to a court order or similar process: (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person: (3) reporting suspicious wounds, burns or other physical injuries: or (4) as relating to the victim of a crime.

Lawsuits and Other Legal Proceedings: We may disclose your medical information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your medical information in response to a subpoena, a discovery request, or other lawful process.

Military and Veterans: If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for conducting special investigations.

Organ, Eye and Tissues Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Public Health Activities: We may use or disclose your medical information for public health activities that are permitted or required by law. For example, we may disclose your medical information in certain circumstances to control or prevent communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your medical information to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a states or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Research: The practice may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your medical information without your approval.

Share Medical Record/Health information Exchanges: We maintain medical information about our patients in shared electronic medical records that allow practice associates to share medical information. We may also participate in various electronic health information exchanges that facilitate access to medical information by other health care providers who provide your care. For example, if you are admitted on an emergency basis to an hospital that participates in the exchange, the exchange will allow us to make your medical information available electronically to those who need it.

Workers' Compensation: We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Other Uses and Disclosures of Medical Information: Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes and disclosures that constitute the sale of medical information require your written authorization.

Other uses and disclosures of your medical information that are not described above will be made only with your written authorization. If you provide the practice with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of medical information. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

Your Rights Regarding Your medical Information:

You have the following rights regarding medical information the practice maintains about you:

Right to Access, Inspect and Obtain a Copy of Your Own Medical Information: You have the right to access, inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. Psychotherapy notes and mental health records may be entitled to additional protection as required by law. You have the right to obtain an electronic copy of your electronically maintained medical records if those records are readily producible in the electronic form or format you request.

To access, inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing at the address at the bottom of this notice. If you request a copy of your medical information, the copy or summary will be provided usually within thirty days of your request. Please be sure to indicate if you desire a paper or electronic copy. We may charge you a reasonable cost-based fee for copying,

We may deny your request to access, inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care

professional chosen by us will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Restrictions: You have the right to request us to restrict or limit the use or sharing of certain health information for treatment, payment or our operations. You have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan.

To request or terminate restrictions, you must make a written request to the address at the bottom of this notice. You must tell us what information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply, for example, disclosures to your spouse.

We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination and will only be effective with respect to medical information created after we inform you of the termination.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at certain location. For example, you may request that we contact you only at work or by mail.

To request confidential communications, you must make your request in writing at the address at the bottom of this notice. We will not ask the reason for your request. We will accommodate all reasonable requests. You must specify how you wish to be contacted.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information.

To request an amendment, your request must be in writing, with a reason of support. We may deny the request. We may also deny the request if the record was not created by us, it is not part of the medical information kept by practice, it is not part of the information you would be permitted to inspect and copy, or if it is incomplete or accurate.

The practice personnel who maintain the information will respond to your request within 60 days. If it is denied, you will receive a written explanation. You may respond and if we do amend the record, will make an effort to inform those you name.

Right to an Accounting: You have the right to request an “accounting of disclosures” This will list the disclosures we have made of your information. Submit request in writing. The request must state a time period (no more than 6 years prior) and the form you want the information in. The first list in a 12-month period is free, additional lists may come with a charge.

Complaints: You may submit any complaints to Integrative Health and Wellness, LLC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no retaliation from the practice for making a complaint.

Right to a Paper Copy of this Notice: Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may ask us for a copy of this notice at any time. It will also be listed on our website at www.wellnessmichiana.com

Changes to this Notice: If we make changes to this notice we will provide the revised notice on the website above.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission to use or disclose the medical information about you, you may revoke that permission in writing at any time. We will no longer use or disclose

the information for reasons covered by your written authorization. We are unable to take back disclosures already made with your permission.

Contact Information:

Integrative Health and Wellness, LLC
6910 N. Main St.
PO Box 50
Granger, IN 46530
574-330-0464