

Effective Date: April 14, 2003
Notice of Privacy Practices version February 23, 2010

**MEDICAL CONSULTANTS, P.C. AND OTHER
AFFILIATED ENTITIES
NOTICE OF PRIVACY PRACTICES**
(45 CFR §164.520(a))

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY MEDICAL CONSULTANTS AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Medical Consultants, PC Privacy Officer at (765) 281-2000 or Toll free (877) 421-5200.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI):

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others. When you visit us, we keep a record of your symptoms, examination, test results, diagnoses, treatment plan, and other medical information. We also may obtain health records from other providers. In using and disclosing this protected health information (PHI), it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464. The law allows us to use and disclose PHI without your specific authorization for treatment, payment, operations and other specific purposes explained on the next page. This includes the sharing of information, when necessary and appropriate, with other healthcare providers, as necessary for your continued care. It also includes contacting you for appointment reminders and follow-up care. All other uses and disclosures require your specific authorization.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments of Medical Consultants.
- Any member of a volunteer group we allow to help you at Medical Consultants.
- All employees, staff and other personnel of Medical Consultants.

- All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or Medical Consultants operations purposes described in this notice.

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 the care and services you receive at Medical Consultants. 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 Medical Consultants. Other health care providers may have different policies or notices regarding use and disclosure of your medical information.

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.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

- **Right to Inspect and Copy.** You have the right to 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Medical Consultants will review your request and the 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 Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Medical Consultants. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. In most cases, we will respond within 30 days. We are not required to agree to the requested amendment

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for Medical Consultants.
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of medical information about you. We are not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction on the uses and disclosures of PHI as described in this notice, although we are not required to agree to the restriction you request. You should address your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We will notify you within 30 days if we cannot agree to the restriction. You also 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 example, you could ask that we not use or disclose information about a specific treatment session you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will typically communicate with you in person; or by letter, e-mail, fax, and/or telephone

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice and upon written request, inspect and obtain a copy of your health record for a fee of \$.60 per page and the actual cost of postage per the US Postal Service, except that you are not entitled to access, or to obtain a copy of, psychotherapy notes and information compiled for legal proceedings.

- **The Right to Receive Notice of a Breach.** You have the right to receive written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

- **Right to Revoke an Authorization:** You have the right to revoke an authorization to use or disclose PHI at any time except where action has already been taken.

You may obtain a copy of this notice at our website, www.medicalconsultantspc.com. To obtain a paper copy of this notice, you may request such a copy from any employee of Medical Consultants.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, social workers, therapists, technicians, medical students, trainees or other Medical Consultants personnel who are involved in taking care of you. Different departments of the Medical Consultants also may share medical information about you in order to coordinate the different things you need. We also may disclose medical information about you to people outside Medical Consultants, such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care. If you are an athlete, and wish to have your trainer or coach notified, we may disclose PHI to athletic trainer and coaches pertaining to medical conditions that may restrict your ability to compete.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at Medical Consultants, or other health care providers from whom you receive treatment, 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 treatment you received at Medical Consultants so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for Medical Consultants operations or to another health care provider or health plan, if you have a relationship with that health care provider or health plan. Physicians, trainees, medical students, a Risk or Quality Improvement team, or similarly internal personnel may use your information to assess the care and outcomes of your care in an effort to improve the quality of the healthcare and service we provide or for educational purposes. For example, an internal review team may review your medical records to determine the appropriateness of care. We may also combine medical information about many Patients to decide what additional services Medical Consultants should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Health Care Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific Patients are. There may also be times in which our accountants, auditors, health information specialist or attorneys may review your PHI to meet their responsibilities.

OTHER USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

- **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 at Medical Consultants.
- **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.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose limited information about you to a friend or family members identified by you as being involved in your care or assisting you in payment.. We may also notify a family member, or other person responsible for your care, about your location and general condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research:** We may also disclose PHI where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose PHI for research purposes with your authorization
- **Business Associates:** There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.
- **Legally Required Disclosures & Public Health:** We may disclose PHI as required by law, or in a variety of circumstances authorized by federal or state law. For example, we may disclose PHI to government officials to avert a serious threat to health or safety or for public health purposes, such as to prevent or control communicable disease (which may include notifying individuals that may have been exposed to the disease, although in such circumstance you will not be personally identified), federal or state health oversight agencies, child abuse or neglect, domestic violence, to an employer to evaluate work related injuries, and to public officials to report births and deaths.
- **Law Enforcement & Subpoenas:** We may disclose PHI to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose PHI to others as required by court or administrative order, or in response to a valid summons or subpoena.
- **Marketing & Fund Raising:** We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also contact you as part of a fund raising effort, unless you instruct us not to.
- **Directory information:** We may disclose limited information regarding your name and location for directory purposes to those persons who ask for you by name or to members of the clergy. You may request that we not include your name in the directory.

SPECIAL SITUATIONS

- **Organ and Tissue 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.

- **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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about Patients of Medical Consultants to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

DISCLOSURES REQUIRING AUTHORIZATION

- The release of health information to other treating professionals outside the Medical Consultants will be made with written authorization from the patient, which you have the right to revoke at any time, except to the extent we have already relied upon the authorization or in the event of an emergency.

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. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission,

RED FLAG REGULATIONS:

- Issued in final form on October 31st, this rule required us to develop a written identity theft prevention program. Medical Consultants' program includes existing policies and procedures, and is designed to detect, prevent, and mitigate the risk of identity theft to consumers. Should our system security be breached, we will investigate and notify all government agencies of the breach, and take measures to insure that our security is locked down and secure. Additionally we will notify all patients whose records have been accessed and offer identity theft monitoring to them, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE:

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Medical Consultants for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM, CONTACT
Medical Consultants, PC, Privacy Officer at:**

**Medical Consultants, PC
2525 University Ave, Suite 300
Muncie, IN 47303
at (765) 281-2000 or Toll free (877) 421-5200**

If you feel your rights have been violated, you may file a complaint in writing with the Privacy Officer or call our toll-free Hot-line at (877) 421-5200. If you are not satisfied with the resolution of the complaint, you may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation. We may use or disclose your PHI for treatment, payment and operations, and for purposes described below: Our policy prohibits Medical Consultant's workforce from intimidating, threatening, coercing, discriminating against, or taking other actions to penalize those who exercise their rights under the privacy regulation.