

Indiana Surgical Associates P.C.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: January 1, 2017

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 CAREFULLY.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Your health record is the physical property of Indiana Surgical Associates, P.C. The information contained in the record, however, belongs to you. You have the right to:

- A. Request a restriction or limitation on the medical information we use or disclose about you for your treatment, payment or health care operations. For example, you may request that a particular procedure be kept confidential and not shared with other providers. 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 of your care, like a family member or friend or when we notify a family member, personal representative or other person responsible for your care to inform them of your location and general condition. We are not required to agree to your requested restrictions. If we disagree, we will comply with your request unless the information is needed to provide you emergency treatment.
- B. Obtain a copy of this Notice by requesting one from the Indiana Surgical Associates, P.C.
- C. Inspect and obtain a copy of your health care record by submitting a request in writing to Indiana Surgical Associates, P.C.
- D. Amend your healthcare record if you feel that medical information that we have about you is incorrect or incomplete by requesting, in writing, that an amendment be made. You must provide a reason that supports your request.
- E. Obtain a report of all of the disclosures of your health information that we have made.
- F. Request that we communicate with you about your medical information in a certain way or at a certain location within reasonable time limits.
- G. Revoke your authorization to use and disclose medical information about you, except to the extent that we already used or disclosed your medical information.

OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

We are required by law to:

- A. Maintain the privacy of your health information.
- B. Provide you with this Notice, which describes our legal duties and privacy practices with respect to information we collect about you and a revised copy of the Notice if it is amended or otherwise changes.
- C. Abide by the terms of this Notice.
- D. Notify you if we are unable to agree to a requested restriction.
- E. Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or at a certain location.

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE. We reserve the right to make the revised and changed notice effective for medical information that 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 the Indiana Surgical Associates, P.C. office. The notice will contain the effective date on the first page. Each time you register at Indiana Surgical Associates, P.C. for health care services, we will offer you a copy of the current Notice in effect.
