



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.

Within the constraints imposed on us by state and federal regulations, we will do everything in our power to preserve the privacy of the information you entrust to us. We will not ordinarily release any information about you without your permission in writing.

There are certain circumstances that might oblige us to release some information:

1. If there is substantial risk of major harm to identifiable persons or property, and we cannot ameliorate this situation without breaking confidentiality, we will make necessary notifications to reduce the risk.
2. If we receive a lawful court order directing us to release information about you, we must do so.
3. If we receive a summons from a governmental agency having jurisdiction over our business which requires us to release certain information, we must do so.
4. If we order laboratory work, the laboratory that performs the test will require your diagnosis for billing purposes. We normally write this on the laboratory order before giving it to you. If you give the slip to the laboratory, you are telling them your diagnosis. If you request, we will provide a laboratory order without a diagnosis; in that case, you will likely be responsible for the full cost of the tests, since your insurance will probably not pay without a diagnosis.
5. Some pharmacies and mail-in prescription plans request a diagnosis be written on the prescription to conform to the laws in their state. We will write the diagnosis on your prescription if requested, and you will be responsible for giving that slip to the pharmacy.
6. We cannot bill our services to your insurance without including a diagnosis. Your insurance carrier may require some additional clinical information as a condition of payment. If you do not wish us to release any information to your insurance carrier, you will be responsible for the full cost of treatment, since your insurance carrier will not pay us without that information.
7. If you become incapacitated and unable to make rational decisions about your care, or if we determine that you have a medical emergency, we will share your clinical information with other doctors or nurses or emergency medical personnel as needed to assure your safety.
8. Various aspects of your care and condition may need to be discussed within our office as part of the normal process of planning, delivering, monitoring, and obtaining payment for, services.
9. If it becomes necessary to refer your account for collection, our attorney will have access to information about your care here as needed to pursue legal action on our behalf.

10. If you initiate a legal action against us, your information will be shared with our attorney as necessary in preparation of our defense.
11. If you become incapacitated we will communicate with your family as necessary in our best judgment to notify them of your condition and location.
12. When required by any state or federal regulation to make a disclosure in furtherance of public health, we will comply with that law. This may include such situations as the control of infectious diseases or the required reporting of abuse or neglect of a dependent person.
13. If you commit a crime on our premises we will report this to the police.
14. If we perceive a significant threat to the national security, and we can't resolve the problem in any other way, we will report the situation to the appropriate authorities.
15. After your death, your healthcare record may be released to a coroner, the personal representative of your estate, your spouse, or another responsible family member.

The following rights are guaranteed to you bylaw:

1. With reasonable notice, you may inspect and copy your healthcare record unless the doctor determines that this would create a substantial risk to you or to another person.
2. You may request that access to your healthcare record be restricted, and we will honor that request as far as possible, consistent with the exceptional circumstances noted above.
3. You can give us specific directions on how and where to contact you, and we will accommodate such requests as far as we reasonably can.
4. You may request an amendment to your healthcare record which will be made if we agree that such an amendment would more accurately represent your situation as we understand it. If we don't agree, you may prepare a written statement setting forth your view of the situation which we will then attach to your record so it can be seen by anyone who sees the other information in your record.
5. You have the right to be made aware, upon request, of any disclosures we have made regarding your personal information. We maintain records of such disclosures and will be happy to tell you about them.
6. You have the right to a paper copy of this notice upon request.
7. If you believe your privacy rights have been violated, you may complain to us or to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

This notice becomes effective October 1, 2005, was revised on August 30, 2012, and will continue in effect until amended by us. If you have any questions about this notice or wish to assert your rights under this notice, please notify Laura M. Stone, Office Manager at 260-969-5583.

I have received a copy of these rights and have been given an opportunity to ask questions about any part or portion that I need to understand them. My signature indicates that I understand the rights explained in this document regarding my protected personal information.

Patient Signature (if under 18, parent/legal guardian signature)

Printed Name _____ Date _____