

Muncie Allergy center, P.S.C.
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Notice of Privacy Practices

Effective date: 03/01/2013

Protected health information (PHI) about you is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHU. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with a copy of this Notice of Privacy Practices

We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The notice will also be posted in a conspicuous location within the practice and if such as maintained by the practice, on its' website.

You have the right to authorize other use and disclosure

This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intend to sell your PHI. You may revoke authorization at any time, in writing except to the extent that your healthcare provider or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication

This means you have the right to ask us to contact you about medical matters using an alternative method (i.e.: email, phone) and to a destination (i.e.: cell phone number, alternative address etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

You have the right to inspect and copy your PHI

This means you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper and electronic copies as established by professional, state, or federal guidelines.

You have the right to request a restriction of your PHI

This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. If we agree to the requested restriction, we

will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you or someone on your behalf, has paid in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

You may have the right to request an amendment to your protected health information

This means you may request an amendment of your PHI for as long as we maintain the information. In certain cases, we may deny your request.

You have the right to request disclosure accountability.

This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

If you have questions regarding your privacy rights, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example we would disclose your PHI as necessary to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

Special Notices

We may use or disclose your PHI to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also we may contact you to provide information about health-related benefits and services offered by our office, for fund raising activities or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices and each such notice will include instructions for option out.

Payment

Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your healthcare insurance plan may undertake before it approves or pays for the healthcare services recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations

We may use or disclose as needed your PHI in order to support the business activities of our practice. This includes but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Health Information Organization

The practice may elect to use a health information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment payment or other healthcare operations.

To others involved in Your Healthcare – Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, which you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case only the PHI, then your healthcare provider may using professional judgment

determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other permitted and required uses and disclosures- We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; in cases of abuse or neglect; to comply with Food and Drug administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human services in order to investigate or determine our compliance of the Privacy Rule.

Privacy Complaints

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the privacy manager at:

4505 North Wheeling Avenue Muncie, Indiana 47304

We will not retaliate against you for filing a complaint.

Effective date: 03/19/2013 Publication date: 03/15/2013