Family Beginnings, PC

Privacy of Your Health and Personal Information

Family Beginnings, PC understands that information about you and your health is personal. At Family Beginnings, we are committed to fully protecting personal information as possible and limiting disclosures to the minimum necessary to provide cost-effective, quality care.

The following information summarizes ways in which we may use and disclose personal information about you. This Notice of Privacy Practices fully explains this topic. In addition, the Notice of Privacy Practices details your privacy rights, and certain obligations we have regarding the use and disclosure of medical information.

Family Beginnings is pleased to provide this update on its privacy practices and looks forward to continuing service to you.

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.

Family Beginnings is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

How Family Beginnings May Use or Disclose Your Health Information

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

Treatment: We may use medical information about you to provide you with medical treatment or services. For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.

Payment Functions: We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Family Beginnings and make sure that all of our patients receive cost-effective, quality care. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

Appointment Reminders: We may want to use your health information for appointment reminders. For example, we may look at your records to determine the date and time of your next appointment with us and then contact you regarding the appointment. Or we may look at your medical information and decide that another treatment we offer

or service we provide may interest you. For example, a physician may review your records to determine if a new treatment will be beneficial for you.

Required by Law: As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a proceeding of litigation such as a malpractice action.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Health Oversight Activities: We may disclose your health information to health agencies during audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Judicial and Administrative Proceedings: We may disclose your health information during any administrative or judicial proceedings.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying, locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.

Organ and Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.

Public Safety: We may disclose your health information to appropriate people to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the public.

National Security: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation or similar laws.

For Research: Under certain circumstances, and only after a special approval process, may we use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

To those involved with your care or payment of your care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay for your care. We may also tell your family or friends your 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.

When Family Beginnings May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use

or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Statement of Your Health Information Rights

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. Family Beginnings is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Practice Administrator at Family Beginnings, 8435 Clearvista Pl, Suite 104, Indianapolis, IN 46256.

2. Right to Request Confidential Communications. You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status at a work location, or through a written letter sent to a private address. To request confidential communications, you must submit your request in writing to the Human Resources Director at Family Beginnings, 8435 Clearvista Pl, Suite 104, Indianapolis, IN 46256. We are not required to agree to your request but must accommodate reasonable requests.

3. Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your treatment or plan benefits. To inspect and copy such information, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment. If you believe your health information is incorrect, you may ask us to correct the information. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To make an amendment, you must submit your request in writing to the Practice Administrator. You must also provide a reason for your request.

5. Right to Accounting of Disclosures. In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before January 1, 2007. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, limited data sets, national security, law enforcement/corrections, and certain health oversight activities. To request this accounting of disclosures, you must submit your request in writing to the Practice Administrator.

6. Right to Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, contact our office at (317) 595-3665.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Human Resources Director at (317) 595-3665.

Changes to this Notice of Privacy Practices

Family Beginnings reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, Family Beginnings is required by law to comply with the current version of this Notice.

Complaints About Privacy Practices

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to [HIPAA Compliance Manager] at (317) 595-3665. Family Beginnings will not retaliate against you in any way for filing a complaint. All complaints to Family Beginnings must be submitted in writing to [HIPAA Compliance Manager], HIPAA Compliance Manager at Family Beginnings, 8435 Clearvista Pl, Suite 104, Indianapolis, IN 46256. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

Authorization for Disclosure of Medical Records

Patient Name: _____ Date of Birth: _____

I authorize the disclosure of my medical record information to the following person or organization:

Recipient Name: _____

Recipient Address, Phone, Fax, or Email: _____

Please select the medical record information authorized for disclosure:

☐ My entire medical record / complete patient file

☐ Only the specific document(s) listed below:

Specific document(s): _____

Patient Signature: _____ Date: _____

Patient Receipt of Notice of Privacy Practices

I have received a copy of the Family Beginnings Notice of Privacy Practices describing Family Beginnings' commitment to privacy, my right to privacy and how Family Beginnings may use and disclose protected health information about me to carry out treatment, payment and healthcare operations.

By signing below, I am acknowledging that Family Beginnings will use and disclose my protected health information to provide my medical care and receive payment for services provided to me. I have the right to review the Notice of Privacy Practices prior to signing this acknowledgement.

Patient Signature: _____ Date: _____