

**HIPPA Notice of Privacy
Peter F. Kunz, M.D.
11725 Illinois Street Suite 270
Carmel, IN 46032**

Summary Notice of Privacy Practice

This summary describes how your medical information is used/disclosed and how you may access the information. We are bound by law and personally committed to protecting your health information, and will strictly confine our use of your information to matters involving treatment, payment and office services listed in this privacy notice.

You have the following rights regarding your Protected Health Information. All requests must be submitted in writing and may require a small administrative processing fee.

You may:

- Request a restriction on certain uses and disclosures of your personal health information, such as asking not to disclose your information to a family member. However we are not required to agree with the restriction.
- Request a correction or amendment to your personal health information, if you believe the information about you is incorrect. We may amend your record or include your statement of disagreement.
- Request confidential communications about your personal health information at a different location other than your home or by a different means of communication, such as email.
- Request a listing of certain disclosures we have made other than information for treatment, payment or other health care purposes.
- Request to look at or obtain a copy of your personal health information.
- Request a paper copy of our HIPPA Notice of Privacy Practices.

If you believe your rights have been violated in any way, you may also submit in writing a complaint to our office and to the secretary of the department of Health and Human Services. For further information, please refer to our Privacy Practices.

Please sign below acknowledging you have read our Privacy Practices.

Signature _____ Date _____

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. This notice also includes all privacy practices of this office, including any healthcare professional authorized to enter information in your health records.

1. PROTECTING YOUR PERSONAL HEALTH INFORMATION (PHI) IS OUR DUTY: It is our duty to maintain the privacy of all your personal health information. We understand that all medical information about you is personal and we are committed to keeping everything labeled, protected, and secured. We are required by law to follow the privacy practices described in the notice, however we do have the right to change our privacy practices at any time.

2. WAYS WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION: We use personal health information for a number of reasons. Some uses/disclosures require your signature however the law allows us to use/disclose some information without a signature. The following offers a better description of potential uses/disclosures of you personal health information:

a. For Treatment - We may use/disclose certain personal health information to any other health care professionals who are involved in providing your health care. Examples include but are not limited to, treatment team, pharmacists, or a specialist to whom you have been referred, as well as the Indiana State Department of Health.

b. To Obtain Payment - We may use/disclose parts of your personal health information in order to bill and collect payment. We may also use/disclose PHI to any insurer to receive payment for services.

c. Appointment Reminders - We may send or call and leave a message at your home to remind you of an appointment, unless you specify in writing a different form of preferred communication.

d. Treatment Alternatives - We may contact you about possible treatment options or any other services that may interest you.

3. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION: The law states that there are some instances in which written authorization is not needed, the following fall under this category:

a. When It Is Required by Law - By law, we must report any information about suspected abuse, neglect, domestic violence or anything relating to criminal activity.

b. For Public Health Activities - We may disclose information when we are required to collect information about disease or injury as well as reporting vital statistics to a public health authority. We also may disclose information to the Indiana State Department of Health or any other agency responsible for overseeing the health care system.

c. Relating to Decedents - In relation to death, we may disclose information to the coroner, medical examiner, funeral directors and organizations relating to organ donation.

d. Workers' compensation - We may disclose information to your employer for your Workers' Compensation.

4. RIGHTS OF INMATES: An inmate does not have rights listed in the Notice of Privacy Practices. The rights listed in this notice will not apply to inmates of a correctional institution.

5. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION: The following are rights you have relating to you personal health information. **To act on these rights, all requests must be submitted in writing and may require a small administrative processing fee. You may:**

- Request a restriction on certain uses and disclosures of your personal health information, such as asking not to disclose your information to a family member. However we are not required to agree with the restriction.
- Request a correction or amendment to your personal health information, if you believe the information about you is incorrect. We may amend your record or include your statement of disagreement.
- Request confidential communications about your personal health information at a different location other than your home or by a different means of communication, such as email.
- Request a listing of certain disclosures we have made other than information for treatment, payment or other health care purposes.
- Request to look at or obtain a copy of your personal health information.
- Request a paper copy of our HIPPA Notice of Privacy Practices.

6. COMPLAINTS: If you believe your rights have been violated in any way, you may also submit in writing a complaint to our office and to the secretary of the department of Health and Human Services.

7. REVOKING AUTHORIZATION: You may revoke an authorization to use or disclose your personal health information in writing, with the exception of any action that has already been taken prior to your written authorization or when dealing with insurance coverage. To revoke an authorization, you must include date of authorization, name of the person or organization authorized to receive the personal health information, your signature and the date you signed the revocation.

This Notice is made available to all MIAS patients. We do reserve the right to change this Notice, as well as your right to request an additional and/or updated copy.

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