

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.

At Michiana Hematology-Oncology, P.C., we believe that individuals have a right to adequate notice of our policies, procedures and practices with respect to uses and disclosures of protected health information. Michiana Hematology-Oncology, P.C. is required by law to maintain the privacy of your health information and to provide you with a notice of our legal duties and privacy practices. We are required to and will abide by the terms in the Notice of Privacy Practices in effect at the time it is provided to you. You have the right to request a paper copy of this Notice of Privacy Practices even if we have provided a copy to you electronically by e-mail.

Michiana Hematology-Oncology, P.C. will not use or disclose your individually identifiable or protected health information other than to carry out healthcare treatment, payment, and/or operations for you, or as required by law. An example of treatment is a visit to our office for the purpose of diagnosis or care of a health issue wherein doctors, nurses, laboratory technicians, medical students and others will share the information about you in the course of your treatment. Payment includes sharing protected health information with an insurer or a third party that may be responsible for collecting payment from a health plan. Healthcare operations means sharing protected health information for the purpose of quality review.

Michiana Hematology-Oncology, P.C. will use and disclose protected health information to business associates in the course of providing treatment, securing payment for such treatment, and/or to facilitate healthcare operations of our practice, to facilitate the requirements of our business associates' contracts, and to comply with requests from other covered entities to carry out treatment, payment or healthcare operations. As part of our ongoing efforts to provide quality care to our patients, our organization participates in a local Health Information Exchange (HIE), called Michiana Health Information Network (MHIN). We have partnered with MHIN to serve as our Business Associate to electronically deliver and store medical information on our patients for treatment, payment and healthcare operations. This activity allows your medical information from our organization to be readily available to other community healthcare providers for coordination of care, and may avoid duplicate testing. Our participation in HIE also provides us with the ability to obtain your medical information from other participating healthcare providers more efficiently. MHIN is accredited by the Electronic Healthcare Network Accreditation Commission and is legally bound to protect the confidentiality of your medical information.

Except for the purposes described above, Michiana Hematology-Oncology, P.C. will only use or disclose protected health information with your express written authorization and you may revoke the authorization at any time in writing. The revocation will apply only to future uses and disclosures.

Any information Michiana Hematology-Oncology, P.C. provides to a third party other than to our business associates or other healthcare providers with a treatment relationship to you will be de-identified or stripped of any and all personal data which could be used to identify a specific individual.

Michiana Hematology-Oncology, P.C. may contact you to provide appointment reminders or to provide you with information about alternative treatments or other healthcare services we provide. We may also contact you to raise funds. When receiving communications from us, you may request that we communicate with you at an alternate location or by alternate means and we will make every effort to accommodate your request.

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information which contains genetic information that will be used for underwriting purposes.

You may request that certain uses and disclosures of your protected health information be restricted. To do so, you must provide the request in writing using the Request for Restriction on Use or Disclosure form available from our office. Michiana Hematology-Oncology, P.C. will determine if the information constitutes required information to carry out treatment, payment or healthcare operations. If, in our sole opinion, your request does not involve information that is required by us to carry out treatment, payment or healthcare operations, we will accept your request for restrictions and will notify you if your request will be honored within 30 days or as required by law.

You have certain rights under the federal privacy standards. These include:

- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed. Michiana Hematology-Oncology, P.C. has also required in our business associate contracts that they offer a means to provide such a listing for you.

If you believe that your privacy rights have been violated, you may send questions or complaints about this notice or Michiana Hematology-Oncology, P.C.'s privacy practices to us and/or to the Secretary of the Department of Health and Human Services (HHS). Such communication with Michiana Hematology-Oncology, P.C. should be directed to: Chief Privacy Officer, Michiana Hematology-Oncology, P.C., 3975 William Richardson Drive, South Bend, IN 46628. The address of the Secretary of Health and Human Services is 200 Independence Ave. SW, Washington, DC 20201. Michiana Hematology-Oncology, P.C. will not retaliate against you for filing a complaint with the Secretary of HHS.

Michiana Hematology-Oncology, P.C. reserves the right to revise this Notice of Privacy Practices at any time without prior notification. You may request a copy of the revised notice and we will provide it to you.

For additional information, please write us at 3975 William Richardson Drive, South Bend, IN 46628, Attention Kim Woofter, Chief Privacy Officer or call 1-800-860-8100 and ask to speak with our HIPAA Privacy Contact at the location where you receive service.

This Notice of Privacy Practices is effective as of April 14, 2003.

Rev. 6/2014