

## 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.**

**Uses and Disclosures**

The following categories describe the different ways in which we may use and disclose your individually identifiable health information, unless you object:

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Additionally, we may disclose your health information to others who may assist in your care, such as other healthcare providers, your spouse, your children or parent.

**Payment.** Your health information may be used in order to bill and collect payment for the services and items you may receive from us. For example, we may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also we may use your health information to bill you directly for services and items.

**Health Care Operations.** Your health information may be used as necessary to support the day to day activities and management of Coze Health, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality, to develop protocols and clinical guidelines, to develop training programs, and to aid in credentialing medical review, legal services, and insurance.

**Appointment Reminders.** Your health information will be used by our staff to contact you and send you appointment reminders.

**Information About Treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

**Law Enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Release of Information to Family/Friends.** Our practice may release your health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child for an appointment. In this example, the babysitter or friend may have access to this child's medical information.

**Patient Mass Communication.** We may use your name and email address(es) and/or text numbers to contact you with bulk messaging. For instance, to share new promotions for the clinic, to send clinic newsletters, or to notify you of a physician's upcoming absence, such as for vacations.

**Other uses and disclosures in certain special circumstances.**

- **Public Health Risks** - (i.e. vital statistics, child abuse/neglect, exposure to communicable diseases, reporting reactions to drugs or problems with products or devices.)
- **Health Oversight Activities**

- **Lawsuits and Similar Proceedings** – May use or disclose in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding or in response to a discovery request, subpoena, or other lawful process.
- **Deceased Patients** – may be required to release to a medical examiner or coroner. If necessary, we may also release information in order for funeral director to perform their jobs.
- **Organ and Tissue Donation**
- **Serious Threats to Health or Safety**
- **Military** - If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **National Security**
- **Inmates** – Our practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of others.
- **Worker's Compensation**

Disclosures of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Your Rights

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

- The right to request restrictions on the use and disclosure of your protected health information for treatment, payment, or health care operations. You have the right to restrict our disclosure to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do not agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. You must make your request in writing to the attention of the Privacy Officer. Your request must be described in a clear and concise fashion: a) the information you wish restricted; b) whether you are requesting to limit our practice's use, disclosure or both; c) to whom you want the limits to apply.
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial.
- The right to amend or submit corrections to your protected health information. This request must be made in writing and submitted to Privacy Officer with reasons to support your request. We may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete; b) not part of the health information kept by or for the practice; c) not part of the health information which you are permitted to inspect and copy; or d) not created by our practice, unless the individual or entity that created is not available to amend the information. We will provide a written explanation for any denial in 60 days.
- The right to receive an accounting of how and to whom your protected health information has been disclosed. We will include all the disclosures except for those about treatment, payment, and health care

operations, and certain other disclosures (such as any that you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- The right to receive a printed copy of this notice, even if you have agreed to receive the notice electronically.

**Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting your physician and/or privacy officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

**Coze Health LLC Family Practice’s Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**COZE Health**  
**Attn: Privacy Officer**  
**1281 Win Hentschel Blvd.**  
**West Lafayette, IN 47906**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

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Patient Name

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Date

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Patient Signature