

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing an acknowledgment. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.



For more information on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you may visit one of the following internet sites:

<http://www.cms.gov/hipaa>

<http://www.cdc.gov>



## Our HIPAA Policy

### Health Information Portability & Accountability Act



4666 W. Jefferson Blvd  
Suite 140  
Fort Wayne, IN 46804  
[www.HoltsclawMC.com](http://www.HoltsclawMC.com)



November 2009

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Telephone: ((260) 432-0100

## HIPAA Privacy Notice

This brochure is the notice required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully, and then sign the acknowledgement form.

### Our Pledge

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Holtsclaw Medical Centre (HMC). We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by HMC.

This notice will tell you about the ways in which we may use and disclose your medical information.

### How We May Disclose Medical Information About You

**For Treatment** - We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare providers involved with your care.

**For Payment** - We may use and disclose medical information about you so that the treatment and services you receive by physicians of HMC may be billed to and payment may be collected by you, an insurance company, or a third party.

**For Health Care Operations** - We may use and disclose medical information about you for clinic operations. These uses and disclosures are necessary to run HMC and make sure that all of our patients receive quality care. We may remove information that identifies you from medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**For Appointment Reminders** - We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care at HMC.

**For Individuals Involved in Your Care** - We may release medical information about you to a friend or family member for whom you have authorized to receive such medical information such as a Healthcare Power of Attorney or Guardian. 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.

**For Marketing** - We will not release personally identifiable information for marketing purposes without your prior written authorization.



**For Research** - Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information for research, the project will have been approved by HMC. We will not release personally identifiable medical information without your written consent.

**As Required By Law** - We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure will only be made to someone able to help prevent the threat.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

**Right To Inspect** - Your health information records belong to HMC. You do have the right, however, to inspect and purchase a copy of your records. Once we or any other healthcare providers providing you treatment enter information on your record, it may not be changed. You may submit a written clarifying statement to supplement your record if you disagree with any of the information recorded.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Each time you register at the HMC, we will offer you a copy of the current notice in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Holtsclaw Medical Centre, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with the HMC, contact:

**Jeff Holtsclaw, Practice Administrator**  
**Holtsclaw Medical Centre, LLC**  
**4666 W Jefferson Blvd Suite 140**  
**Fort Wayne, IN 46804**