

Notice of Privacy Practices for Personal Health Information (HIPAA)

Effective April 14, 2003, this Notice for Privacy Practices describes the practices of Lantz Medical Company for safeguarding individually identifiable personal health information and how you can access this information. The terms of this Notice apply to All Patients and Clients of Lantz Medical Company. Please review carefully:

We are required by law to maintain the privacy of our patients' and clients' personal health information and to provide notice of our legal duties and privacy practices with respect to personal health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of the Notice as necessary and to make the new Notice effective for all personal health information maintained by us. Copies of revised Notices will be mailed to active patients and clients. You have the right to request a paper copy of this notice.

Uses and disclosures of your personal health information

Authorization – Except as explained below, we will not use or disclose your personal health information for any purposes unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Lantz Medical Company, Inc., 7750 Zionsville Rd, Suite 800, Indianapolis, IN 46268. A form to revoke an authorization can be obtained from the Compliance Officer.

Disclosures for Treatment – We may disclose your personal health information as necessary for your treatment. For instance, an insurance company may request your personal health information in our possession to assist in your care.

Uses and Disclosures for Payment – We will use and disclose your personal health information as necessary for payment purposes. For instance, we may use your personal health information to process or pay claims or to perform prospective reviews. We may also forward information to another insurer in order for it to process to pay claims on your behalf

Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary for health care operations. For instance, we may use or disclose you personal health information for quality assessment and quality improvement, conducting or arranging for medical review or compliance. We may also disclose your personal health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We may contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Used and Disclosures

We may contact you to provide reminders for appointments: information about treatment alternatives: or other health- related programs, products or services that may be available to you.

Business Associates

Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your personal health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your personal health information.

Family, Friends and Personal Representatives

With your approval, we may disclose to family members, close personal friends or another person you identify your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval. A copy of your POA/Health care surrogate information should be reviewed with the provider representative at the time of service, Verbal authorization of designee will be noted by our representative.

Other Uses and Disclosures

We are permitted or required by law to use or disclose your personal health information, without your authorization in the following circumstances:

- For any purpose required by law
- For public health activities (for example, reporting disease, injury, birth, death or suspicion of child abuse or neglect).
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence.
- For law enforcement purposes (reporting wounds or injuries or identifying or locating suspects, witnesses or missing persons.)
- For certain research purposes.
- To avert a serious threat to health or safety under certain circumstances
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or regarding an inmate or individual incarcerated in a correctional institution.
- For compliance with Workers Compensation programs
- For health oversight activities (i.e. Audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions).
- For judicial or administrative proceedings (pursuant to a court order, subpoena or discovery request)
- To Coroners or Funeral Directors.

Other uses and disclosures of you personal health information can only be made with your consent. We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems by state and federal law or regulation.

Your Rights

Access to Your Personal Health Information

You have the right to inspect and/or obtain a copy of your personal health information remaining in your designated record set, with a couple of exceptions. To request access to your information, you must send a written request to: Lantz Medical Co., Inc; 7750 Zionsville Re, Suite 800, Indianapolis, IN, 46268. A form to request your personal health information can be obtained from the Compliance Officer.

Amendment of your Personal Health Information

You have the right to request an amendment to your personal health information to correct inaccuracies. To request an amendment, you must send a written request to Compliance Officer, Lantz Medical Co., Inc; 7750 Zionsville Re, Suite 800, Indianapolis, IN, 46268. A form to request an amendment to your personal health information can be obtained from the Compliance Officer. We are not required to grant the request in certain circumstances.

Complaints

If you believe your privacy rights have been violated, you can send a written complaint to us at Compliance Officer, Lantz Medical Co., Inc; 7750 Zionsville Rd, Suite 800, Indianapolis, IN, 46268 or the Secretary of the US Department of Health and Human Services.

If you have any questions or need assistance regarding this Notice of Privacy Rights, you may contact the Compliance Officer at Lantz Medical Company at 317-704-6536.