

Northeast Medical Associates (NEMA)

Health Insurance Portability and Accountability Act (HIPAA)

Notice to our patients

This notice is posted as directed by the U.S. Department of Health. The notice is to inform you, our patients, how we may use and disclose your medical information and how you can access this information. Please review this notice carefully. We will not disclose, unless written authorization is obtained from the patient, any private information to those not involved in the care of the patient, such as mailing lists, to employers for employment decisions, and to life insurance companies to determine eligibility. The patient can withdraw authorization approval at any time, and Northeast Medical Associates (NEMA) shall take no recourse against any patient who chooses not to provide or withdraws authorization.

Northeast Medical Associates may use and disclose your personal medical information for treatment, payment, and operations.

Examples of uses and disclosures to obtain treatment:

- If the physician or nurse practitioner at the practice refers you for a cardiac stress test and needs to call the cardiologist for results, the physician or nurse practitioner may give your name and the reason for ordering the stress test to the cardiologist's office.
- A physician, nurse practitioner, or office nurse may call you to advise you of treatment alternatives.

Examples of uses and disclosures to obtain payment:

- The practice's billing office may submit a claim form that contains your name, address, social security number, diagnoses, and procedures performed in our office to your insurance company.

Examples of uses and disclosures to operate the practice:

- NEMA's physician and nurse practitioners may audit your chart to track and improve our performance in assuring that we perform screening tests and immunizations on time.
- NEMA's staff may mail/call you reminders of upcoming appointments or lab/test results.
- NEMA's staff may leave messages on your telephone and ask you to return our call.

NEMA may disclose or use protected health information about you for other purposes, and without your consent, if the law requires us to disclose information to government authorities. Examples of such uses or disclosures include suspected abuse and certain infectious diseases.

You have the following rights regarding your protected health information, and the practice must act on your request within 60 days:

- You may request restrictions on certain uses and disclosures of protected health information; we are not required to agree to a requested restriction.
- You may request that you receive confidential communication of protected health information.
- You may request to inspect and copy your own protected health information.
- You may request that your information be amended.
- You may request a paper copy of this notice.

The law requires NEMA to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices. You may complain to NEMA or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. File a complaint with NEMA by writing to:

Policy Officer
 C/O Northeast Medical Associates
 1234 E. Dupont Rd. Ste. 6
 Fort Wayne, Indiana 46825

No one will retaliate against you for filing a complaint.
 Effective 4-1-2003

I have read and understand Northeast Medical Associates (NEMA) Privacy Notice. A signed copy will be placed in my medical record, and the original will be given to me. I can direct questions or concerns to any NEMA staff member or to the NEMA policy officer. I can also communicate concerns or questions to the US Department of Health and Human Services. My signature indicates I have read and received the original form.

Patient/ Responsible Party Name:

(Printed) _____

Signature _____ Date _____

Person(s) Authorized to Access Patient Information:

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____