



NOTICE OF PRIVACY PRACTICES (CONDENSED)

HIPAA PRIVACY NOTICE

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

GRACE AT HOME (“Practice”) is permitted to use and disclose your private and confidential health information for treatment, payment and health care operations of the Practice. For example, the Practice may disclose your protected health information to other physicians to facilitate treatment, and the Practice may use health information about you so that the Practice may bill an insurance company, health plan, or third-party payer on your behalf. The Practice may disclose your health information to review treatment and services to evaluate performance of Practice staff and other management and administrative purposes. In addition, the Practice may use or disclose your protected health information, which is incident to permitted use of disclosure.

“Protected health information” is information about you that may identify you and related to your, past, present or future physical or mental health or condition and related health services.

BUSINESS ASSOCIATES

The practice will share and disclose your health information with third party “Business Associates” which perform various activities on behalf of the Practice (for example, billing, collections, and network and software services and ancillary services).

USES AND DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT

The Practice may use and disclose your health information in the following instances. In each of these examples, you have the opportunity to agree or to prohibit or restrict the use of disclosure. If you are not present or able to agree or object to the use of this disclosure, the Practice may determine whether the disclosure is in your best interest. Emergency disclosure may also be made, due to your incapacity or emergency treatment situation, if disclosure is consistent with your prior expressed preference and in your best interest as determined by the Practice.

- **Facilities Directory:** Unless you object, the Practice will use and disclose your health information to maintain a directory of patients.
- **Family Members:** Unless you object, the Practice will disclose your health information to a family member, other relative, close friend, or other person you identify, such information disclosed will be directly relevant to such persons involved with your healthcare. If you are unable or unavailable to agree or object, the Practice may disclose information as necessary if the Practice determines it is in your best interest. The Practice may use information to notify or assist in the notification of (including identifying or locating), a family member, your personal representative or other responsible person for your care, your address or phone number, general condition or death.



DISCLOSURES MADE WITHOUT YOUR AUTHORIZATION OR CONSENT

The following is description of other purposes for which the Practice is permitted or required to use or disclose your protected health information without your consent, authorization or your opportunity to object, this is not a complete list of all possible disclosures.

- By the Practice for training or to defend itself in a legal action or other proceeding brought by you.
- For public health activities, social service or protected services agencies, and to a health oversight agency for oversight activities.
- In the course of any judicial or administrative proceedings and for law enforcement purposes.
- For identifying a deceased person.
- As authorized to comply with laws relating to worker's compensation, or similar programs, that provide benefits for workplace injuries.

Other uses and disclosures will be made with your written authorization, and you may revoke such authorization at any time, provided that the revocation is in writing, except to the extent that (I) the Practice has taken action in reliance thereon, or (II) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. Also, uses and disclosures maybe further limited by more stringent Indiana law involving Privacy Protection. Under Indiana Law the Practice may withhold information requested by a patient if the Practice reasonably determines that such information is (1) detrimental to the Physician or mental health patient or (2) likely to cause the patient to harm himself/herself or another.

APPOINTMENT AND PATIENT RECALL REMINDERS

The Practice may contact you to provide appointment reminders or information about treatment alternatives or health related benefits and services that may be of interest to you.

INDIVIDUAL RIGHTS

The following are statements of your privacy rights. In case, you may exercise these rights by filing a written request to the Privacy contact listed below.

- You have the right to request restrictions on certain uses and disclosures of your protected health information; the Practice is not required to agree to requested restrictions.
- You have the right to receive confidential communications of your protected health information.
- You have the right to inspect and copy your protected health information.
- You have the right to amend your protected health information.
- You have the right to obtain a paper copy of this notice from the Practice.

PRACTICE DUTIES

- The Practice is required by law to maintain the privacy of your protected health information and to provide you with this notice of its legal duties and privacy practices with respect to protected health information.
- The Practice is required to abide by the terms of the privacy notice currently in effect.



- The Practice reserves the right to change the terms of its privacy notice and to make the new notice provisions effective for all protected health information that the Practice maintains. Any such revised notice shall be provided to individuals in the same manner this notice is given.

COMPLAINTS AND CONTACT

If you believe your HIPPA privacy rights have been violated, you may make a written complaint by deliver to the Practice. You will not be retaliated against if you file a complaint. You may also request additional information by written request to:

GRACE AT HOME
 PO Box 503108
 Indianapolis, IN 46250
 (317) 429-0120
gahinfo@cing.care

EFFECTIVE DATE : This Privacy Notice is effective January 1, 2025

My signature below acknowledges that I have read and understand the information on this document.

I AM A PATIENT

I AM A PATIENT REPRESENTATIVE

PATIENT NAME _____ **DATE OF BIRTH** _____

IF APPLICABLE, REPRESENTATIVE NAME (printed) _____

REPRESENTATIVE RELATIONSHIP TO PATIENT (printed) _____

SIGNATURE

DATE NOTICE RECEIVED