

## Our Responsibilities

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We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices.

We reserve the right to change our policies and procedures for protecting health information. When we do so we will also change this notice. The new notice will be posted in our waiting room, on our website, and copies will be available from the receptionist.

## For More Information or to Report a Problem

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Please let us know if you have any questions about this Notice. If you believe we have not properly protected your privacy, have **violated your privacy rights, or you disagree with a decision we have made about your rights, let us know.**

**You may also send a written complaint to the:**

U.S. Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

We promise you will not be penalized nor will the care you receive at our office be impacted if you file a complaint.

**REVISED:  
AUGUST 2023**

# Notice of Privacy Practices

**BALANCE INSTITUTE  
OF INDIANA**

7440 N. Shadeland Ave.  
#130

Indianapolis, IN 46250  
(317)577-7333  
(317)577-7330

**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.**

## **What is this Notice**

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This notice is required by law to inform you of how your health information will be protected, how our office may use or disclose your health information, and about your rights regarding your health information. **Understanding Your Health Information**

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, for updating other healthcare professionals who treat you, for verifying accurate billing, and as a legal document of the care you receive.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others. Questions can be directed to our Privacy Officer at 317-577-7333

## **Your Rights**

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### ***To obtain a copy of this notice.***

You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice from our receptionist.

### ***Authorization to use your health information.***

Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure. Most uses of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require patient authorization.

Other uses and disclosures not described in the Privacy Notices will be made only with patient authorization.

Patients have the right to be notified following a breach of unsecured PHI.

### ***Access to your health information.***

You may request a copy of your health information from the receptionist at your next visit on paper or in an electronic form if possible.

***Amend your health information.*** If you believe the information we have about you is incorrect or incomplete, you may request that we correct the existing information or add the missing information. We reserve the right to accept or reject your request and will notify you of our decision.

### ***A duty to notify individuals of any breach of unsecured PHI.***

In the event of a breach of any unsecured PHI, all affected individuals must be notified. ***Request confidential communications.*** You may request that we communicate with you about your PHI at a certain address or phone number. We will make every effort to agree with your request.

### ***Limit our use or disclosure of your health information.***

You may request in writing that we restrict the use or disclosure your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket for the health care service. ***Accounting of disclosures.*** You may request a list of disclosures of your PHI that we have made for reasons other than treatment payment, or healthcare operations. Disclosures that we make with your authorization will not be listed. The first list is 12 months is free. A fee for other copies may be charged.

## **Examples**

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The following examples will help you understand the ways in which we may use or disclosure you health information:

- ***To facilitate your medical treatment.***
- ***To collect payment for health care services that we provide.***
- ***To facilitate routine healthcare operations.***
- ***To notify your family and friends about your condition.***
- ***To inform persons about your death.***
- ***To remind you about appointments.***
- ***To inform you about alternative treatment.:***
- ***To inform you about our healthcare services.***
- ***To solicit your participation in research studies.***
- ***To comply with workers compensation laws.***
- ***To comply with other laws such as public health, abuse and crime reporting, or health registry reporting.***
- ***To permit our business associates to perform their contracted services.***