



Xabier Beristain, M.D.  
Robert S. Flint II, M.D., Ph.D.  
Nancy R. Frappier, M.D.  
Karen L. Griffin, NP-C  
Andrea L. Haller, M.D.

Virginia B. Hemelt, M.D.  
Sridhar Jatla, M.D.  
Kevin J. Puzio, M.D.  
Susan McVey Sloss III, NP-C  
Andrew J. Spoljaric III, M.D.

7321 Shadeland Station, Suite 275  
Indianapolis, Indiana 46256  
tel: 317 863 2095  
toll free: 866 429 4379  
fax: 317 863 2108

## HIPAA Disclosure

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. If you have any questions about this notice, please contact us at: 317 863 2095. This notice describes the privacy practices at our office.

We are required by law to:

- \* Maintain the privacy of protected health information
- \* Give you this notice of our legal duties and privacy practices regarding your health information
- \* Follow the terms of the notice currently in effect.

### How we may use and disclose your health information:

Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by contacting us at: 317 863 2095.

**Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment.** We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.

**Health Care Operations.** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.

**Research.** We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.

**As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.