

Indianapolis Pain and Wellness Center

1305 W. 96th St.
Indianapolis, IN 46260

NOTICE OF PRIVACY PRACTICES

Privacy Officer: Kurt Johnson
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Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information

- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Detailed Explanation of Your Rights

Get an electronic or paper copy of your medical record: You can ask to see or get a copy of your medical record and health information. We will provide it within 30 days and may charge a reasonable, cost-based fee.

Ask us to correct your medical record: You can request corrections to your health information. We may deny the request, but will explain why in writing within 60 days.

Request confidential communications: You may request that we contact you in a specific way (e.g., home or office phone) or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree unless you paid for a service entirely out-of-pocket.

Get a list of those with whom we've shared information: You can request an accounting of disclosures for six years prior to the request date, excluding disclosures for treatment, payment, and healthcare operations. One free report per year is provided.

Get a copy of this privacy notice: You can ask for a paper copy at any time, even if you agreed to receive it electronically.

Choose someone to act for you: A medical power of attorney or legal guardian may exercise your rights.

File a complaint if you feel your rights are violated: Contact us using the details at the top of this notice. Or, contact:

U.S. Department of Health and Human Services, Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you have the right to make choices about what we share. You can:

- Share information with family, close friends, or others involved in your care
- Share information during a disaster relief situation
- Include your information in a hospital directory

If you are unable to tell us your preference (e.g., unconscious), we may share information if we believe it is in your best interest or to prevent serious harm.

We will never share your information without written permission for:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising:

We may contact you for fundraising efforts, but you can request not to be contacted again.

How We Typically Use or Share Health Information

Treat you: We use your health information and share it with professionals treating you.

Run our organization: We use health information to manage operations, improve care, and contact you.

Bill for your services: We use and share health information to bill and receive payment.

Other Uses and Disclosures

We are permitted or required to share your health information for:

- Public health and safety: Prevent disease, report adverse reactions, and prevent serious health threats.
- Research: Use for health research.
- Compliance: When required by state or federal law.
- Organ and tissue donation: Share with procurement organizations.
- Medical examiner or funeral director: When necessary.
- Workers' compensation and law enforcement: For authorized activities.
- Government functions: Military, national security, and protective services.
- Legal actions: In response to court or administrative orders.

We never sell or market personal information.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information
- Inform you promptly if a breach occurs
- Follow the duties and privacy practices described in this notice
- Not use or share your information without your written permission, unless authorized by law

Please note: Certain treatments may occur in common therapy areas or public spaces, but private rooms are always available upon request.

Changes to the Terms of this Notice

We may change this notice and the changes will apply to all existing information. The updated notice will be available upon request, in our office, and on our website.

Effective Date: March 15, 2025

More Information

For more information regarding this Notice of Privacy Practices and to access a Spanish-language version, visit:

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html>
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