



**ADVANCED PAIN MANAGEMENT  
OF CENTRAL INDIANA**  
*Targeted Pain Relief.*

10412 Allisonville Road  
Suite 100  
Fishers, IN 46038

Phone 317-572-2240  
Fax 317-572-2235

**Randall J. Franiak, M.D.**

### **NOTICE OF PRIVACY PRACTICE**

This notice describes how medical information about you may be used and disclosed as well as how you may obtain access to this information. Our practice uses and discloses health information about you for treatment, to obtain payment for your treatment, for administrative purposes, and to evaluate the quality of care that you receive. You may request a copy of this notice at any time. For more information about this notice of our privacy policies, please contact Dr. Franiak's office.

### **TREATMENT, PAYMENT, HEALTH CARE OPERATIONS**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your care. We may request that your primary care physician or another specialist share your medical information with us. Also, we may provide your other treating physicians with information about your particular condition.

#### **Payment**

Your medical information will be used and disclosed to bill and collect payment for the services provided to you. Claim forms, which this office prepares, contain medical information that your insurer needs in order to approve payment.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of activities that support this practice and ensure that quality care is delivered.

### **DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you may later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

#### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics, or injury by a public health authority. We may disclose medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

#### **Legal Proceeding and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceeding in response to an order of the court or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or a subpoena
- Pertains to a victim of crime and you are incapacitated
- Pertains to a person who has died under circumstances that may be related to criminal conduct.
- Is about a victim of crime and we are unable to obtain the person's agreement
- Is released because of a crime that has occurred on these premises, or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

#### **Workers Compensation**

We may disclose your medical information as required by the Indiana Workers Compensation laws.

#### **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or to a law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

#### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

#### **Research, Organ donation, Coroners, Medical Examiners, and Funeral Directors**

When and Institutional Review Board or privacy board has approved a research project and its privacy protections, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further we may release your medical information to a funeral director, where such disclosure is necessary for the director to carry out his duties.

#### **Required by law**

We may release your medical information where the disclosure is required by law.

### **YOUR RIGHTS UNDER FEDERAL PRIVACY REGULATIONS**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

### Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing:

1. the information to be restricted
2. what kind of restriction (i.e. on the use of information, disclosure of information, or both)
3. to whom the limits apply

Please send the request to the address listed below.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

### Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

### Inspection and Copies of Protected Health Information

You may request a copy of health information that is within the designated record set, which is information that is used to make decisions about your care. Requests for copies must be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your requests to the person listed below.

We can refuse to provide some of the information you ask to inspect or ask to be copied, if the information:

1. includes psychological notes
2. includes the identity of a person who provided information if it was obtained under a promise of confidentiality
3. is subject to the Clinical Laboratory Improvements Amendments of 1988
4. has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request.

Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

HIPAA permits us to charge a reasonable cost-based fee for copying and sending records.

### Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond in writing to your request. We may refuse to allow an amendment if the information:

1. was not created by this practice or the physicians here in this practice
2. is not part of the designated record set
3. is not available for inspection because of appropriate denial
4. if the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing and allow the amendment to be made.

### Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you and your representative. Please submit any request for an accounting to the person listed below. Your first accounting disclosures within a 12-month period will be free. For additional requests within that period, we are permitted to charge for the cost of providing the list. If there is a charge, we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

### Appointment Reminders, Treatment Alternatives, and Other Health-related Benefits

We may contact you by telephone, mail, or both to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We will use answering machine devices to leave these types of messages, unless directed by you not to do so.

### Complaints

If you are concerned that your privacy rights have been violated, you may contact the person below. You may also send a written complaint to the United States Department of Health and Human Services.

### Our promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### Questions and Contact Information

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Randall J. Franiak, MD  
Advanced Pain Management  
10412 Allisonville Road  
Suite #100  
Fishers, IN 46038

-OR-

Melissa Franiak, RN, NP, Office Manager, Privacy Officer  
Advanced Pain Management  
10412 Allisonville Road  
Suite #100  
Fishers, IN 46038

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We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

Original effective date August 1, 2005. Revisions were made in accordance with the law in 2011, and 2014.