



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. In order to provide you with quality services and to comply with certain legal requirements, we will create a record of the services you receive through Outside the Box, Inc. This notice applies to all of the records generated by Outside the Box, Inc. By law, we are required to make sure that medical information that identifies you is kept private, give you this notice of your legal duties and privacy practices, and follow the terms of the notice that are currently in effect.

STANDARD USES OR DISCLOSURE

- Treatment—This includes sharing information with any staff member providing you services at Outside the Box, Inc. It also includes providing health information about you to a physician or other healthcare provider who is involved with your care, whether or not they are employed with Outside the Box, Inc.
- Payment—Includes use or disclosure of your health information as necessary to obtain payment for services provided to you by Outside the Box, Inc.
- Healthcare Operations—This refers to those managerial and administrative functions done within our office and may include such things as financial or billing audits, internal quality assurance, accreditation and licensing activities, personnel decisions, the defense of legal matters, and developing business plans.
- We may call or send you reminders of appointment times, etc. We may also use your contact information to advise you of services at our office that may be of interest to you.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Disclosure to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Use and disclosures for health oversight activities, such as for licensing, for audits by Medicaid, or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at Outside the Box, Inc., or to report a crime that happened elsewhere.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosure for health related research.
- Uses and disclosure to prevent a serious threat to health or safety.
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials, for lawful national intelligence activities, for military purposes, or for the evaluation of health of members of the foreign service.
- Disclosure relating to worker's compensation programs.
- Disclosures to business associates who perform service related or administrative operations for us and who agree to keep your health information private.

OTHER DISCLOSURE

We will not make any other uses of disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- You have the right to ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want.
- You have the right to ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail.
- You have the right to ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. If we deny your request we will send you a written explanation and instructions about how to get an impartial review of our denial, if one is legally required. By law, we are permitted to have one 30-day extension of time in order for us to give you access or photocopies, if we send you a written notice of the extension.
- You have the right to ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons we know received the wrong information, and others that you specify. If we do not agree, you may write a statement of your position and we will include it with your health information along with any rebuttal statement that we write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we are permitted to have one 30-day extension of time in order to consider a request for amendment, if we notify you in writing of the extension.
- You may ask for a list of the disclosures that we have made of your health information for a time period not exceeding 6 years, except disclosures for purposes of treatment, payment, healthcare operations and some other limited disclosures. You are entitled to one such list per year without charge. If you request more frequent lists, you will be asked to pay for them in advance. We will usually respond to your request within 60 days of receiving it. By law, we are permitted to have one 30-day extension of time if we notify you of the extension in writing.
- You may ask for additional copies of this Notice of Privacy Practices.

NOTICE: All requests to exercise your rights as described above must be submitted in writing to the Privacy Officer at Outside the Box, Inc.

CHANGE TO THIS NOTICE

We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and also have copies available in our office.

COMPLAINTS

If you believe that we have not properly respected the privacy of your health information, you may file a complaint with our privacy officer or the U.S. Department of Health and Human Services for Civil Rights. You will not be penalized for filing a complaint. All complaints must be submitted in writing to the Privacy Officer at Outside the Box, Inc.

FOR MORE INFORMATION

If you would like additional information about our privacy practices, wish to exercise your rights as described by this Notice, or have other questions or concerns, please contact: Outside the Box, Inc., c/o Privacy Officer, 3940 E 56th St. , Indianapolis, IN 46220, Telephone (317) 253-6658.