

NOTICE OF PRIVACY PRACTICES

Mosaic Health & Healing Arts, Inc. – Dr. Catherine Bast and Michelle Marquis (Mixhi) Marquis, CMT
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The Federal Government¹ requires that all patients be aware of our office policy on the privacy of your medical information. Please review this notice carefully and let us know if you have any questions or concerns about this issue.

Our commitment to your privacy

Mosaic Health & Healing Arts, Inc. does everything we can to protect the privacy of your medical information. Not only is that the right and respectful thing to do because you are our valued patient, but state and federal laws mandate we do this. We will certainly let you know if there is any significant change in our privacy policy.

We may use and disclose your personal health information in the following ways:

GENERAL. In the course of our day it is required that my employees and I discuss information from your chart in order to provide you quality and comprehensive care. All office conversations are done in a way that other patients cannot overhear. No medical information, either in hard copy or through verbal communication, leaves our building.

TREATMENT. If you require treatment or testing outside of our office (i.e. lab tests, x-rays, hospital tests, therapy, specialists you are referred to, home care) information will be released from your chart in order to make this process efficient for your ongoing care. We also commonly fax prescription information to pharmacies in order to speed the process of getting you medicines. We do not leave sensitive information on answering machines, and we do not give information to friends, relatives, attorneys, employers, or other similar third parties unless you have specifically requested verbally or in writing that we do so. We may release such information without your consent only when specifically required by law.

PAYMENT. In order for us to bill your insurance company for the services we provide we are required to release a small amount of information about your condition. We release the smallest amount required by your insurance and only send additional information if they specifically request it. We may also need to release some medical information so that tests and referrals needed outside of this office can be paid for by your insurance carrier.

SPECIAL CIRCUMSTANCES. We may release some information from your records if there is a specific public health need including but not limited to abuse, neglect, reportable diseases, epidemics, illegal activities, and psychiatric emergencies. Also, information will be released if required by my contract with your insurance company for their audits or required federal reporting. Your information will not be released for research without your written consent.

YOUR RIGHTS

You have the right to request that we communicate with you about your health in the way that you choose. Please let us know how you would like to be reached.

You have the right to request a copy of any information in your medical file. You do not have a right to the original medical record which is our property. We have the right to charge you for a copy of your record depending on its size.

You have the right to submit a written amendment to your record if you feel that it is incorrect or incomplete. You may not request that any information be changed in your chart, nor is it ethical for us to make any changes in the written record.

You have the right to know to whom we have released any of your medical information. You must submit this request in writing. You also have the right to request in writing those parties to whom we may NOT release your personal health information.

You have the right to file a complaint if you feel that your privacy rights have been violated. This complaint may be filed with our office or with the Secretary of the Department of Health and Human Services.

¹ Health Insurance Portability and Accountability Act of 1996 a.k.a. HIPAA