

meridian psychological associates, llc
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INDIANAPOLIS, IN 46240
317-923-2333

NOTICE OF PRIVACY PRACTICES

OVERVIEW OF KEY ISSUES

This notice provides an overview of privacy practices followed by meridian psychological associates', llc employees, staff, other office personnel, and business associates. **This is not the complete form, which must be signed and dated prior to engaging with your provider.**

Uses and disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We may use or disclosure identifiable health information about you without your consent in specific situations described in the Notice of Privacy Practices. Beyond these situations, however, we will ask for your written authorization before using or disclosing any identifiable health information about you. Neither this overview nor the full Notice of Privacy Practices covers every possible use or disclosure.

Your rights: In most cases, you have the right to look at or get a copy of health information about you (**this excludes therapy notes**). If you request copies, we will charge you the usual and customary fees for copying, mailing, or other services required to fulfill the request. You also have the right to receive a list of certain types of disclosures of your information that we may have made other than for the purposes of treatment, payment, and health care operations. If you believe that information in your record is incorrect, you have the right to request an amendment. You have the right to be notified if there is a breach of unsecured Protected Health Information.

Our Legal Duty: We are required by law to protect the privacy of your information, provide the Notice of Privacy Practices, follow the practices described in the notice, and seek your acknowledgement of receipt of the notice. Before we make a significant change in our policies, we will change our Notice of Privacy practices and post the new notice. You can also request a copy of our notice at any time.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact us or you may send a written complaint to the U.S. Department of Health and human Services. You will not be penalized for filing a complaint.

*For complete information on our privacy practices, **please review and sign the Notice of Privacy Practices via the Client Portal online registration paperwork. The form is also available in our waiting room.**