

# Centerstone Health Services Incorporated

390 Erie Avenue, Suite A  
Connersville, IN 47331  
Telephone: 765-377-1205  
Fax: 765-377-1209

645 South Rogers Street, Suite  
A Bloomington, IN 47404  
Telephone: 812-269-5092  
Fax: 812-269-5095

## Providers

Dr. Terence Grogan  
Mary Rummel NP-C  
Fern McHenry NP  
Bridget Rund NP  
Sheila Marshall LCSW  
Stephanie Estell LCSW

## *Welcome to Centerstone Health Services*

### INFORMATION REQUEST FOR NEW PATIENTS AT CENTERSTONE HEALTH SERVICES

1. Picture ID, such as a driver's license.
2. List of current prescription medications. You can write these on the Patient History sheet you were given.
3. Provide a copy of Insurance, Medicare or Medicaid card.  
(Discounted fees available to patients who qualify based on household size and income)

Please return the requested documents above to the clinic.

### Information about the Health Center

#### Connersville Hours

Monday-Tuesday-Thursday-Friday

7:00-5:30

Wednesday

8:00-4:00

#### Bloomington Hours

Monday-Friday

8:00-5:30

We ask that you arrive 15 minutes prior to your scheduled appointments time to complete the check in process.

- If you are unable to keep your appointment, please call our **Connersville** office at 765-377-1205 to reschedule or cancel any appointments at the Connersville clinic.
- If your appointment is at the **Bloomington** location, please call our Bloomington clinic at 812-269-5092.

For Emergencies after regular office hours you may reach our on-call line by calling 765-377-1205 if you are provided care at the Connersville clinic. For patients provided care at the Bloomington office please call 812-269-5092. This line is for Emergency calls only. No medications will be refilled after hours.

You have the right to a medical interpreter at no cost to you. Please notify staff upon arrival for assistance.

Co-Pays are expected at the time of service. Patient is responsible for any co-insurance, deductibles or non-covered services not paid by your insurance. **Patients unwilling to provide any level of documentation are not eligible to participate in the sliding fee discount program and will be required to pay 100% of their charges, until such time they provide documentation.** **Services will not be denied based on a person's race, color, sex, national origin, disability, religion, sexual orientation or inability to pay.**



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# CENTERSTONE

## Health Services

Your appointment time has been set aside for you. This time is not available to other patients. Therefore we kindly ask that you give a 24 hour advance notice if you need to cancel your appointment. The following is a detailed explanation of our attendance policy.

- 1<sup>st</sup> Missed appointment: A entry will be noted into your patient file and the provider will be notified of the missed appointment.
- 2<sup>nd</sup> Missed appointment: A entry will once again be noted into your patient file and a letter will be sent to the patient or parent/guardian notifying you that after your next missed appointment you will be placed on a walk in schedule only. No set appointments will be placed on the providers schedule for you.
- 3<sup>rd</sup> Missed appointment: A entry will once again be noted into your patient file and a letter will be sent to the patient or parent/guardian to notify you that you can only be placed on the walk in schedule. Set appointments with any provider at Centerstone Health Services is no longer available to you due to your 3<sup>rd</sup>. missed appointment.

Thank you for choosing Centerstone Health Services for your health care needs.

# CENTERSTONE HEALTH SERVICES INCORPORATED

EFFECTIVE DATE: JULY1, 2019

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact Bob Siegmann, MBA, LCSW at the Health Center at 765-377-1205 or 390 East Erie Street Suite A Connersville, IN 47331

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes information about privacy practices followed by our employees, staff, and other Health Center personnel. When your provider is not available, the healthcare providers you consult with by telephone who provide "call coverage" for him/her will follow the practices described in this notice.

### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the healthcare and services you receive at the Health Center.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, Health Center staff or other personnel who are involved in taking care of you and your health.

For example, your provider may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The provider may use your medical history to decide what treatment is best for you. The provider may also tell another provider about your condition so that provider can help determine the most appropriate care for you.

Different personnel at the Health Center may share information about you and disclose information to people who do not work at the Health Center in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers may be part of your medical care outside the Health Center and may require information about you that we have.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Health Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Healthcare Operations.** We may use and disclose health information about you in order to run the Health Center and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care at the Health Center.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communication, we will not use or disclose your information for these purposes.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

**Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Health Center.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation.** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report births, deaths, suspect abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to you family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization*. If you give *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Bob Siegmann, MBA, LCSW in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access

to your health information, you may ask that the denial be reviewed. If such a review is required by law we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the Health Center keeps the information.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Bob Siegmann, MBA, LCSW. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

- a. In addition, we may deny your request if you ask us to amend information that:
- b. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- c. Is not part of the health information that we keep.
- d. You would not be permitted to inspect and copy.
- e. Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for the purposes other than treatment, payment, and healthcare operations. To obtain this list, you must submit your request in writing to Bob Siegmann, MBA, LCSW. It must state a time period, which may not be longer than six years and may not include dates before July 1, 2019. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are Not Required to Agree to Your Request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to Bob Siegmann, MBA, LCSW.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Bob Siegmann, MBA, LCSW at 765-377-1205

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the Health Center with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Health Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Health Center, contact Bob Siegmann, MBA, LCSW. at 765-377-1205. You will not be penalized for filing a complaint.