

**HENDRICKS REGIONAL HEALTH
PRIVACY POLICY AND PROCEDURE**

**Effective: 04/2003
Revised: 09/2013, 05/2017
Reviewed: 09/2013, 05/2017**

JOINT NOTICE OF PRIVACY PRACTICES

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

OUR RESPONSIBILITIES

HENDRICKS REGIONAL HEALTH (HRH) takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect. We are required to notify you following a breach of your unsecured health information.

HRH ORGANIZED HEALTH CARE ARRANGEMENT

Physicians who are not employees of HRH, but who may provide treatment to you, including physicians in the emergency department, on-call physicians, attending physicians, radiologists, pathologists, anesthesiologists, medical directors, radiation oncologists and surgeons, may use and disclose your health information to carry out treatment, payment and health care operations in accordance with this Notice. In addition, physician assistants, surgical technicians, nurse practitioners and others who work with these physicians at this facility may use your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **For Treatment.** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. We may release your health information to your health insurance company to obtain approval for a specific procedure or treatment. We may release your health information to a hospital or extended health care facility if you are transferred from our facility to another.
- ◆ **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for payment purposes including to a collection service.

For Health Care Operations. We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run HRH, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide.



This would include follow-up contact via phone or by written communication to check on your status after a hospital stay, surgery or test. We may also provide your health information to accreditation entities to maintain our accreditation.

- ◆ **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law. HRH may disclose your health information when required by law for such incidents as suspected abuse, worker's compensation or by a court order.
- ◆ **For Public Health Purposes.** We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting defective medical devices or problems with medications;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - Reporting confirmed cases of cancer to the Indiana State Cancer Registry.
 - Indiana Healthcare Information Exchange (IHIE)/Indiana Network for Patient Care (INPC): We may disclose clinical data to the IHIE, a nonprofit organization, to enhance the accessibility of clinical information to local health care providers for continuity of patient care.
- ◆ **About Victims of Abuse.** We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
- ◆ **Judicial Purposes.** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.
- ◆ **Law Enforcement.** We may release health information if asked to do so by a law enforcement official, if such disclosure is:
 - Required by law;
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;



- About a death we believe may be the result of criminal conduct;
- About criminal conduct at HRH; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ◆ **Coroners, Medical Examiners and Funeral Directors.** In certain circumstances, we may disclose 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. We may also release health information about individuals to funeral directors as necessary to carry out their duties.
- ◆ **Organ and Tissue Donation.** We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ◆ **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.
- ◆ **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.
- ◆ **Custodial Situations.** If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.
- ◆ **Workers' Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
- ◆ **Treatment Alternatives, Appointment Reminders and Health-Related Benefits.** We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. Additionally, we may use and disclose your health information to provide appointment reminders. If you do not wish us to contact you about treatment alternatives, health-related benefits, or appointment reminders, you must notify us in writing and state which of those activities you wish to be excluded from.
- ◆ **Marketing/Sale of Health Information.** Most uses and disclosures of your health information for marketing purposes will be made only with your written authorization. We may not sell your health information without your written authorization. We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you. We may also use and disclose your health information to give you a promotional gift from us that is a minimal value.



- ◆ **Fundraising Activities.** On rare occasions, we may use your health information to contact you in an effort to raise money for HRH. We may disclose health information to a foundation related to HRH so that the foundation may contact you to raise money for HRH. In these cases, we would release only your name, address and phone number, age, gender, and the dates and departments of service. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.
- ◆ **Facility Directory.** We may include certain limited information about you in our directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, please notify us at the time of admission.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a family member, other relative, or any other person identified by you who are involved in your health care. We may also give information to someone who helps pay for your care. We may contact your family, friends, personal representative or other person responsible for your health care your condition and inform them that you are at the Hospital.
- ◆ **Third Parties.** We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.
- ◆ **Incidental Uses and Disclosures.** We will make every physical and technical effort to safeguard your health information. However, there may be occasions where others may inadvertently see or overhear your health information.
- ◆ **Psychotherapy Notes.** Most disclosures of psychotherapy notes will require your written authorization.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke all or part of that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ◆ **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 health care 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 your care.

We will accommodate all reasonable requests. If we do agree, we will comply with your request



unless the information is needed to provide you emergency treatment. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose health information about those services to your health plan, provided that such disclosure is not necessary for your treatment. In all other circumstances, we are not obligated by state or federal law to agree with all requests.

All requests for restrictions must be made in writing and submitted to the address found at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location.

All requests for confidential communications must be made in writing and submitted to the address found at the end of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care and to direct us to transmit such information directly to an entity or person clearly, conspicuously, and specifically designated by you. If we maintain health information about you in electronic format, you also have the right to obtain a copy of such information in a readily producible electronic format.

To inspect and copy health information that may be used to make decisions about you, submit your request in writing to the address found at the end of this Notice. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- ◆ **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us.

All requests for amendment must be made in writing and submitted to the address found at the end of this Notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.



- ◆ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.
All requests for this list of disclosures must be submitted in writing to the address found at the end of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, 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 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 this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our web site at www.hendricks.org.
All requests for a paper copy of this Notice must be submitted to the address found at the end of the Notice.

WHO THIS NOTICE APPLIES TO

This Notice describes HRH and those of:

- ◆ Any health care professional authorized to enter information into or consult your medical record, including members of the HRH Organized Health Care Arrangement;
- ◆ All departments and units of HRH;
- ◆ Any member of a volunteer group we allow to help you;
- ◆ All employees, staff and other HRH personnel; and
- ◆ The Hibbeln Surgery Center, HRH Cancer Center sites and locations and their medical staff. In addition, these entities, sites and locations may share health information with each other for treatment, payment or operations purposes described in this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. This Notice is also available to you upon request. This Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise this Notice, we will provide you a copy of the current Notice in effect upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HRH or with the Secretary of the Department of Health and Human Services (HHS). All complaints filed with HRH must be submitted, in writing, to the Director of Health Information Management.



You can contact the HHS by calling: 1-312-886-2359 or 1-800-368-1019 or the HIPAA Hotline at 1-866-627-7748, or by writing to: 233 N. Michigan Ave., Suite 240, Chicago, Illinois 60601.

You will not be penalized for filing a complaint.

If you have questions about this Notice as it relates to the *Hospital Healthcare Operations* (including record restrictions, confidential communications, request for Accounting of Disclosures, complaints and requests to amend medical records), please contact:

Alleshia Hewitt
Director of Revenue Cycle Services
317-718-7904

To obtain HOSPITAL medical record copies, please contact:

Hendricks Regional Health
Attention Health Information Management Department
1000 E. Main Street Danville, IN 46122
317-745-8635

If you have questions about this Notice as it relates to Physician Office Operations (including record restrictions, confidential communications, and requests to amend physician office records), please contact:

Geni Klayer, RN
Director of Physician Office Management
317-837-5571

To obtain Physician Office medical record copies and accounting of disclosures, please contact your physician's office.

If you have questions about this Notice as it relates to Immediate Care Centers (including record restrictions, confidential communications, request for Accounting of Disclosures, complaints and requests to amend medical records) OR to request Immediate Care Center medical record copies, please contact:

Hendricks Regional Health Immediate Care Centers
attn. Marijane Smallwood, RN
Director of Immediate Care Centers
8244 E. US 36 Ste. 1100 Avon, IN 46123
317-272-7500

