

INDIANA UNIVERSITY HEALTH PARTNERS

NOTICE OF PRIVACY PRACTICES

Effective Date: 04/14/03

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.

If you have any questions about this notice, please contact Indiana University Health Partners, Inc. Risk Management.

OUR PLEDGE REGARDING MEDICAL INFORMATION

This Notice of Privacy describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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. Information may be disclosed in writing, orally or electronically.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by Indiana University, our employees and others that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be disclosed to pay your health care bills and to support Indiana University's operations.

For Treatment

We may use your medical information to provide you with treatment or services.

We may disclose your medical information to doctors, nurses, technicians, medical students or other personnel who are involved in your care.

We may disclose medical information about you to people outside Indiana University Health Partners who may be involved in your medical care after you leave, such as family members, clergy or others we use to provide services that are part of your care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments may share medical information about you in order to coordinate the different things you need.

For Payment

We may use and disclose your medical information so that treatment and services you receive at the hospital 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 your treatment received at the hospital so your health plan will pay us or reimburse you for the services. We may also tell your insurance carrier about treatment that you are going to receive in the future, to obtain prior approval or to find out if they will pay for the treatment.

For Health Care Operations

We may use and disclose medical information about you for our business operations. These uses and disclosures are necessary to run Indiana University Health Partners and make sure that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate our performance.

We may combine medical information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective.

We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes.

We may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of the specific patients.

Business Associates

We contract with outside organizations, called business associates, to perform some of our operational tasks on our behalf. Examples would include billing agencies and a copy service we use when making copies of your health record. When these services are performed, we disclose the necessary health information to these companies so that they can perform the tasks we have asked them to do, and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Appointment Reminders

We may use and disclose your medical information to remind you of appointments for treatment, annual exams or prescription refills.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services. For example, this may include a new heart care program that we offer.

Fundraising Activities

We may use medical information to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to Indiana University Health Partners so that the foundation may contact you in raising money for the hospital. We would only release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. If you do not want to be contacted for fundraising efforts, you must notify Indiana University's Marketing Department in writing.

Hospital Directory

We may include certain limited information about you in the hospital directory while you are a patient. This information may include your name, location in the hospital and your general condition (e.g., fair, stable, etc.). This directory information may be released to people who ask for you by name so that they may generally know how you are doing. If you do not want this information shared, please let us know.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your protected health information to a friend or family member or other person specifically designated by you and who is involved in your medical care.

We may also give medical information to someone who helps to pay for your care.

We may tell friends and family about your condition and that you are in the hospital.

We may disclose information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and locations.

Research

All research projects are subject to and a special approval process which evaluates a proposed project and its use of medical information, trying to balance the potential benefits of research with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

We may release information about you to researchers preparing to conduct a research project who need to know how many patients have a specific health problem.

A research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In that situation, you would not be identified or contacted, but your medical information may be used but kept confidential.

If a doctor caring for you believes you may be interested in, or benefit from, a research study, your doctor and the committee will approve someone to contact you to see if you are interested in the study. At that time, you would be contacted with more information and you would have the right to authorize continued contact or refuse further contact.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation

If you are an organ donor, we may release medical 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.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks and Patient Safety Issues

We may disclose medical information about you for public health activities or to ensure your safety. These activities generally include the following:

to prevent or control disease, injury or disability;

to report births and deaths;

to report actual or suspected child or elder abuse or neglect;

to report reactions to medications or problems with products;

to notify people of recalls of products they may be using;

to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

to report mandatory disease state reporting, such as cancer registries;

to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Communicable Disease

We may disclose your protected health information, if authorized, to a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading the disease or condition.

Abuse or Neglect

We may disclose your protected health information to a public health agent authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information to a governmental entity or agency authorized to receive such information if we believe that you have been the victim of abuse, neglect or domestic violence. In this case, the disclosure would be consistent with the requirements of applicable federal and state law.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by law enforcement official:

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 the hospital; and

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

We may release medical 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 medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

2. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Management. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Indiana University will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect, you have the right to request an amendment.

To request an amendment, your request must be made in writing and submitted to Indiana University Health Partners' Risk Management Department. 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 medical information kept by Indiana University Health Partners;

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 an "accounting of disclosures." This is a list of disclosures we have made of your medical information, excluding disclosures for treatment, payment, health care operations, or disclosures you authorized in writing.

To request this list or accounting of disclosures, you must submit your request in writing to Indiana University Health Partners' Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost 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 cost is incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the ways medical information is used. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that 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 must make your request in writing to Indiana University Health Partners' Risk Management Department. 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 – for example, disclosures to your spouse.

Right to Request Confidential Communication

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Indiana University Health Partners' Risk Management Department. 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 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.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or law will be made only with your written permission. If you provide us permission to use or disclose medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Indiana University Health Partners is unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

CHANGES TO THIS PRIVACY NOTICE

We reserve the right to change this notice. We reserve the right to 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. Upon your request, we will provide you with any revised Notice of Privacy by posting it on our website at <http://www.IUHealth.org>, calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment here.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Indiana University Health Partners' or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.** To file a complaint with Indiana University Health Partners, please call Indiana University's Risk Management Department at (317) 962-2130. All complaints must be submitted in writing.