

- (“duty to warn”)
- To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct
- About crimes that occur at our facilities
- To report a crime, a victim of a crime or a person who committed a crime in emergency circumstances

**To Avert Serious Threat to Health or Safety:**

We will use and disclose information about you when we have a “duty to report” under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help prevent a threat.

**Coroners, Medical Examiners and Funeral Directors:**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death. We also may disclose medical information to funeral directors so they can carry out their duties.

**Organ, Eye or Tissue Donation:**

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organizations that handle organ procurement, banking or transplantation.

**Workers Compensation:**

We may disclose medical information about you to the extent necessary to comply with workers’ compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

**Special Government Functions:**

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. We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state or conduct special investigations.

**Inmates; Persons in Custody:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: a) to provide health care to you, b) for the health and safety of others or c) the safety, security and good order of the correctional institution.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures not covered by this Notice or the laws that apply to Wishard Health Services will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke such an authorization at any time by notifying in writing our HIPAA Privacy Officer, Wishard Health Services, 1001 W.Tenth St., Indianapolis, IN 46202 of your desire to revoke it. However, if you revoke such an authorization, it will not affect disclosures that may have already been made.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

(The rights listed in this Notice will not apply to inmates of a correctional institution.)

You have the following rights regarding your medical information.

**Right to Request Restrictions:**

You have the right to request that we restrict the uses or disclosures of your medical information for treatment, payment or healthcare operations. You may also request that we limit the medical information we share about you with a relative or friend of yours.

*We are not required to agree to any requested restriction.* If we agree, we will follow your request unless the information is needed to a) give you emergency treatment, b) report to the Department of Health and Human Services, or c) the disclosure is described in the “Uses and Disclosures That Are Required or Permitted by Law” section. To request a restriction, you must make your request in writing to: HIPAA Privacy Officer, Wishard Health Services, 1001 W.Tenth St., Indianapolis, IN 46202. You must tell us: a) what information you want to limit, b) whether you want to limit use or disclosure or both and c) to whom you want the limits to apply. Either you or we can terminate restrictions at a later date.

**Right to Receive Confidential Communications:**

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

If you want to request confidential communication, you must do so in writing to our HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202 and explain how or where you can be contacted. You do not need to give us a reason for your request. We will accommodate all reasonable requests.

**Right to Inspect and Copy:**

You have the right to inspect and request copies of your medical information. However, this does not include psychotherapy notes or information compiled for internal use, such as quality improvement or peer review. Should

a physician determine that having access to the information contained in the record would cause the patient to harm him/herself or others, a physician can deny access for a finite or infinite period.

To inspect or copy your medical information, you may either complete an Authorization to Release/Obtain Information form or write a letter of request, stating the type of information to be released, the date(s) of service being requested, the purpose of the request, and whether you wish to review the record or receive photocopies of the requested information. Direct this request to: Wishard Health Services, Attention: Release of Information, 1001 West Tenth Street, Indianapolis, Indiana, 46202. You may be charged a fee for the cost of copying, mailing or other expenses related with your request.

We may deny your request to inspect and copy information in a few limited situations. If your request is denied, you may ask for our decision to be reviewed. Wishard will choose a licensed health care professional to 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 that review.

**Right to Amend:**

If you feel that your medical information is incorrect, you have the right to ask us to amend it, for as long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to: HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202. You must provide a reason for the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason for wanting the amendment. We also may deny your request if the information: a) was not created by us, unless the person or entity that created the information is no longer available to amend the information, b) is not part of the medical information maintained by Wishard Health Services, c) is not information that you would be permitted to inspect and copy or d) is accurate and complete.

If your request is granted, Wishard Health Services will make the appropriate changes and inform you and others, as needed or required. If we deny your request, we will explain the denial in writing to you and explain any further steps you may wish to take.

**Right to an Accounting of Disclosures:**

You have the right to request an accounting of disclosures. This is a list of certain disclosures we have made regarding your medical information. To request an accounting of disclosures, you must write to: HIPAA Privacy Officer, Wishard Health Services, 1001 W.Tenth St., Indianapolis, IN 46202. Your request must state a time period for the disclosures. The time period may be for up to six years prior to the date on which you request the list, but may not

include disclosures made before April 14, 2003.

There is no charge for the first list we provide to you in any 12-month period. For additional lists, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost in advance. You may withdraw or change your request to avoid or reduce the fee.

Certain types of disclosures are not included in such an accounting. These include disclosures made for treatment, payment or healthcare operations; disclosures made to you or for our facility directory; disclosures made with your authorization; disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials in some circumstances.

**Right to a Paper Copy of this Notice:**

You have the right to receive a paper copy of our Notice of Privacy Practices. You may request a paper copy of this Notice at any time.

**HOW TO OBTAIN WISHARD’S NOTICE OF PRIVACY PRACTICES**

A copy of our current Notice of Privacy Practices will be posted in all Wishard Health Services facilities. A copy of the current Notice also will be posted on our web site, www.Wishard.edu. In addition, each time you register for health care services at Wishard Health Services or are admitted to Wishard Memorial Hospital, a copy of the current Notice will be made available to you. To obtain a paper copy of the current Notice, please write to: HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202, or telephone (317) 287-3174.

**CHANGES TO THIS NOTICE**

Wishard Health Services reserves the right to change this Notice and to make the revised or changed Notice effective for all medical information that we had at that time, as well as any information we may create or receive in the future.

**IF YOU SHOULD HAVE A COMPLAINT**

If you believe that we have violated your privacy rights, you may file a complaint with Wishard Health Services or with the United States Secretary of Health and Human Services. To file a complaint with Wishard Health Services, please write to: HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202, or telephone the Patient Relations Office at (317) 630-6676. Your complaint must contain a detailed explanation of the reason(s) for your complaint. To file a complaint with the United States Secretary of Health and Human Services, you may write to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

***We encourage your feedback and will not retaliate against you in any way for filing a complaint.***

# WISHARD HEALTH SERVICES

## NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003



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 or would like more information concerning this Notice of Privacy Practices, please write to: HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202, or telephone (317) 287-3174.

## OUR PLEDGE REGARDING MEDICAL INFORMATION

Wishard Health Services is committed to protecting medical information about our patients. We understand that medical information about you and your health is personal. This Notice of Privacy Practices will tell you about your rights and our duties with respect to medical information. In addition, it will tell you what to do if you believe we have violated your privacy rights.

This Notice applies to all of the records of your care generated by Wishard Health Services. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This Notice describes how Wishard Health Services may use and disclose the protected health information in this record. Protected health information means any health information that Wishard Health Services uses to make decisions about you, and that identifies you or for which there is a reason to believe the information can be used to identify you. In this Notice, we call all of that protected health information “medical information.”

### Wishard Health Services is required by law to:

- Make sure that medical information about you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you
- Abide by the terms of our Notice of Privacy Practices that is currently in effect

### WHO IS BOUND BY THIS NOTICE?

This Notice of Privacy Practices describes the practices of Wishard Health Services as well as that of:

- Any health care professional authorized to access or create medical information about you at Wishard Health Services
- All divisions, departments and units of Wishard Health Services
- All members of a volunteer group whom we allow to help you while you are in a Wishard Health Services facility
- All employees, staff, students, trainees and other personnel working with Wishard Health Services
- Medical practitioners of and faculty practice plans organized under the IU School of Medicine and IU Medical Group (Primary and Specialty Care), and all other health care professionals authorized to provide care on behalf of Wishard Health Services
- All sites of Wishard Health Services including Wishard Memorial Hospital, Midtown Community Mental Health Center locations, Lockefield Village Rehabilitation and Healthcare Center, all community health centers, and at any other location where Wishard Health Services provides services

All of the above individuals, sites and locations follow the terms of this Notice. In addition, these individuals, sites

and locations may share medical information with each other for treatment, payment or Wishard operations purposes described in this Notice.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We will share medical information about you as necessary to carry out treatment, payment, or our health care operations. We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

#### For Treatment:

We may use medical information about you to provide you with treatment. We may disclose medical information about you to doctors, nurses, technicians, clinicians, medical students, hospitals and other health facilities involved in or consulting in your care. Divisions, departments and units of Wishard Health Services also may share information about you in order to coordinate the different things you need. We may also disclose medical information about you to people outside of WHS, such as other health care providers involved in providing medical treatment to you, and to people who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care. If we refer you to another health care provider, we would, as part of the referral process share medical information about you. For example, if you were referred to a specialist, we would contact that doctor’s office and provide medical information about you to them so that they could provide services for you.

#### For Payment:

We may use and disclose medical information about you so we can be paid for the services we provide to you. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive prior approval or to determine whether your plan will cover the services.

#### For Health Care Operations:

We may use and disclose medical information about you for our own health care operations and the operations of other individuals or organizations involved in providing your care. This is necessary for us to operate Wishard Health Services and to make sure that our patients receive quality health care. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you.

We may also combine medical information about many patients to decide what additional services Wishard 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 hospital personnel for review and learning purposes. We may also 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 use it to study health care and health care delivery without learning who the specific patients are.

#### Appointment Reminders:

We may use and disclose medical information to remind you by telephone or mail about appointments you have with us, annual exams, prescription refills, or to follow up on missed or cancelled appointments.

#### Treatment Alternatives:

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

#### Health-Related Benefits and Services:

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you. If you do not want to be contacted about such information, you must notify our HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202 in writing to have your name removed from our contact list.

#### Fundraising:

We may use and disclose medical information about you to contact you to raise funds for Wishard Health Services. We may disclose medical information to a business or foundation related to Wishard so that business or foundation may contact you to raise money for the benefit of Wishard. We will only release information such as your name and address and the dates you received treatment or services. If you do not want to be contacted for our fundraising efforts, you must notify our HIPAA Privacy Officer, Wishard Health Services, 1001 W. Tenth St., Indianapolis, IN 46202 in writing to have your name removed from our contact list.

#### Wishard Directory:

While you are an inpatient, we may include in our directory your name, your location in our facility, your condition described in general terms (for example: good, fair, serious, critical), and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy such as a minister, priest or rabbi, even if they do not ask for you by name. When you register you will be asked if you want to be excluded from the directory for any reason.

#### Individuals Involved in Your Care or Payment for Your Care:

We may disclose to a family member, other relative, a close friend, or any other person identified by you, certain limited medical information about you that is directly related to that person’s involvement with your care or payment for your care. We may use or disclose medical information about you to notify those persons of your location or general condition. We also may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts. This will be done to coordinate information with those organizations in notifying a family member, other relative, close friend or other individual of your location and general condition.

#### Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example:

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. We may also use and disclose medical information about you for research purposes if the research has been subjected to a careful review process conducted by a specially selected and trained committee and received this committee’s approval. This process evaluates a proposed research project and its use of medical information, and balances the potential benefit of the research against individual patients’ needs for privacy of their medical information.

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.

In other studies, 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.

#### USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW

Your authorization is not required for the following disclosures:

##### As Required by Law:

We will disclose medical information about you when required to do so by federal, state or local law.

##### Public Health Activities:

- We may disclose medical information about you for

public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information. These activities generally include:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child 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

##### Victims of Abuse, Neglect or Domestic Violence:

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe an adult or child is a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is a) required by law, b) agreed to by you, c) authorized by law and we believe the disclosure is necessary to prevent serious harm, or, d) if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

##### Health Oversight Activities:

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight agencies to monitor the nation’s health care system, government benefit programs, and for the enforcement of civil rights laws.

##### Judicial and Administrative Proceedings:

We may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

##### Disclosures for Law Enforcement Purposes:

We may disclose medical information about you to law enforcement officials for these purposes:

- As required by law
- In response to a court, grand jury or administrative order, warrant or subpoena
- To identify or locate a suspect, fugitive, material witness or missing person
- About an actual or suspected victim of a crime if, under certain limited circumstances, we are unable to obtain that person’s agreement
- To alert a potential victim or victims of intended harm