

Indiana University Health Bloomington

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revision Date: July 1, 2013

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.

This Notice of Privacy Practices describes how IU Health Bloomington may use and disclose your protected health information to carry out treatment, payment and health care operations, and for other purposes permitted or required by law. This Notice also describes certain rights that you may have to access your protected health information.

"Protected health information" is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to health care services.

IU Health Bloomington is required to abide by the terms of this Notice of Privacy Practices. The terms of this Notice may change at any time. The new Notice will apply to all protected health information acquired after it goes into effect. Upon your request, we will provide you with any historical Notice of Privacy Practices or you may obtain the most current copy by visiting the IU Health Bloomington website, <http://www.iuhealth.org/bloomington>.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

Your protected health information may be used and disclosed by IU Health Bloomington, our staff and others outside of our offices who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operations of IU Health Bloomington. The following list, by way of example rather than limitation, explains certain uses and disclosures of your protected health information that IU Health Bloomington is permitted to make.

Treatment: IU Health Bloomington will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, IU Health Bloomington may disclose your protected health information, as minimally necessary, to a home health agency that provides care to you. IU Health Bloomington will also disclose health information to physicians or other hospitals that may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. As another example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

IU Health Bloomington participates in certain Health Information Exchanges or Organizations (HIEs or HIOs). In particular, IU Health Bloomington may participate in the Indiana Health Information Exchange (IHIE), Indiana Network for Primary Care (INPC), HealthBridge, and HealthLINC, which help to make your protected health information available to other health care providers who may need access to it in order to provide care or treatment to you.

Payment: IU Health Bloomington may use and disclose your protected health information as necessary to obtain payment for health care services. This may include providing it to your health insurance plan before it approves or pays for health care services recommended; so that it may make a determination of eligibility or coverage for insurance benefits, review services provided to you for medical necessity and undertake utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain prior plan approval.

Health Care Operations: IU Health Bloomington may use or disclose your protected health information in order to support its business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. IU Health Bloomington may share your protected health information with "business associates" who are third parties who perform services on behalf of IU Health Bloomington such as billing or transcription services. IU Health Bloomington has written contracts with its business associates to protect the privacy of your protected health information, and business associates are also required by law to comply with the same privacy and security requirements that apply to IU Health Bloomington.

IU Health Bloomington may use and disclose your protected health information to tell you about appointments and other matters related to your care. We may contact you by mail, telephone or e-mail. We may leave voice messages at the telephone number you provide to us, and we may respond to your e-mails.

IU Health Bloomington may use and disclose medical information to tell you about possible treatment options, new services or alternatives that may be relevant to your health care.

Fundraising Activities: IU Health Bloomington may use necessary protected health information to contact you in an effort to raise money for its operations. We may disclose protected health information to a foundation related to IU Health Bloomington so that the foundation may contact you to raise money to support IU Health Bloomington, unless you tell us in writing, by mail or email, or by telephone not to contact you for this purpose.

Hospital Directory: IU Health Bloomington may include 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 or stable). 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. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name.

Individuals Involved in Your Care or Payment for Your Care: Unless you indicate otherwise, IU Health Bloomington may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary for your health care if based on our professional judgment we determine that it is in your best interest. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Research: IU Health Bloomington performs medical research. IU Health Bloomington may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure, among other things, the privacy of your protected health information. IU Health Bloomington may release information about you to researchers who need to know how many patients have a specific health problem in preparation for proposed research. If a doctor caring for you believes you may be interested in, or benefit from, a research study, your doctor and the research review committee will approve someone to contact you to see if you are interested in the study, give you more information, and give you the opportunity to continue participation or to decline further contact.

To Avert a Serious Threat to Health or Safety: IU Health Bloomington may use and disclose protected 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. However, any disclosure would only be to someone who is able to help prevent the threat.

Organ and Tissue Donation: IU Health Bloomington may release protected 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.

Workers' Compensation: IU Health Bloomington may release protected health 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: IU Health Bloomington may disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to receive the information. For example, disclosures may be made for the purposes of preventing or controlling disease, injury or disability, and to report births and deaths; to report reactions to medications or problems with products; and to notify people of recalls of products that they may be using.

Communicable Diseases: IU Health Bloomington may disclose or use your protected health information 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; and to comply with State mandatory disease reporting, such as cancer registries.

Abuse or Neglect: IU Health Bloomington may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if IU Health Bloomington believes 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: IU Health Bloomington may disclose protected health information to a health oversight agency for activities authorized by law, such as 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.

Food and Drug Administration (FDA): IU Health Bloomington may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, which include: to report adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: IU Health Bloomington may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: IU Health Bloomington may disclose protected health information for certain law enforcement purposes such as: 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: IU Health Bloomington may release protected health information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

Military Activity and National Security: IU Health Bloomington may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, IU Health Bloomington may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

As described above, IU Health may use or disclose your protected health information to third parties for treatment, payment, healthcare operations and when permitted or required by law. IU Health will not disclose your protected health information for marketing purposes or the sale of protected health information. In addition, certain disclosures of your psychotherapy notes, mental health records and drug and alcohol abuse treatment records may require your prior written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy: You have the right to inspect and obtain an electronic or paper copy of your protected health 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 obtain a copy of your protected health information, you must submit your request in writing to IU Health Bloomington, Health Information Management. If you request a copy of the information, IU Health Bloomington may charge a fee for the cost of copying, mailing or other supplies associated with your request.

IU Health Bloomington may deny your request to inspect and copy in some limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by IU Health Bloomington 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: You have a right to request an amendment of the health information that IU Health Bloomington has in its records. Your request for an amendment must be made in writing, including a reason for the request and submitted to IU Health Bloomington, Health Information Management. IU Health Bloomington may deny a request for an amendment if it is not in writing, does not include a reason to support the request or requests amendment of information that: was not created by IU Health Bloomington; is not part of the protected health information kept by IU Health Bloomington; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to Receive Notification: You have a right to be notified of a breach of your unsecured protected health information.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of disclosures IU Health Bloomington has made of your protected health information, excluding disclosures for treatment, payment, health care operations or disclosures you authorized in writing. To request an accounting of disclosures, submit your request in writing, include the specific time period (which may not be longer than six years and may not include dates before April 14, 2003) to IU Health Bloomington, Health Information Management.

The first accounting of disclosure in a 12-month period is free. Additional accounting of disclosures may cost a fee; you will be notified in advance any cost involved so that you may choose to withdraw or modify your request before a cost is incurred.

Right to Request Restrictions: You have the right to request a restriction on the ways your protected health information is used or disclosed. To request a restriction, submit your request in writing to IU Health Bloomington's Health Information Management Department. The request should include what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply – for example, disclosures to your spouse. IU Health Bloomington is not required to agree to your request. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment.

IU Health Bloomington will agree to restrict disclosures of your health information to your health plan for payment and health care operations purposes (not for treatment) if the disclosure pertains solely to a health care item or service for which you paid in full.

Right to Request Confidential Communication: You have the right to request that IU Health Bloomington communicate with you about health care matters in a certain way or at a certain location. For example, you can request that you are only contacted at work or at a specific address. Such requests should be made in writing to IU Health Bloomington, Health Information Management and specify how or where you wish to be contacted. IU Health Bloomington will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this Notice electronically. You may also find a copy of this Notice on the IU Health Bloomington website, <http://www.iuhealth.org/bloomington>.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will be made only with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, IU Health Bloomington will no longer use or disclose protected health information about you for the reasons covered by your written authorization. IU Health Bloomington is unable to take back any disclosures it may have already made with your permission.

CHANGES TO THIS PRIVACY NOTICE

IU Health Bloomington reserves the right to change this notice and to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. The revised Notice of Privacy Practices will be posted on our website at <http://www.iuhealth.org/bloomington>; you may also request a revised copy be sent to you in the mail or obtain one at the time of an appointment at IU Health Bloomington.

QUESTIONS OR COMPLAINTS

If you believe IU Health Bloomington has violated your privacy rights, you may file a complaint with IU Health Bloomington 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 IU Health Bloomington, please submit a complaint in writing to IU Health Bloomington, Privacy Officer at:

IU Health Bloomington
Attention: Privacy Officer
601 W. Second Street
Bloomington, IN 47403
Telephone: (812) 353-9553
Email: hipaa-bloomington@iuhealth.org

If you have further questions about this Notice of Privacy Practices please contact the IU Health Bloomington Privacy Officer at (812) 353-9553.

Contact Information

IU Health Bloomington
Health Information Management Department
601 W. Second Street
Bloomington, IN 47403
Telephone: (812) 353-9475

Office for Civil Rights
U.S. Department of Health and Human Services
233N. Michigan Ave., Suite 240
Chicago, IL 60601
<http://www.dhhs.gov>