

**HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY  
MARION COUNTY HEALTH DEPARTMENT**

**NOTICE OF PRIVACY PRACTICES FOR PATIENT MEDICAL INFORMATION  
SUMMARY**

The Health and Hospital Corporation of Marion County/Marion County Health Department (HHC/MCHD) will protect the confidentiality and security of the patient health information it collects about you. Your protected health information (PHI) includes medical information that specifically identifies you as the patient.

The **NOTICE OF PRIVACY PRACTICES FOR PATIENT MEDICAL INFORMATION** describes:

**1. Your rights relative to your protected health information: They are:**

- You have the right to keep your PHI confidential.
- You have the right, with some restrictions, to prohibit the use of your PHI.
- You have the right, with some restrictions, to access, inspect and to obtain copies of your PHI.
- You have the right to amend your PHI for as long as HHC/MCHD maintains your PHI.
- You have the right to an accounting of your PHI disclosures excluding those for the purpose of treatment payment or health care operations.
- You have the right to submit a complaint if you feel your privacy rights have been violated.

**2. HHC/MCHD commitment and pledge to protect your rights:**

- Your PHI will be protected from disclosure and/or usage as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additionally, any specific restrictions that you request and are approved will be enforced.

**3. How and when your PHI may be used or disclosed by HHC/MCHD:**

- To provide, coordinate or manage your health care by HHC/MCHD, other health care providers such as doctors, nurses, hospitals, school-based health clinics, and other health facilities, which become involved in your health care.
- For payment of your treatment, services and items you may receive.
- For the explicit use by HHC/MCHD to assess its internal business operations.
- For specific disclosures required or permitted by law. HHC/MCHD will only disclose the minimum necessary to comply with the request.
- To provide your PHI to individuals, authorized by you, involved with your care or payment of your care.
- To provide your PHI to a correctional institution or law enforcement official if you are in their custody.
- To provide your PHI, to the extent necessary, to comply with workers' compensation and similar laws providing benefits for work-related injuries or illness.

**4. How to contact us:**

- To contact HHC/MCHD for any reason concerning your privacy rights, please send written correspondence to: HIPAA Privacy Officer  
Health and Hospital Corporation of Marion County  
3838 N. Rural Street, Suite 800  
Indianapolis, IN 46205  
Telephone 317-221-2005

**HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY  
MARION COUNTY HEALTH DEPARTMENT**

**NOTICE OF PRIVACY PRACTICES FOR PATIENT MEDICAL INFORMATION**

Effective: February 16, 2004

**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.**

The Health and Hospital Corporation of Marion County/Marion County Health Department (HHC/MCHD) strongly values protecting the confidentiality and security of protected health information (PHI) that HHC/MCHD collects about you. This notice will tell you how HHC/MCHD may use and disclose your PHI. PHI means any individually identifiable health information which relates to your past, present, or future health treatment or payment for health care services, or for which there is a reasonable basis to believe the information can be used to identify you.

This notice will also tell you about your rights and our duties with respect to your PHI. In addition, this Notice of Privacy Practices will tell you how to complain to us if you believe HHC/MCHD has violated your PHI privacy rights.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting this personal health information. All records of care and services you receive from HHC/MCHD are needed to provide you with quality care and to comply with certain legal requirements. Our pledge applies to all records of your care generated by HHC/MCHD.

**WHO IS BOUND BY THIS NOTICE?**

This Notice of Privacy Practices describes the practices of HHC/MCHD as well as that of the following when services are provided at a HHC/MCHD facility:

- Any health care professional authorized to access or create medical information about you at HHC/MCHD;
- All divisions, departments and units of HHC/MCHD;
- All members of a volunteer group whom we allow to assist while you are in a HHC/MCHD facility;
- All employees, staff, students, trainees and other personnel working with HHC/MCHD;
- Medical practitioners and health care professionals of, and faculty practice plans organized under, Indiana University School of Medicine, the Indiana University Medical Group-Primary Care, the Indiana University Medical Group-Specialty Care and the Indiana University Schools of Nursing and Dentistry.
- All health care professionals authorized to provide care on behalf of Wishard Health Services, including Wishard Hospital, Midtown Mental Health Center, Lockfield Village Rehabilitation and Healthcare Center, all community health centers and at any other location where Wishard Health Services provides services.
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All of the above named entities, sites and locations have agreed to follow the terms and conditions of this Notice of Privacy of Practices. In addition, these entities, sites and locations may share your PHI with each other and with HHC/MCHD for treatment, payment and HHC/MCHD health care operations as described in this Notice of Privacy Practices.

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

### **Treatment.**

HHC/MCHD may use and disclose your PHI to provide, coordinate or manage your health care and related services offered by HHC/MCHD and other health care providers. HHC/MCHD may disclose medical information about you to doctors, nurses, hospitals, other health facilities that become involved in your care, and school-based clinics or other school officials involved in a child's care coordination, or continuity of care, when necessary. HHC/MCHD may consult with other health care providers concerning you and as part of the consultation, share your PHI with them. Similarly, HHC/MCHD may refer you to another health care provider and as part of that referral, share medical information about you with that provider. For example, HHC/MCHD may conclude you need to receive services from a physician with a particular specialty. When HHC/MCHD refers you to that physician, HHC/MCHD will provide the medical information requested and deemed necessary for your treatment by that physician. HHC/MCHD personnel may also use and disclose your PHI in order to remind you of an appointment, an annual exam, or for prescription refills.

### **Payment.**

HHC/MCHD may use and disclose your PHI in order to receive payment for the treatment, services and items you may receive. This can include billing you, an insurance company, or a third-party payor. For example, HHC/MCHD may need to verify that you received certain treatment(s). Also, HHC/MCHD may be required to provide details regarding your treatment(s) to determine if your benefits will cover or pay for your treatment(s). HHC/MCHD may work with government programs, such as Medicare or Medicaid, and provide them with information about your medical condition to determine if that program covers you. HHC/MCHD may also disclose your PHI to obtain payment from third parties that may be responsible for certain costs. HHC/MCHD may also contact your health plan about a treatment you are going to receive to obtain prior approval for treatment coverage.

### **Health Care Operations.**

HHC/MCHD may use and disclose medical information about you for its own business operations. HHC/MCHD may use and disclose your PHI to evaluate and maintain quality health care services for you. HHC/MCHD may also use your PHI to study ways to more efficiently manage our organization and provide more cost-efficient services to HHC/MCHD clients. For example, HHC/MCHD may disclose your PHI to outside auditing organizations to evaluate the services provided and ensure compliance with the highest industry standards.

### **Health-Related Benefits and Services.**

HHC/MCHD may use and disclose medical information to keep you informed of health-related benefits or services. For example, HHC/MCHD may have a new program, treatment alternative or class, which would benefit you.

### **Business Associates.**

A business associate is any outside agency, organization or individual that performs a task for HHC/MCHD using PHI, for example, billing agencies, copy services and records storage companies. We disclose only the necessary PHI and require the business associate to appropriately safeguard your PHI.

## **Research.**

Under certain circumstances, HHC/MCHD may use and disclose your PHI for research purposes, for example, research projects involving patients with specific health problems or taking specific medications. Under these circumstances, no PHI that would directly identify you as the patient would be used or disclosed without proper authorization.

## **Disclosures Required or Permitted by Law.**

Under certain circumstances, HHC/MCHD will be required or permitted by law to disclose your PHI to local, state, federal authorities and organizations. Additionally, HHC/MCHD may include your name, general condition and your location in our facility in the HHC/MCHD site-based registry or sign-in sheet. HHC/MCHD may disclose this information to people who ask for you by name unless you have previously informed the site/clinic that you do not want this information maintained and/or released. As another example, HHC/MCHD may receive subpoenas or court orders requesting or mandating the release of your PHI for various administrative, judicial or public health related reasons. These disclosures include, but are not limited to, court proceedings, law enforcement investigations, disease reporting and prevention programs, child abuse and neglect initiatives, emergency or disaster relief efforts, public health oversight activities, and organ and tissue donation. Also included are information needed by coroners, medical examiners, funeral directors, military or veteran authorities and federal officials for the protection of national security or public figures. Although required to disclose your PHI under certain of these scenarios, HHC/MCHD will do everything possible to minimize the risk of unauthorized disclosures of your PHI. HHC/MCHD will only disclose the minimum necessary information to comply with the request.

## **Individuals Involved in Your Care.**

HHC/MCHD may use and disclose to a family member, other relative, a close personal friend, or any other person identified and authorized by you, your PHI that is directly relevant to that person's involvement with your care or payment related to your care. HHC/MCHD also may use or disclose medical information about you to notify those authorized persons of your location, general condition, or death. You have the right to request, in writing, that disclosure of your medical information be prohibited to individuals of your choosing, for example, a family member, other relative, or close personal friend.

## **Inmates and Persons in Custody.**

HHC/MCHD may disclose PHI about you to a correctional institution or law enforcement official having custody of you. HHC/MCHD will make the disclosure only if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) for the safety and security of the correctional institution.

## **Workers Compensation.**

HHC/MCHD may use and disclose PHI about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness.

## **How HHC Will Contact You.**

HHC/MCHD may contact you by telephone or mail at your home or your office in order to remind you of appointments and exams. HHC/MCHD may leave messages for you on an answering machine or a voice mail system. You have the right to request, in writing, that HHC/MCHD communicate your PHI only in a certain way or at a certain location. If reasonable, HHC/MCHD will accommodate your request. Your request must state specifically how and/or where you wish to be contacted.

## **Other Uses of Medical Information.**

Other uses and disclosures of PHI, not covered by this notice or required by law, will only be made with proper authorization. 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, HHC/MCHD will no longer use or disclose medical information about you for the reasons covered by your written authorization. HHC/MCHD will be unable to retract information, used or disclosed or retained in our records of the care we provided to you, prior to your written request.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.**

### **Right to Request Restrictions/Alternative Means of Confidential Communications.**

Under certain circumstances, you have the right to request, in writing, that HHC/MCHD restrict the uses and disclosures of your PHI. For example, you could ask that HHC/MCHD not disclose your PHI to a specific family member. You should explain: (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.

HHC/MCHD is not required to agree to any requested restriction. However, if HHC/MCHD does agree, we must follow the restriction unless the information is needed to provide emergency treatment. The restriction will remain in effect for one (1) year from the date restriction is requested, unless otherwise specified.

### **Right to Access, Inspect and Copy.**

With a few limited exceptions, you have the right to inspect and obtain a copy of your PHI. To request inspection or copies, contact the appropriate service delivery site. Your request should state specifically what PHI you want to inspect or copy. If your request is granted, HHC/MCHD may charge a fee for the costs of copying and mailing. If HHC/MCHD denies your request, HHC/MCHD will explain the denial in writing and inform you of any additional rights you may have.

### **Right to Amend.**

With some exceptions, you also have the right to ask HHC/MCHD to amend your medical records. You have this right for as long as HHC/MCHD maintains your PHI. To request an amendment, you must contact the appropriate service delivery site. Your request must state the amendment(s) desired and provide a detailed reason for the amendment(s). If your request is granted, HHC/MCHD will add the appropriate amendment(s) and inform others, as needed or required. If HHC denies your request, HHC/MCHD will explain the denial in writing and inform you of any additional rights you may have.

### **Right to an Accounting of Disclosures.**

With a few limited exceptions, you have the right to receive an accounting of disclosures of your PHI made by HHC/MCHD for purposes other than treatment, payment or health care operations. This is a list of your PHI disclosures. The accounting may be for up to seven (7) years prior to the date on which you request the accounting but not before April 14, 2003. Federal law does not provide for an accounting of certain disclosures, including those made for treatment, payment, operations, and to correctional institutions, law enforcement, national security, or intelligence agencies.

To request an accounting of disclosures, contact the appropriate service delivery site. Your request must state a beginning and ending date for the time period in question.

## **HHC/MCHD Rights and Obligations Regarding This Notice of Privacy Practices.**

Federal law requires HHC/MCHD to maintain the privacy of your PHI and to provide you with a paper copy of this Notice of Privacy Practices. HHC/MCHD is required to comply with the terms of the notice currently in effect. While HHC/MCHD reserves the right to change its Notice of Privacy Practices, federal law requires HHC/MCHD to notify you of any and all changes to that notice. A copy of our current Notice of Privacy Practices will be posted and made available on the HHC/MCHD website at [www.hhcorp.org](http://www.hhcorp.org) and at the HHC/MCHD headquarters at Health and Hospital Corporation of Marion County, 3838 N. Rural Street, Indianapolis, IN 46205. You may obtain a copy of the current Notice of Privacy Practices by sending your written request to the HHC/MCHD contact listed below.

### **Complaints.**

If you believe your privacy rights have been violated, you may file a complaint with HHC/MCHD and to the United States Secretary of Health and Human Services. To file a complaint with HHC/MCHD, send your written complaint to the HHC/MCHD contact listed below. 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, send your complaint to: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601.

**You will not be penalized for filing a complaint.**

### **Contact Information.**

To contact the HHC/MCHD for any reason, please send written correspondence to:  
HIPAA Privacy Officer  
Health and Hospital Corporation of Marion County  
3838 N. Rural Street, Suite 800  
Indianapolis, IN 46205  
Telephone 317-221-2005