



1100 Reid Parkway | Richmond, IN 47374
www.ReidHealth.org

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 describes the privacy practices of Reid Health, its affiliated covered entities and that of:

- Any health care professional authorized to enter information into your health or medical record.
- All departments and units of the hospital, Reid Health Physician Associates or other affiliated covered entities.
- Any member of a volunteer group we allow to help you while you are a patient.
- All employees, staff and other personnel.
- Any organizations or individuals participating in an Organized Healthcare Arrangement with Reid Health.

Understanding Your Protected Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, other miscellaneous information which may or may not be directly related to the current condition being treated, and a plan for future care or treatment. This information, often referred to as your protected health information (PHI), serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your PHI is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Rights Regarding Your PHI

Although your health record is the physical property of Reid Health or its affiliated covered entity, the PHI belongs to you. You have the right to:

- **Request Restrictions.** You have the right to request a restriction on certain uses and disclosures of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose 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 required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must submit your request in writing. Your request must describe in a clear and concise fashion:

- the information you wish restricted;
 - whether you are requesting to limit our practice's use, disclosure or both; and
 - to whom you want the limits to apply.
- **Obtain a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact our office.
- **Inspection and Copies.** You have the right to inspect and copy your PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. If we maintain health information about you in an electronic format, you also have the right to obtain a copy of such information in a readily producible electronic format and to direct us to transmit such information directly to an entity or person clearly, conspicuously, and specifically designated by you. You must submit your request in writing in order to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct the review.
- **Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for us; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.
- **Accounting of Disclosures.** You have the right to obtain an accounting of disclosures of your PHI. An "accounting of disclosures" is a list of certain non-routine disclosures we have made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request with a 12-month period is free of charge, but we may charge you for additional lists with the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- **Confidential Communications.** You can request we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must submit your request in writing specifying the request method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington D.C, 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with us, contact: **Privacy Officer, 1100 Reid Parkway, Richmond IN 47374, (765) 983-3000**, All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- **Right to Provide an Authorization for Other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason described in the authorization. Please note, we are required to retain records of your care. We cannot accept a revocation of your written permission when it was given as a condition of obtaining

insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy. If you refuse to give your written permission for release of information, we may not refuse to treat you unless 1) your written permission is required as a condition of participation in research related treatment, or 2) the only reason for the health care encounter is to create PHI for release to a third party (ex. A pre-employment physical or OSHA mandated testing for your employer.)

- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Our Responsibilities

Reid Health or its affiliated covered entity is required and committed to:

- Maintain the privacy of your protected health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you of a breach of your unsecured protected health information.
- Abide by the terms of the Notice currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate protected health information by alternative means or at alternative locations.

We reserve the right to change our practices, revise and amend this Notice, and to make the new provisions effective for all PHI we have created or maintained in the past, and for any of your PHI that we create or maintain in the future. Should our information practices change, we will post the revised notice on our web site (www.ReidHealth.org) and also make it available to you during your next visit. You may also request a copy of our most current Notice at any time.

We will not use or disclose your PHI without your authorization, except as described in this Notice.

How We May Use and Disclose Your Protected Health Information:

Your PHI may be used and disclosed for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operations of the hospital.

Following are examples of the types of uses and disclosures of your PHI that Reid Health and its affiliates are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

TREATMENT: We may use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another provider. For example, we may disclose your PHI, as minimally necessary, to a home health agency that provides care to you.

We may also disclose to your physician or a subsequent healthcare provider PHI that should assist him or her in treating you.

We participate in certain Health Information Exchanges or Organizations (HIEs or HIOs). This helps to make your PHI available to other healthcare providers who may need access to it in order to provide care or treatment to you.

Reid Health and Reid Health Physician Associates (RHPA) maintain your health record in an enterprise wide electronic health record system. When you visit the hospital or a RHPA provider you will have one health record that all providers and offices may access for information pertaining to your medications, allergies, present and past medical history, and procedures and tests performed.

PAYMENT: We may use and disclose your PHI as necessary to obtain payment for healthcare services. This may include providing it to your health insurance plan before it approves or pays for recommended healthcare services so that it may make a determination of eligibility or coverage for insurance benefits. It may also include supplying the information to review services provided to you for medical necessity and to undertake utilization review activities. For example, a bill may be sent to you or your health insurance plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may also disclose your PHI to other patient care providers (for example, radiologist or a pathologist) for their billing and collection purposes.

HEALTHCARE OPERATIONS: We may use or disclose your PHI in order to operate our business. For example, members of the medical staff, the risk management department, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. This includes patient satisfaction surveys.

APPOINTMENT REMINDERS: We may use and disclose your PHI to contact you and remind you of an appointment.

FUNDRAISING: We may use certain non-medical information (including but not limited to name, address, telephone number, dates and departments of service, age, and gender) to contact you in the future to raise money for us through a foundation owned or controlled by us. If you do not wish to be contacted for fundraising efforts, please notify us in writing.

Special Situations:

We may use or disclose your PHI in the following special situations. These situations include:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law.

Business Associates: There are some services provided in our organization through contacts with business associates who are not necessarily employees. Examples include physician services in the emergency department or radiology, certain laboratory tests, or a microfilming company we use to microfilm your health record. When these services are contracted, we may disclose your PHI to our business associate so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to coroners, medical examiners and funeral directors consistent with applicable law to carry out their duties.

Correctional Institution: Should you be an inmate of a municipal jail or correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.

Food and Drug Administration (FDA): We may disclose to the FDA or manufacturer of the device, PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Health Oversight Agency: We may disclose PHI 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 right laws.

Law Enforcement: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death or injury has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of any of our facilities, and (6) medical emergency and it is likely that a crime has occurred.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Marketing: Most uses and disclosures of your PHI for marketing purposes will be made only with your authorization. We cannot give or sell lists of patients to a third party for the purpose of the third party marketing its own products. Such a use would require an express written authorization from you. We may use PHI to communicate with you about a product or service if the communication occurs face-to-face, involves a gift of nominal value, or is for a drug refill. We may use and disclose your PHI to communicate with you about a health-related product or service we offer. In addition, we may use or disclose your PHI to tell you about products or services related to your treatment, case management, care coordination, or alternative treatments, therapies, providers or settings of your care.

Military/Veterans: If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities.

National Security and Intelligence Activities: We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Organ Procurement Organizations: Consistent with the applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Protective Services for the President and Others: We may disclose PHI 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.

Public Health: As required or permitted by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- 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 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 if you agree or when required or authorized by law;
- To report defective medical devices or problems with medications; and,
- To notify people of recalls of products they may be using.

Research: We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

To Avert a Serious Threat to Health or Safety: We may disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure, however, would be only to someone able to help prevent the threat.

Workers Compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Other Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

Patient Directory: Unless you notify us that you object and want to opt out, we will use your name, location in the hospital, general condition (example, fair, good, critical), and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Information Shared with your Family, Friends or Others: We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you, unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

In treating your physical, psychological and spiritual well-being, we may communicate words of caring, compassion, or sympathy to you or your family.

Other Uses of Your Protected Health Information

Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written prior authorization. You may revoke that authorization, in writing, anytime, except to the extent that we have taken action in reliance on that authorization.

Specifically, the following use and disclosure will require your written permission:

- Any protected health information containing your psychotherapy notes.
- The sale of your protected health information.
- The use of your protected health information for certain marketing purposes.

For More Information about this Notice

If you have questions about this Notice or would like additional information, you may contact Reid Health's Privacy Officer at 765-983-3000.

Effective Date: 4/14/2003

Revised 10/21/2008

Revised 9/16/2010

Revised 6/5/2012

Revised 9/23/2013

Revised 6/4/2014

Revised 8/26/2015

Revised 3/5/2018