

NOTICE OF PRIVACY PRACTICES—Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING HEALTH INFORMATION: We understand that health information about you is personal. We are committed to protecting health information about you. Indiana Health Group will create a record of the services you receive at our offices. We need this record to provide you with quality services and to comply with certain legal requirements.

We are required by law to: Make sure that health information that identifies you is kept private; Give you this notice of our legal duties and privacy practices regarding health information about you; and follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR AUTHORIZATION.

As Required By Law . We will disclose health information about you when required to do so by federal, state or local law.

Public Health Risks/Threats. We will disclose health information about you for public health reporting required by federal or state law. These activities generally include the following: To prevent or control disease, injury or disability; To report deaths; To report potential/ actual 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; To notify the appropriate government authority if we believe an individual served 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.

Health Oversight Activities. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Law suits and Disputes. If you are involved in a lawsuit or a dispute, we will disclose health information about you when properly ordered to do so by a court or **law enforcement**. We will release health information if asked to do so by a law enforcement official, and if permitted by law: In response to a court order; 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 offices of Indiana Health Group. 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.

OTHER WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR WRITTEN AUTHORIZATION.

The following categories describe different ways that we use and disclose health information:

Treatment. We may use health information about you to provide you with clinical treatment or services. We may disclose health information about you to clinical providers and support staff personnel who are involved in providing services to you.

Payment. We may use/disclose health information about you so that the services you received through IHG 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 insurance company information about services

you received at IHG in order to receive payment.. We may also tell your insurance about a service you are going to receive to obtain prior approval or to determine whether your insurance will pay for the service.

For Health Care Operations. We may use/disclose health information about you to another health care provider or health plan, if you have given us written authorization to do so.

Appointment Reminders. We may use and disclose health information about you to contact you as a reminder that you have an appointment with staff of IHG. You have a right to request confidential communications in a specific manner or at a specific location. Please remember you will need to inform us in writing if you do not wish to be contacted for the purposes of appointment reminders. Staff will be available to assist you on completing this written request.

Treatment Alternatives. We may use and disclose health 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 health information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release certain limited information about you to a family member who is your parent or guardian as allowed by federal and state law. We may also give information to a parent or guardian that is responsible to pay for the services you are provided through IHG. We may disclose health information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

Research. Under certain circumstances we may use/disclose health information about you for research purposes. Before we use/disclose information about you that reveals who you are (name/address) we will obtain your written authorization.

SPECIAL SITUATIONS

Military/Veterans. If you are a member of the armed forces; we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authority.

Coroners/Medical Examiners. We may release health information to a coroner/medical examiner. This may be necessary, i.e. to identify the cause of death.

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

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health 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.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Inspect and Copy - You have the right to inspect and copy your Protected Health Information. To exercise this right, you must submit your request, in writing, to IHG. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy under limited circumstances. If we deny you access to your PHI, you may in some cases request review of the denial. IHG will choose a licensed healthcare professional (who did not take part in denying your request) to review your request and the denial.

We will comply with the outcome of the review.

To Request to Amend health information we have about you if you feel that it is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by IHG. To request an amendment, your request must be made in writing and submitted to IHG. 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 the 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.

To an Accounting of Disclosures. This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Indiana Health Group. 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 costs for providing list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the cost are incurred.

To Request Restrictions on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. 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 Health Group. 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.

Right to Request Confidential Communications. You have a right to request that we communicate with you about health 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 Health Group. 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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with group administrator of IHG or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

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

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each of our locations. **If you have any questions about this notice, please contact Indiana Health Group at 317.843.9922**