

**Indiana Healthcare Physician Services  
Privacy Standards  
Notice of Health Information Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

At Indiana Healthcare Physician Services, Inc, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your right as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

**Our Responsibilities**

Indiana Healthcare Physician Services, Inc. is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations.
- We will not use or disclose your health information without your authorization, except as described in this notice.
- We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**I. YOUR PROTECTED HEALTH INFORMATION**

Indiana Healthcare Physician Services is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practice with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

**II. USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

**A. Treatment, payment and health care operations**

This section describes how we may use and disclose your protected health information for treatment, payment and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

## **Treatment**

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some example of treatment uses and disclosures include but are not limited to:

- During an office visit, practice physicians, physician extenders, medical students, interns residents, and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred/consulted regarding your care.
- We may share and discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you
- We may provide your medical information to current or prospective employers.
- We may provide your medical information in conjunction for participation in schools and non-profit community events such as camps.
- We may provide your medical information in conjunction with state/federal compliance for drivers' physicals.
- We may use a patient sign-in sheet in the waiting area, which is accessible to all patients.
- We may use your name to page patients in the waiting room when it is time for them to go to an examining room.
- We may contact you by phone, and appointment mailing notices to provide appointment reminders.
- During the course of your care a covering physician may see you in the absence of your chosen primary care physician.
- Under the federal privacy law, we are considered to be part of an Organized Health Care Arrangement with Indiana Regional Medical Center as a result of my appointment to the medical staff at the Medical Center. If I provide care to you at the Medical Center, your protected health information will be used or disclosed according to the Medical Center's Joint Notice of Privacy Practices. I have agreed with the Medical Center, as permitted by law, to share you protected health information for purposes of treatment, payment or health care operations. This enables us to better address you health care needs.
- We may contact you to discuss treatment alternatives and other health-related benefits and services.

## **Payment**

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include but are not limited to:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.

- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care service provided to you.
- Mailing you bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

### **Health Care Operations**

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include but are not limited to:

- Quality assessment and improvement activities
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs
- Conducting other medical review, legal services, and auditing functions.
- Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

#### **B. Uses and disclosure for other purposes**

***Individuals involved in care or payment for care:*** We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

***Notification purposes:*** We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. (For example, if you are hospitalized, we may notify a family member of the hospital and your general condition.) In addition, we may disclose your protected health information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general conditions, or death.

***Required by Law:*** We may use and disclose protected health information when required by federal, state, or local law. (For example we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing). We will abide by the more protective state laws (HIV, mental health, substance abuse and minors), as required.

**Other public health activities:** We may use and disclose protected health information for public health activities, including but are not limited to:

- Public health reporting, (for example, communicable disease reports)
- Child abuse and neglect reports
- FDA-related reports and disclosures, for example, adverse event reports
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

**Victims of abuse, neglect or domestic violence:** We may use and disclose protected health information for purposes of reporting of abuse, neglect or domestic violence in addition to child abuse. (For example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.)

**Health oversight activities:** We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. (For example, we may comply with a Drug Enforcement Agency inspection of patient records.)

**Judicial and administrative proceedings:** We may use and disclosure protected health information disclosure in judicial or administrative proceeding in response to a court order or subpoena, discovery request of other lawful process. (For example, we may comply with a court order to testify in a case at which your medical condition is at issue.)

**Law enforcement purposes:** We may use and disclose protected health information for certain law enforcement purposes including but are not limited to:

- Complying with legal process, for example, a search warrant.
- Complying with a legal requirement, for example, mandatory reporting of gunshot wounds.
- Responding to a request for information for identification/location purposes.
- Responding to a request for information about a crime victim.
- Reporting a death suspected to have resulted from criminal activity.
- Providing information regarding a crime on the premises.
- Reporting a crime in an emergency.

**Coroners and medical examiners:** We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties require by law.

**Funeral directors:** We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

**Organ and tissue donation:** For purposes of facilitating organ, eye and tissue donation and transplantation, we may sue protected health information and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

**Threat to public safety:** We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. (For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.)

**Specialized government functions:** We may use and disclose protected health information for purposes involving specialized government functions including but are not limited to:

- Military and veteran activities.
- National security and intelligence.
- Protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

**Workers' compensation and similar programs:** We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without

regard to fault. (For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.)

**Business associates:** Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. (For example, we may share with our billing company information regarding your care and payment for your care so that the company can file health insurance claims and bill you or another responsible party.)

**Creation of de-identified information:** We may use protected health information about you in the process of de-identifying the information. (For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.)

**Incidental disclosures:** We may disclose protected health information as by-product of an otherwise permitted use or disclosure. (For example, other patients may overhear your name being called in the waiting room.)

### **C. Uses and disclosure with authorization**

For all other purposes which do not fall under a category listed under sections III.A and III B, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

## **III. PATIENT PRIVACY RIGHTS**

### **A. Further restriction on use or disclosure**

You have a right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in their care or the payment for your care, or for notification purposes. We are not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our privacy office. The request must tell us: (a) what information that you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

### **B. Confidential communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. (For example, you might request that we only contact you by mail or at work.) We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

### **C. Accounting of disclosures**

You have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstance we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

#### **D. Inspection and copying**

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. This right is subject to limitations and we may impose charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

#### **E. Right to amendment**

You have a right to request that we amend protected health information that we maintain regarding your health care in a designated records set, if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

#### **F. Paper copy of privacy notice**

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact the office.

### **IV. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room for the practice. At any time, patient may review the current notice by contacting the office.

### **V. COMPLAINTS**

If you believe that we have violated your privacy right, you may submit a complaint to the privacy officer or the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with the practice submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

Tracie Whetsel  
665 Philadelphia St

Services  
Suite 004  
Indiana, PA 15701  
(724) 357-7333

Office for Civil Rights  
U.S. Department of Health and Human  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D. C. 20201

### **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.