

Notice of Privacy Practices

Our Pledge Regarding Medical Information

Eskenazi Health is committed to protecting medical information about our patients. We understand that medical information about you and your health is personal. This Notice of Privacy Practices (Notice) will tell you about your rights and our duties with respect to medical information. In addition, it will tell you what to do if you believe we have violated your privacy rights. The Notice applies to all records of your care generated by Eskenazi Health. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This Notice describes how Eskenazi Health may use and disclose the protected health information in this record. Protected health information (PHI) means any health information that Eskenazi Health uses to make decisions about you and that identifies you or for which there is a reason to believe the information can be used to identify you. In this Notice, we call this information PHI.

Eskenazi Health is required by law to:

- Make sure that PHI about you is kept private.
- Provide this Notice of our legal duties and privacy.
- Abide by the terms of this Notice or any Notice that is currently in effect.

How We May Use and Disclose Medical Information About You

We will share PHI about you as necessary to carry out treatment, payment or our health care operations. We use and disclose PHI about you for a number of different purposes. Each of those purposes is described below.

1. **For Treatment**
We may use your PHI to provide you with treatment. We may disclose your PHI to doctors, nurses, technicians, clinicians, medical students, hospitals and other health facilities involved in or consulting about your care. Divisions, departments or units of Eskenazi Health also may share information about you in order to coordinate your care. We may also disclose your PHI to people outside of Eskenazi Health such as other health care providers involved in providing medical treatment to you and to people who may be involved in your care. For example, your PHI will be shared among members of your treatment team, our central pharmacy staff or with a specialist to whom you have been referred.
2. **For Payment**
We may use or disclose portions of your PHI to Medicare/ Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services. We may use or disclose your PHI to a Medicare contractor to prove that payment made on your behalf was justified. We will not disclose PHI to a private insurance plan when you pay for the services out-of-pocket.
3. **For Health Care Operations**
We may use/discard your PHI in the course of doing Eskenazi Health business, providing education and improving the quality of our care. For example, we may use your PHI to evaluate the quality and efficiency of services provided by our staff or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health. Whenever possible we will use medical information that does not identify you.
4. **Appointment Reminders**
We may use and disclose PHI to remind you by telephone or mail about your health care appointments, prescription refills, or to reschedule missed or cancelled appointments. Effective Sept. 23, 2013
5. **Treatment Alternatives**
We may use and disclose your PHI to contact you about treatment alternatives that might be of interest to you.
6. **Benefits of Health-Related Products and Services**
We may use and disclose medical information about you to contact you about the benefits of health-related products or services. You may write to our HIPAA privacy officer at 720 Eskenazi Ave., Indianapolis, IN 46202, if you do not want to be contacted for this purpose.
7. **Fundraising**
We or the Eskenazi Health Foundation may contact you to raise money for Eskenazi Health and its operations, unless you tell us in writing not to contact you for this purpose. You may write to our HIPAA privacy officer at 720 Eskenazi Ave., Indianapolis, IN 46202, if you do not want to be contacted for fundraising.
8. **Eskenazi Health Directory**
When you are at Eskenazi Health as an inpatient, your name, location, general condition (good, fair, serious or critical) and religious affiliation may be put into our patient directory for use by callers or visitors who ask for you by name and by clergy. You may choose to be a "No Information" patient and, if you do, volunteers, employees and telephone operators will not tell anyone that you are in the facility and flowers, mail, phone calls and visitors will be turned away and not accepted if your room number is not provided.
9. **To Family, Friends and Others Identified by You as Involved in Your Care**
We may share with these people information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition or death.
10. **Disaster Relief**
We may use or disclose your PHI to authorized public or private entities to assist with disaster relief efforts or to notify family and friends of your location, condition or death in the event of a disaster.
11. **Research**
In certain circumstances, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI or will be involved in your care. Any research conducted without your expressed permission will have been authorized and supervised by an institutional review board which is a specially selected and trained committee that balances the potential benefit of the research against individual patient's needs for privacy of their medical information.
12. **Selling of PHI Information**
Eskenazi Health will not sell your PHI.

Uses and Disclosures that Are Required or Permitted by Law

Your permission is not required for the following disclosures

1. **As Required by Law**
We will disclose your PHI when required to do so by federal, state or local law or by regulation. For example, we may disclose your PHI when a law requires that we report information about suspected abuse, neglect or domestic violence or relating to suspected criminal activity; for FDA-regulated products or activities; or in response to a court or agency order, subpoena, discovery request or other legal process (but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed). We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
2. **Public Health Activities**
We may disclose PHI when we are required to collect information about disease or injury or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.
3. **Health Oversight Activities**
We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions.
4. **Disclosures for Law Enforcement Purposes**
We may disclose your PHI to law enforcement officials for these purposes:
 - If a crime is committed at an Eskenazi Health facility
 - In response to a court, grand jury or administrative warrant, order or subpoena
 - To identify or locate a missing person
 - About an actual or suspected victim of a crime if, under certain limited circumstances, we are unable to obtain that person's agreement
 - To avert a serious threat or event or to warn a victim or victims of intended harm
 - To report a death if we suspect the death may have resulted from criminal conduct

5. **To Coroners, Medical Examiners and Funeral Directors**
We may disclose your PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. We may also disclose medical information to funeral directors so they can carry out their duties.
6. **Special Government Functions**
We may disclose the PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the president.
7. **Inmates, Persons in Custody**
We will disclose PHI of persons in the care and custody of a correctional institution or law enforcement to provide them health care, for the health and safety of others, or for the health, safety and good order of the correctional facility. An inmate of a correctional institution does not have all the rights listed in this Notice of Privacy Practices.
8. **Workers' Compensation**
We can share health information about you with your employer or your employers workers' compensation insurance carrier when you file a workers' compensation claim.

Other Uses of PHI

Other uses and disclosures not covered by this Notice or the laws that apply to Eskenazi Health will be made only with your written permission or authorization. If you provide permission to use or disclose your medical information, you may revoke it at any time by notifying, in writing, Eskenazi Health's HIPAA privacy officer at 720 Eskenazi Ave., Indianapolis, IN 46202. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission. We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as physical and drug testing for an employer or insurance company, or if treatment provided is research-related and authorization is required for the use of health information for research purposes.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI.

1. **Right to Request Restrictions**
You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to Eskenazi Health personnel and facilities as defined in this Notice. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law.
2. **Right to Receive Confidential Communications**
You have the right to request that we communicate your PHI in a particular way (e.g., to your cell phone) or at a certain place, such as your workplace. You must request confidential communication in writing to Eskenazi Health's HIPAA privacy officer at 720 Eskenazi Ave., Indianapolis, IN 46202.
3. **Right to Access, Inspect and Copy**
Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. You may complete an Eskenazi Health Authorization to Release/Obtain Information form or write a letter including the type of information requested, the dates of service, the purpose of the request, and whether you wish to review or want photocopies of the requested information. Direct the authorization or request to: Eskenazi Health, Attention: Release of Information, 720 Eskenazi Ave., Indianapolis, IN 46202. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance. If electronic health records are maintained by Eskenazi Health, you may request your PHI in electronic format.
4. **Right to Amend**
If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine that the PHI is: 1) correct and complete; 2) not created by us and/or not part of our records or; 3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI, inform you and tell others who need to know about the change in the PHI. Direct your request for amendment to Eskenazi Health's HIPAA privacy officer, 720 Eskenazi Ave., Indianapolis, IN 46202.
5. **Right to an Accounting of Disclosures**
You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made for national security purposes; for treatment, payment or health care operations purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.
6. **Rights With Respect to Your Insurance**
Even if you have insurance, you have the right to pay for services yourself and avoid having any information about these services sent to your insurance company. Also, any genetic information may not be used by your insurance company to make premium rates and coverage decisions about you. Eskenazi Health will not share the results of any genetic testing with your insurance company.
7. **Right to a Paper Copy of This Notice**
You have the right to receive a paper copy of our Notice of Privacy Practices. You may request a paper copy of this Notice at any time.
8. **Notification of PHI Disclosure**
In certain circumstances, you have the right to be notified if your PHI is disclosed to an unauthorized person(s).

How to Obtain Eskenazi Health's Notice of Privacy Practices

A copy of our current Notice of Privacy Practices will be displayed in all Eskenazi Health facilities. A copy of the current Notice also will be posted on our website. In addition, each time you register for health care services at Eskenazi Health or are admitted to the Sidney & Lois Eskenazi Hospital, a copy of the current Notice will be made available to you. To obtain a paper copy of the current Notice, please write to: HIPAA privacy officer, Eskenazi Health, 720 Eskenazi Ave., Indianapolis, IN 46202, or call 317.880.4819.

Changes to this Notice

Eskenazi Health reserves the right to change this Notice and to make the revised or changed Notice effective for all medical information that we had at that time, as well as any information we may create or receive in the future.

If You Should Have a Complaint

If you believe that we have violated your privacy rights, you may file a complaint with Eskenazi Health or with the United States Secretary of Health and Human Services. To file a complaint with Eskenazi Health, please write to: HIPAA Privacy Officer, Eskenazi Health, 720 Eskenazi Ave., Indianapolis, IN 46202, or call the Eskenazi Health Office of Patient Experience at 317.880.8333. 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, you may write to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C., 20201.

We encourage your feedback and will not retaliate against you in any way for filing a complaint.