

Western Indiana Recovery Services
NOTICE OF PRIVACY PRACTICES
Effective 04/14/2014

**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**

If you have any questions about this notice, please contact Lorna Brett, Privacy Officer, Hamilton Center, Inc./Western Indiana Recovery Services,
PO Box 4323,
Terre Haute, Indiana 47804 (812) 231-8387

WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart.
- All employees, staff, and other personnel of Western Indiana Recovery Services
- All Western Indiana Recovery Services sites and locations follow the terms of this notice. In addition, they all may share medical information with each other for treatment, payment or Western Indiana Recovery Services operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

- We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Western Indiana Recovery Services We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Western Indiana Recovery Services Other health care providers may have different policies or notices regarding use and disclosure of your medical information.
- This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.
- We are required by law to:
 - make sure that medical information that identifies you is kept private;
 - give you this notice of our legal duties and privacy practices with respect to medical information about you;
and
 - follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU

- As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.
- To Avert a Serious Threat to Health or Safety. We will use and disclose medical information about you when we have a "Duty to Report" under state or federal law because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to persons able to help prevent the threat.
- Public Health Risks. We will disclose medical information about you for public health reporting required by federal and state law. 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 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 a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.
- Health Oversight Activities. We will disclose medical information as required by law 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.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we will disclose medical information about you when properly ordered to do so by a court.
- Law Enforcement. We will release medical information if asked to do so by a law enforcement official and if permitted by law:
 - in response to a court order;
 - if required by state or federal law;
 - 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; HC-0401
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at a Western Indiana Recovery Services facility; and
 - 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.
- Protective Services for the President and Others. We will disclose medical information about you to federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category or uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or another provider's personnel who are involved in your care. Different departments of Western Indiana Recovery Services also may share medical information about you in order to coordinate your needs. We also may disclose medical information about you to people outside Western Indiana Recovery Services such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.
- For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Western Indiana Recovery Services or other health care providers from whom you receive treatment, 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 health plan information about treatment you received at Western Indiana Recovery Services so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations. We may use and disclose medical information about you for Western Indiana Recovery Services operations or to another health care provider or health plan, if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to run Western Indiana Recovery Services and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Western Indiana Recovery Services should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel to review and for learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Western Indiana Recovery Services
- Treatment Alternatives. We may use and disclose medical 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 medical 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 friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information; trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave Western Indiana Recovery Services We may ask for your specific permission if the researcher will have access to your name, address, or other information that reveals your identity, or will be involved in your care at the hospital.

SPECIAL SITUATIONS

- Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Western Indiana Recovery Services to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release medical 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 medical 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.
- To Conduct Fundraising. Under certain circumstances, we may use and disclose certain of your Personal Health Information (PHI) to communicate with you and conduct fundraising activities on our behalf, but only when permitted by HIPAA. Please note that you always have the right to “opt out” of receiving any future fundraising communications and any such decision will have no impact on your treatment or payment for services.
- To Communicate With You Regarding Your Treatment. We may also communicate information to you, from time to time, that may encourage you to use or purchase a particular product or service, but only as it relates to your treatment and only when permitted by HIPAA.

With Your Prior Express Written Authorization. Other than as stated above, we will not disclose your PHI without first obtaining your express written authorization. We will not use or disclose your PHI in any of the following situations without your written authorization:

- Uses and disclosures of PHI to conduct certain marketing activities that may encourage you to use or purchase a particular product or service for which HIPAA requires your prior express written authorization
- Disclosures of PHI that constitutes a sale of your PHI under HIPAA
- Uses and disclosures of certain PHI for fundraising purposes that are not otherwise permitted by HIPAA

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This usually includes medical and billing records, but does not include psychotherapy notes.
To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your treatment provider or the Privacy Officer. If you request a copy of the information, 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 in certain limited circumstances. If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Hamilton Center, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Western Indiana Recovery Services
To request an amendment, your request must be made in writing and submitted to the Privacy Officer. 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 a 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;
 - is not part of the medical information kept by or for Western Indiana Recovery Services;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete
- Right to an Accounting of Disclosures. You have the right to request an accounting of those disclosures of your PHI that we have made for reasons other than those for treatment, payment and health care operations. The accounting is not required to report PHI disclosures to those family, friends and other persons involved in your treatment or payment that you otherwise requested in writing, that you agreed to by signing an authorization form, or that we are otherwise required or permitted to make by law.
To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period of which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session you had. Or, for example, if you pay for a

particular service in full out of pocket at Western Indiana Recovery Services' usual and customary charge on the date of service, you may ask us not to disclose any related PHI to your health plan.

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 directly to your treatment provider. 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; for example, disclosures to your spouse.

- **Right to Receive Notice of a Breach.** You have the right to receive written notice in the event we learn of any unauthorized acquisition, use, or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical 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 directly to your treatment provider. 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.
- **Right to Use or Opt out of Fundraising.** We may use or disclose your name, address, telephone number or email information, age, date of birth, gender, health insurance, status, dates of service, department of service information, treating physician information or outcome information, to a business associate or institutionally related foundation, for the purpose of raising money for our Facility's benefit. Although we may contact you to raise funds for our Facility, you have the right to opt out of receiving future fundraising communications, and your decision will have no impact on your treatment or payment for services at our Facility.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, mail a written request to: Lorna Brett, Privacy Officer, Hamilton Center, Inc./Western Indiana Recovery Services, PO Box 4323, Terre Haute, IN 47804 or request a copy directly from your treatment provider.

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 medical information we already have about you as well as any information we receive in the future. We will keep copies of the current notice in each of our facilities, which will be available to you whenever you visit or are admitted to our facilities. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Western Indiana Recovery Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Western Indiana Recovery Services, contact: Lorna Brett, Privacy Officer (812) 231-8387. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical 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 medical information about you for the reasons covered by your written revocation. 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.