NOTICE OF PRIVACY PRACTICES
(45 CFR §164.520(a))
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 (primary clinician or case manager) or the Executive Offices at any Regional Corporations.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our practices and that of:
Any health care professional authorized to enter information into your medical record;
All departments and units of Regional Corporations;
Any member of a volunteer group we allow to help you at Regional Corporations;
*All employees, staff and other personnel of Regional Corporations***.**

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or the Regional Corporations operations and 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 any Regional Corporations. 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 any Regional Corporations. 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 someone able to help prevent the threat.*

***Public Health Risks**. We will disclose medical 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 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 client 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. *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, government programs, and compliance with civil rights laws.*

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

· About a death we believe may be the result of criminal conduct;

· About criminal conduct at any Regional Corporations 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 authorized federal officials so they may provide protection to the President of the United States of America, 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 of 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 other Regional Corporations personnel who are involved in taking care of you. Different departments of Regional Corporations also may share medical information about you in order to coordinate the different things you need. We also may disclose medical information about you to people outside of Regional Corporations, such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care.*

For Payment. *We may use and disclose medical information about you so that the treatment and services you receive at any Regional Corporations, 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 Regional Corporations 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 the Regional Corporations 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 Regional Corporations and make sure that all of our Clients 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 Clients to decide what additional services Regional Corporations 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 for review and 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 Clients 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 any Regional Corporations.*

Business Associates *We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your medical information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise, through a written Business Associate Agreement executed by us and the Business Associate, that they will respect the confidentiality of your personal and identifiable medical information. We will only use such Business Associates when we believe it to be*

the most effective of means of carrying out permissible treatment, payment or heath care operations functions.

Clinically Integrated Network of Indiana (CINI)- *Regional Health Systems is part of an Organized Health Care Arrangement (OHCA) including participants in the Clinically Integrated Network of Indiana (CINI). A current list of CINI participants is available at http://www.cinindiana.com/. As a business associate of Regional Heath Systems, CINI supplies information technology and related services to Regional Health Systems and other CINI participants. CINI also engages in quality assessment and improvement activities on behalf of its participants. For example, CINI coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. CINI also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Regional Health Systems with other CINI participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.*

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. Also give information to someone who helps pay for your care. 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 Clients 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 Clients' 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 Clients with specific medical needs, so long as the medical information they review does not leave Regional Corporations. We may ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

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

· Uses and disclosures of PHI(if recorded by us in the medical record) except to carry out your treatment, payment or healthcare operations, to the extent permitted or required by law;
· Uses and disclosures of PHI to conduct certain marketing activities that may encourage you to use or purchase a particular product or service which HIPAA requires your prior 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; and
· Other uses and disclosures not described in this notice.

SPECIAL SITUATIONS

Organ and Tissue Donation. *If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.*

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 to determine the cause of death. We may also release medical information about Clients of any of the Regional Corporations 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.

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. Usually, this 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 the Supervisor of Medical Records. 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 very 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 Regional Corporations 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 Regional Corporations.*

To request an amendment, your request must be made in writing and submitted to the Supervisor of Medical Records. 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 the hospital;

· 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 Disclosures." This is a list of the disclosures we made of medical information about you.*

To request this list or accounting of disclosures, you must submit your request in writing to the Supervisor of Medical Records. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, or 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. Also, if you pay for a particular service in full, out of pocket, 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 to the Supervisor of Medical Records. 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 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 in writing to the Supervisor of Medical Records. 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 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. You may obtain a copy of this notice at our website, http://www.regionalmentalhealth.org/ or to obtain a paper copy of this notice, ask your primary clinician or case manager.*

Right to Receive Notice of 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 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.*

Confidentiality of Substance Use Disorder (SUD)Records-42CFR Part 2

This section explains how federal law protects the privacy of your Substance Use Disorder (SUD) treatment records. Our program is required by federal law (42 CFR Part 2) to keep information about your SUD treatment private and secure. These rules give you extra protections beyond the regular HIPAA Privacy Rule. Using and Sharing Part 2-Protected Records without Consent:

We are allowed to share your Part 2-protected records without your consent in the following situations:

· To medical personnel in a medical emergency;

· To qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;

· To law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel;

· To report suspected child abuse and neglect as required by applicable law;

· To qualified personnel for research subject to approval and oversight laws;

· To qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care; or

· To a public health authority, if the information has been de-identified.

Consent Requirements for Using or Sharing Part 2-Protected Records: When Consent is Required.

We will ask for your consent to share your Part 2-protected records in situations not listed in above Section I(a), including:

*· **Treatment, payment and operations purposes**. To allow us to share your Part 2-protected records with the doctors treating you at the hospital or at another clinic, with your health insurance company so that we may be paid for the services you received from us, or for our quality improvement and other operations purposes, you must sign a Part 2 consent form;*

· **Single consent***: You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. If the recipient is a HIPAA covered entity (such as another health care provider or insurance company) or a business associate (such as a company that assists a health care provider with storing medical records), they may disclose your information as permitted by HIPAA, except in civil, criminal, administration and legislative proceedings against you. You will need to sign a separate consent in order for us to share your Part 2-protected records with the health information exchanges (HIEs) that we participate in. HIEs provide a way for us to share your health information with your other care providers (doctors' offices, hospitals, labs, radiology centers, and other providers) through secure, electronic means. Please speak with your Part 2 provider for additional information;*

· **Mandated Treatment.** *If you were mandated to receive treatment from Regional Health Systems Part 2 Programs through the criminal legal system (including drug court, probation, or parole), you must sign a separate consent form allowing us to share your Part 2-protected records with the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement. The duration of your consent (how long it is in effect) and your right to revoke your consent may be more limited than under a standard Part 2 consent form;*

· **Prescription Drug Monitoring Programs**. *If we are required by District law to report SUD medications we prescribe or dispense to a state prescription drug monitoring program, we may disclose information protected by Part 2 with your written consent.*

· **Civil, Criminal, Administrative or Legislative Proceedings**. *To share your Part 2-protected records or testify about information in the records in a civil, criminal, administrative, or legislative investigation or proceeding against you, you must sign a separate Part 2 consent form.*

Other Uses and Disclosures. *Regional will make uses and disclosures of Part 2-protected records not described in this Notice only with your consent.*

Revoking (Canceling) Your Consent. *You may revoke your consent at any time, except to the extent that Regional Health Systems has acted in reliance upon it. You may revoke consent by submitting a request in writing to the Regional Health Systems Privacy Officer, or you may request reasonable accommodation for an alternative revocation process by contacting your Part 2 provider.*

Using or Sharing Part 2-Protected Records in Lawsuits and Legal Actions.

· Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific consent form allowing the use or disclosure or a court orders the use or disclosure.

· Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you and/or the holder of the record (REGIONAL HEALTH SYSTEMS), where required by 42 USC § 290dd-2 and 42 CFR Part 2.

· ***A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed***.

II. ***Your Rights Related to Your Part 2-Protected Records***

As a patient in a Regional Health Systems Part 2 Program, you have the following rights regarding your Part 2-protected records:

Right to request restrictions. *You have a right to request a restriction or limitation on the Part 2-protected records we use or disclose about you for purposes of treatment, payment, and health care operations, including when you have signed a consent for such disclosures. To request a restriction, submit your request in writing to the Regional Health Systems Privacy Officer (contact information provided below) and 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. We will review your request. If we agree to your request, we may still share your information where needed for emergency care or where required by law.*

Right to request and obtain restrictions on disclosures to your health insurer. *You have the right to request and obtain restrictions of disclosures to your health plan for those services which you have paid (or which someone has paid on your behalf) in full. To request a restriction, follow the process in above*

Section II(a). We will agree to your request, unless a law requires us to share the information with your health plan.

Right to an accounting of disclosures*. You have a right to ask for an accounting (list) of the times we have shared your Part 2-protected records, who we shared it with, and why. To request an accounting of disclosures, submit your request in writing to the Regional Health System's Privacy Officer (contact information provided below) and provide the time period for the accounting (not more than six years from the date of your request).*

Right to a list of disclosures by an intermediary*. If you consented to share your Part 2-protected records through an intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years. To request a list of disclosures by an intermediary, submit your request to the intermediary.*

Right to a copy of this notice and to discuss 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. You may obtain a copy of this notice at our website, http://www.regionalmentalhealth.org/ or to obtain a paper copy of this notice, ask your primary clinician or case manager.*

Our Duties.

Maintaining the privacy of Part 2-protected records. Regional Health System's Part 2 Programs are required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to Part 2-protected records, and to notify affected patients following a breach of unsecured records.

Following this Notice. Regional Health System's Part 2 Programs are required to abide by the terms of the Notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with any of the Regional Corporations or with the Secretary of the Department of Health and Human Services at ocrmail@hhs.gov or 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201.. To file a complaint with Regional Corporations, contact the Chief Compliance Officer (219-769-4005). Call the Consumer Service Line, Indiana Division of Mental Health and Addictions at 800-901-1133, or the Indiana Advocacy and Protection (800-622-4845) or the Joint Commission's Office of Quality Monitoring at 800-994-6610 or by e-mailing complaint@jointcommission.org.

You will not be penalized for filing a complaint.

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 post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the