

JANE PAULEY COMMUNITY HEALTH CENTER NOTICE OF PRIVACY PRACTICES
Last modified April 28, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of the Jane Pauley Community Health Center (JPCHC), including any JPCHC health care professionals, medical staff members, and other employees and volunteers authorized to access or enter information into your health/medical records.

I. Our Duty to Safeguard Your Protected Health Information:

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered "Protected Health Information" ("PHI"). We understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices, that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If we discover a breach (as defined in 42 U.S.C. 201 et seq) of the privacy or security of you PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though we reserve the right to change the terms of this Notice at any time. We reserve the right to make new Notice provisions effective for all PHI we currently manage or that we receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or in patient waiting areas. You may request a copy of the new Notice from the JPCHC, and it **will** also be posted on our website at www.janepauleychc.org. We will also make available a copy of the Notice in effect each time you receive health center services from health care providers at JPCHC.

II. How We May Use and Disclose Your Protected Health Information:

We use and disclose PHI for a variety of reasons. For certain uses/disclosures, we must get your written authorization. However, the law provides that we may make some uses/disclosures without your authorization. The following sections offers more description and examples of our potential uses/disclosures of your PHI.

Uses and Disclosures relating to Treatment, Payment, or Health Care Operations. Since we are an integrated system, we may share your PHI with designated staff within the Community Health Network, for treatment, payment, or health care operation purposes. Generally, we may use/disclose your PHI:

- For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health 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.
- To obtain payment: We may use/disclose your PHI to bill and collect payment for your health care services. For example, we may release 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 of Medicaid agency might also be necessary to determine your eligibility for publicly funded services.

- For health care operations: We may use/disclose your PHI during our health care operations. For example, we may use your PHI for quality of care assessments and measures, to contact you regarding treatment options, for appointment reminders, and to notify you about health services we offer. We may use your PHI or your answers to a patient satisfaction survey in evaluating the quality 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.
- For specific government functions and requests: We may disclose PHI of military personnel and veterans in certain situations; to law enforcement agencies pursuant to legal requests; and for national security and intelligence reasons.
- Workers' compensation: We may disclose your PHI to comply with Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- Inmates: We may disclose the PHI of an inmate of a correctional institution to such correctional institution for treatment and coordination of care purposes.
- Research: We may disclose your PHI to researchers. JPCHC has policies regarding disclosure of PHI and health information to researchers requiring researchers to guard against disclosure outside the research entity. Where appropriate, research projects are reviewed in advance by an Institutional Review Board. Federal regulations permit disclosure of PHI for purposes of research projects that meet established requirements.
- Threats to health and safety: We may use and disclose your PHI when needed to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- Public health risks and patient safety issues: We may disclose PHI to public health programs or to keep you safe. For example, to prevent or control disease, disability or injury; report births and deaths; and to collect and track FDA-related events and defects.
- Organ and tissue donation: We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplants, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplants.
- Health oversight activities: We may disclose your PHI to authorized oversight groups that oversee health-related activities, such as a licensure review.
- Communicable diseases: We may disclose PHI 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, and to comply with mandatory disease reporting requirements.
- Grants: We may disclose your PHI to organizations that provide us with grants, to ensure we are complying with the terms of those grants.

- Legal proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or, in certain conditions, in response to a subpoena, discovery request or other lawful process.
- Law enforcement: We may disclose PHI for certain law-enforcement purposes, such as in response to a court order, subpoena, warrant, summons or similar process.
- Coroners, medical examiners and funeral directors: We may release PHI to a coroner or medical examiner. We also may release PHI to funeral directors when asked to do so.
- Uses and disclosures requiring you to have an opportunity to object: In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure. However, if there is an emergency and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. You must be informed and given an opportunity to object further disclosure as soon as you are able to do so.
 - To families, friends or others involved in your care: We may share with these people information directly related to your families, friends, or other person's involvement in your care, or payment for care. We may also share PHI with these people to notify them about your location, general condition, or your death.
 - Disaster relief: We may release your PHI to a public or private relief agency for purposes of coordinating notifying your family and friends of your location, condition, or death in the event of a disaster.
 - Mental health records: Certain disclosures of psychotherapy notes, mental health records and drug and alcohol abuse treatment records may require your prior written authorization.

III. Your Rights Regarding Your Protected Health Information:

You have the following rights related to your protected health information:

To request restrictions on uses/disclosures: 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 the Jane Pauley Community Health Center entities and affiliates listed in such agreement.

To request confidential communication: You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request if it is reasonably easy for us to do.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your

request in writing. 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 also be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost for copying in advance.

To request amendment of your PHI: 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 and 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 no 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 and so inform you, and tell others that need to know about the change in the PHI.

To receive notice of breaches: You will receive notifications of any breach of confidentiality of your PHI.

To receive an accounting of disclosures: You have the right to request a list of the disclosures we made that are not related to treat you, get paid for services, to run our business, or that you authorized. To request an accounting of disclosures, submit your request in writing and include the specific time period to JPCHC. Your request must be given in writing. It must state a time period that may not be longer than six years. Please note we are not required to provide an accounting for disclosures that took place prior to April 14, 2003. If there is a fee for this accounting, we will tell you in advance. We will mail you a list of disclosures within 90 days.

To receive 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.

Other uses and disclosures of PHI not in this notice or allowed by law will be made only with your written consent. If you give us consent, you may cancel it in writing at any time. If you cancel your consent, we will no longer use or disclose your PHI for the reasons in your consent. This does not apply to any disclosures we have already made.

Complaints: If you have a complaint about your privacy rights, fill out a contact us at info@janepauleychc.org. You will not be penalized for filing a complaint.