



Indiana University Health Affiliated Covered Entity
Notice of Privacy Practices
Effective date – Jan. 1, 2021



Indiana University Health

IU HEALTH AFFILIATED COVERED ENTITIES COVERED BY THIS NOTICE

This Notice of Privacy Practices describes the privacy practices of the healthcare providers and health plans participating in the Indiana University Health Affiliated Covered Entity (referred to herein as “IU Health ACE” and “IU Health”), including hospitals, physician practices, pharmacies, ambulatory surgery centers, health plans and other healthcare providers under Indiana University Health common ownership or control who have designated themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA). Members of the IU Health ACE will share protected health information with each other as necessary to carry out treatment, payment and healthcare operations and as permitted by HIPAA and this Notice. A copy of the current list of the participant members of the IU Health ACE is available online at iuhealth.org or by requesting from the IU Health Privacy Office.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IU Health is required by law to maintain the privacy of protected health information. IU Health believes your health information is personal and is committed to maintaining its confidentiality. This Notice describes our legal duties and privacy practices with respect to your protected health information.

“Protected health information” is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to healthcare services. It also includes information about payment for healthcare you have received, including payment for medical services under health insurance plans and employer-sponsored health plans such as a healthcare flexible spending account (FSA) and/or a health reimbursement arrangement (HRA) plan.

This Notice of Privacy Practices describes how IU Health may use and disclose your protected health information to carry out treatment, for payment, for healthcare operations and for other purposes permitted or required by law. This Notice also describes certain rights that you have with regard to your protected health information. IU Health is required to abide by the terms of this Notice of Privacy Practices.

The terms of this Notice may change at any time. The new Notice will apply to all protected health information acquired about you. Upon your request, IU Health will provide you with any historical Notice of Privacy Practices or you may obtain the most current copy by visiting the IU Health website at iuhealth.org.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

Your protected health information may be used and disclosed by IU Health, its staff and others outside of its offices who are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operations of IU Health. The following list, by way of example rather than limitation, explains certain uses and disclosures of your protected health information that IU Health is permitted to make.

TREATMENT

IU Health will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another provider. For example, IU Health may disclose your protected health information to a home health agency that provides care to you.

IU Health will also disclose health information to physicians or other healthcare providers who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, IU Health may disclose your protected health information from time to time to another physician or healthcare provider (e.g., specialist) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment. As another example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process.

PAYMENT

IU Health may use and disclose your protected health information as necessary so that we or other entities involved in your care may obtain payment from you, your health insurance plan or other third party for the healthcare services you receive. This may include providing your protected health information to your health insurance plan before it approves or pays for recommended healthcare services so that it may make a determination of eligibility or coverage for insurance benefits. It may also include supplying the information to review services provided to you for medical necessity and to undertake utilization-review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health insurance plan to obtain prior plan approval.

HEALTHCARE OPERATIONS

IU Health may use or disclose your protected health information for certain administrative, financial, legal and quality improvement activities that are necessary to run our business. These uses and disclosures are made to enhance quality of care and for medical staff activities, education and teaching programs, and general business activities. It also includes, but is not limited to, population-based activities for improving health, employee review activities, licensing, determining premiums for your health plan, and conducting or arranging for other business development activities. IU Health may share your protected health information with “business associates,” or third-party organizations that perform services such as billing or transcription services on behalf of IU Health. IU Health has written contracts with our business associates to protect the privacy of your protected health information, and these business associates are required by law to comply with the same privacy and security requirements that apply to IU Health.

IU Health may use and disclose your protected health information to tell you about appointments and other matters related to your care, to respond to a customer service inquiry from you, to pay claims for services provided to you, to review provider performance, or in connection with fraud and abuse detection and compliance programs. We may contact you by mail, telephone, text or email. IU Health may leave voice messages at the telephone number you provide, and we may respond to your emails.

IU Health may use and disclose protected health information to tell you about possible treatment options, disease management programs, health-related benefits, new services or alternatives that may be relevant to your healthcare. For example, IU Health might send you information about our own programs to help you manage your asthma or diabetes, or our healthcare plans may inform health plan enrollees of health-related products or services available.

HEALTH INFORMATION EXCHANGE

IU Health may share information that we obtain or create about you with other healthcare providers or other healthcare entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-IU Health primary care physician or hospital, if they participate in the HIE as well. Your hospital or healthcare provider may also participate in HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. You may choose to opt out of HIEs by contacting the Health Information Management department at IU Health.

FUNDRAISING ACTIVITIES

IU Health may use protected health information to contact you in an effort to provide information about IU Health-sponsored activities, including fundraising programs and events to support research, education or patient care at IU Health. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at IU Health, your treating physician's name, your treatment outcome and your health insurance status. IU Health may disclose protected health information to a foundation related to IU Health so that we may raise money to support IU Health. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask us not to contact you again for such purposes, also known as an "opt-out." You may also contact the IU Health Foundation and request, in writing or by phone, not to be contacted for this purpose.

HOSPITAL DIRECTORY

IU Health may include limited information about you in the hospital directory while you are a patient. This information may include your name, location in the hospital and your general condition (e.g., fair or stable). This directory information may be released to people who ask for you by name. If you do not want this information shared, please let IU Health know. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

Unless you indicate otherwise, IU Health may disclose to a relative, a close friend or any other person you identify, the portion of your protected health information which directly relates to that person's involvement in your healthcare or payment for your healthcare. If you are unable to agree or object to such a disclosure, IU Health may disclose such information as necessary for your healthcare or payment for your healthcare, if, based on our professional judgment, IU Health determines that it is in your best interest. IU Health may disclose protected health information to notify or assist in notifying a family member or personal representative (or any other person who is responsible for your care) of your location, general condition or death. Finally, IU Health may disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts.

GROUP HEALTH PLAN SPONSORS

IU Health may disclose your protected health information to a sponsor of a self-funded group health plan—such as an employer or other entity—that is providing a healthcare program to you, for plan administration purposes (e.g., claims management, appeal decisions, medical review). Additionally, if your company's group health plan contracts with IU Health to provide coverage for its employees, then we may provide your company with summary health information for premium billing purposes, modifying or terminating the plan, or to perform enrollment and disenrollment activities.

GENETIC INFORMATION

IU Health is prohibited from using or disclosing genetic information for health plan insurance coverage underwriting purposes and employment purposes. Underwriting involves whether our health plan gives you coverage and the price of the coverage.

RESEARCH

IU Health performs medical research to improve the health of individuals. All research projects conducted at IU Health must be approved through a special review process to protect patient safety, welfare and confidentiality. IU Health may use and disclose your protected health information for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board. IU Health may release information about you to researchers who need to know how many patients have a specific health issue in preparation for proposed research. You may be contacted about research studies that may benefit you to see if you are interested in the study, provide you with more information and give you the opportunity to participate or to decline further contact.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

IU Health may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public. However, any disclosure would only be to someone who is able to help prevent the threat.

ORGAN AND TISSUE DONATION

IU Health may release protected health 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.

WORKERS' COMPENSATION

IU Health may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

PUBLIC HEALTH RISKS AND PATIENT SAFETY ISSUES

IU Health may disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to receive the information. For example, disclosures may be made for the purposes of preventing or controlling disease, injury or disability; to report births and deaths; to report reactions to medications or problems with products; and to notify people of recalls of products that they may be using.

COMMUNICABLE DISEASES

IU Health may disclose or use your protected health information 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 state-mandatory disease reporting, such as cancer registries.

ABUSE OR NEGLECT

IU Health may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if IU Health believes a patient or health plan member has been the victim of abuse, neglect or domestic violence under certain circumstances. IU Health will only make this disclosure when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

IU Health may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, the health insurance system, government benefit programs and compliance with civil rights laws.

FOOD AND DRUG ADMINISTRATION (FDA)

IU Health may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety or effectiveness of FDA-regulated products or activities, which include: to report adverse events, product defects or problems; biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

LEGAL PROCEEDINGS

IU Health may disclose protected health information 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

IU Health may disclose protected health information for certain law-enforcement purposes as authorized or required by law, such as: in response to a court order, subpoena, warrant, summons or similar process; 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 the location of an IU Health entity; and, when responding to a medical emergency off-campus or a location other than the IU Health entity, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

IU Health may release protected health information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

MILITARY ACTIVITY AND NATIONAL SECURITY

IU Health may use or disclose the protected health information of individuals who are armed forces personnel for activities deemed necessary by appropriate military-command authorities when we are authorized by law to do so, including disclosures to foreign military authorities when permitted by law. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, IU Health may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

REQUIRED BY LAW

IU Health may use or disclose your protected health information to the extent that such use or disclosure is permitted or required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

As described above, IU Health will use your protected health information and disclose it outside of IU Health for treatment, payment, healthcare operations, and when permitted or required by law. Other uses and disclosures of your protected health information not covered by this Notice will be made only with your authorization. IU Health will not sell your protected health information nor disclose it to third parties for marketing purposes. In addition, certain disclosures of your psychotherapy notes, mental health records, and drug and alcohol abuse treatment records may require your prior written authorization. IU Health will protect substance-use disorder records in accordance with 42 CFR part 2 regulations, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and other implementing regulations, which is to include authority for use and disclosure, once a patient gives prior written consent, of the contents of substance-use disorder records for purposes of future treatment, payment and healthcare operations as permitted by the HIPAA regulations, until such time as the patient revokes the consent.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The records of your medical and claims information are the property of IU Health. You have the following rights, however, regarding protected health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain an electronic or paper copy of your protected health information that may be used to make decisions about your care and benefits. This includes medical, billing and claims records, but does not include psychotherapy notes. To request a copy of your protected health information, contact the Health Information Management department at IU Health. If you request a copy of the information, IU Health may charge a reasonable fee.

IU Health may deny your request to inspect and copy in some limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. A licensed healthcare professional chosen by IU Health will review your request and the denial. The person conducting the review will not be the person who denied your request. IU Health will comply with the outcome of the review.

RIGHT TO AMEND

You have a right to request an amendment of the protected health information that IU Health has in our records. Your request for an amendment must be made in writing, including a reason for the request, and submitted to the Health Information Management department at IU Health. If we accept your request, we will tell you we agree and will amend your records, which is generally by the addition of a supplemental addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. IU Health may deny a request for an amendment. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights. IU Health may deny an amendment request if it: is not in writing and does not include a reason to support the request for amendment; was not created by IU Health (provided, however, IU Health will still review amendment requests if the person or entity that created the medical information is no longer available to respond to your request); is not part of the designated record set kept by IU Health; is not part of the information which you would be permitted to inspect and copy; or is determined by us to be accurate and complete.

RIGHT TO RECEIVE NOTIFICATION

An individual will receive a notification if his or her unsecured protected health information is breached.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures we have made of your protected health information. This list will not include every disclosure made, including those disclosures made for treatment, payment, healthcare operations or disclosures you authorized in writing. To request an accounting of disclosures, include the specific time period desired and submit your request in writing to the Health Information Management department at IU Health. IU Health will not list disclosures made earlier than six years before your request. The first accounting of disclosure to you in any 12-month period is free. Additional accounting of disclosures requested by the same individual within the 12-month period may cost a fee; you will be notified in advance of any cost involved so that you may choose to withdraw or modify your request before incurring a cost.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction on the ways your protected health information is used or disclosed to carry out treatment, payment or healthcare operations. To request a restriction, submit your request in writing to the Health Information Management department at IU Health. The request should include what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply—for example, disclosures to your spouse. IU Health is not required to agree to your request. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment.

IU Health will agree to restrict disclosures of your health information to your health insurance plan for payment and healthcare operations purposes (not for treatment) if the disclosure pertains solely to a healthcare item or service for which you paid in full.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that IU Health communicate with you about healthcare matters in a certain way or at a certain location. For example, you can request that you are only contacted at work or at a specific address. Such requests should be made in writing to the Health Information Management department at IU Health and should specify how or where you wish to be contacted. IU Health will accommodate all reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout IU Health, or by contacting the Health Information Management department at IU Health. You may also find an electronic copy of this Notice on the IU Health website, iuhealth.org.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will be made only with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, IU Health will no longer use or disclose protected health information about you for the reasons covered by your written authorization. IU Health is unable to take back any disclosures it may have already made with your permission.

USE OF UNSECURE ELECTRONIC COMMUNICATIONS

If you choose to communicate with us or any of your IU Health providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. Before using any unsecure electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in an emergency. We recommend that you use the patient portal for secure electronic communications with myiuhealth.org.

When you visit and use our websites or use certain of our online services, we may collect and share other digital data and personal information not covered by this Notice of Privacy Practices, including through the use of cookies and other similar website tracking technologies (such as, for example, your internet protocol address automatically assigned to your computer by your internet service provider, device operating system, device information, browser type and language, and referring URLs). This collection and sharing is governed by our IU Health website privacy policy and not this Notice. You

USE OF UNSECURE ELECTRONIC COMMUNICATIONS, CONTINUED

should review the terms contained on our website privacy policy for detailed information on the type of cookies and other technologies we use, what information we collect, the reasons why we use these technologies, as well as the terms associated with using our websites and online services.

CHANGES TO THIS PRIVACY NOTICE

IU Health reserves the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. The revised Notice of Privacy Practices will be posted on the IU Health website at iuhealth.org or mailed to you. In addition, at any time you may request a copy of the Notice currently in effect.

QUESTIONS OR COMPLAINTS

If you believe IU Health has violated your privacy rights, you may file a complaint with us. Please send any complaint to the IU Health Privacy Office at the address, email or telephone number provided below. You may also file a complaint with the secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have questions about this Notice of Privacy Practices, contact the IU Health Privacy Office at **317.963.1940** or hipaa@iuhealth.org.

NOTICE OF NONDISCRIMINATION

IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.

ATTENTION: Language assistance services, free of charge, are available to you. Call 317.962.2142 (8 am – 4:30 pm) or 317.962.5500 (all other times).

ATENCION: Si usted habla Español, tenemos servicios de asistencia idiomática a su disposición, sin cargo. Llame al 317.962.2142 (8:00 am – 4:30 pm) o al 317.962.5500 (fuera de ese horario).

注意：如果您说中文，我们可为您提供免费的语言帮助服务。请您拨打 **317.962.2142** (上午8 – 下午4:30) 或 **317.962.5500** (任何其它时段)。

CONTACT INFORMATION

Health Information Management Department at IU Health

DG 412

1701 N. Senate Blvd.

Indianapolis, IN 46202

T 317.962.8670

iuhealth.org/patients/medical-records

IU Health Privacy Office

Fairbanks Hall, Suite 3100

340 W. 10th St.

Indianapolis, IN 46202

T 317.963.1940

Email: hipaa@iuhealth.org

IU Health Foundation

Attn: Advancement Operations, Opt Out

Methodist Medical Tower

1633 N. Capitol Ave., Suite 1200

Indianapolis, IN 46202

T 317.962.1777

Email: foundationinfo@iuhealth.org

Office for Civil Rights

U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240

Chicago, IL 60601

T 800.368.1019

TDD 800.537.7697

hhs.gov/ocr



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