



Indiana University Health Affiliated Covered Entity

Notice of Privacy Practices

IU HEALTH AFFILIATED COVERED ENTITIES COVERED BY THIS NOTICE

This Notice of Privacy Practices (Notice) describes the privacy practices of the health care 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, urgent cares, addiction treatment and recovery centers, health plans and other health care 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 health care operations and as permitted by HIPAA, this Notice and other applicable law. 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 MEDICAL INFORMATION ABOUT YOU 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. We understand that this health information is personal, and we are committed to maintaining your privacy rights under Federal and State law. We are required by law to provide you this Notice of our legal duties and privacy practices with respect to your protected health information, and to follow the terms of the Notice that are currently in effect.

“Protected health information” is your health information or other individually identifiable health 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 health care services. It also includes information about payment for health care you have received, including payment for medical services under health insurance plans and employer-sponsored health plans such as a flexible health care 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 health care 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. 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

The following describes different ways that IU Health may use or disclose your protected health information without your authorization. Although we cannot list every use or disclosure within a category, 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 without your authorization. If your health information contains certain information regarding mental health or substance use disorder treatment or certain dangerous communicable diseases, we are required by Federal and State laws to extend additional confidentiality protections prior to certain disclosures of that information. If we share your health information as allowed under HIPAA to someone who is not required to follow the same privacy laws as we do, your health information may no longer be protected by HIPAA and may be subject to redisclosure by the recipient.

TREATMENT

IU Health will use and disclose protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, IU Health may disclose your protected health information to a hospice and home health agency that provides care to you. IU Health will also disclose health information to physicians or other health care 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. IU Health may disclose your protected health information from time to time to another physician or health care provider (e.g., specialist) who, at the request of your physician, becomes involved in your care by providing assistance with your health care 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.

In addition, IU Health may use or disclose your protected health information when using technology applications that rely on machine learning and artificial intelligence to support health care treatment, payment, research, and health care operations functions, and as otherwise permitted by applicable law, including HIPAA. Your treatment team may use these technologies, which may include video or audio, to support various aspects of your care, such as tasks like summarizing medical information, automating workflows and processing health data, which may be integrated into standard systems. These tools are designed to enhance decision-making and efficiency but not replace the professional clinical judgment of your health care team.

We may collect and use biometric identifiers during treatment (such as facial recognition data or voiceprints) for identity verification and operational purposes related to your health care services. These identifiers are treated as protected health information and will not be disclosed without your authorization except as permitted by law.

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 health care services you receive. This may include providing your protected health information to your health insurance plan before it approves or pays for recommended health care 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.

HEALTH CARE 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 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 health care. For example, IU Health might send you information about our own programs to help you manage your asthma or diabetes, or our health care 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 health care providers, health plans, and business associates for treatment, payment, health care operations or as otherwise permitted by law, through Health Information Exchanges (HIEs) in which we participate. A HIE may also provide other functions and services to its participants such as public health reporting to public health authorities, patient record location, and data aggregation and analysis. 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 health care 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.

BUSINESS ASSOCIATES

IU Health may share your protected health information with business associates or third parties that provide services on our behalf, such as electronic medical records systems, billing and collections, records production, processing of health care data, data analysis, information systems support, communication platforms, or quality improvement. 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 HIPAA and other applicable laws.

FUNDRAISING ACTIVITIES

As a nonprofit health system, support from generous patients and families is critical to our charitable mission. 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 health 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. If IU Health intends to use or disclose substance use disorder treatment records to fundraise for the benefit of the Part 2 program, we will first provide you with a clear and conspicuous opportunity to elect not to receive the fundraising communications.

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, your general condition (e.g., fair or stable), and religious affiliation. This directory information may be released to people who ask for you by name. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. If you do not want this information shared, please let IU Health know; however, when you opt out of the facility directory, this means visitors may not be able to locate you or you may miss hospital room phone calls or flower deliveries.

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 health care or payment for your health care. If you are unable to agree or object to such a disclosure, IU Health may disclose such information as necessary for your health care

or payment for your health care, 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 health care 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. IU Health may use and disclose your protected health information for research purposes under specific rules. 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 health care 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; to enable product recalls; 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; 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; and as otherwise permitted or required by law.

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 health care, 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, health care operations, and when permitted or required by law. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and other types of uses and disclosures of your health information not described by this Notice requires an authorization and will be made only with your written authorization. IU Health will not sell your protected health information.

Federal law under 42 CFR Part 2 (Part 2) provides extra confidentiality protections to substance use disorder (SUD) patient records. Therefore, this Notice in combination with the following section applies as the Notice of Privacy Practices of IU Health to its SUD patients receiving SUD treatment by a Part 2 provider or program.

SUBSTANCE USE DISORDER (SUD) TREATMENT

If you receive SUD treatment from an IU Health Part 2 provider or program, we comply with the Federal law that protects the confidentiality of SUD treatment records (also called Part 2) in addition to HIPAA. This Notice along with

the following section explains your privacy rights and how we may use or disclose your information under both laws. Your information will only be shared as the law allows – and when the stricter rule applies, we will follow the one that provides you with the most protection.

If we receive or obtain from you a single written consent to use and disclose your SUD records for purposes of treatment, payment or health care operations, IU Health may use and disclose your SUD records for all future treatment, payment and health care operations purposes as described in this Notice and in compliance with this section. If you consent to disclosure of your SUD records using a general designation (for example, 'to my treating providers'), the records may be shared through an intermediary—an entity that facilitates disclosures to multiple providers who have a treating relationship with you. You have the right to request a list of disclosures made by such intermediaries within the past three years by contacting the Health Information Management department at IU Health.

SUD treatment records, or testimony about their contents, cannot be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you provide your specific written consent or a court issues an order after notice and an opportunity to be heard. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the SUD treatment record is used or disclosed.

If you were mandated to SUD treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Most uses and disclosures of SUD counseling notes will be made only with your written authorization. Records of SUD patients may be disclosed for public health purposes without patient consent so long as the records disclosed to a public health authority have been de-identified according to HIPAA.

PROHIBITED USES AND DISCLOSURES

IU Health is prohibited from using or disclosing your health information for certain purposes, such as selling your protected health information. For example, we will not sell your protected health information to a marketing company.

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 health care 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

IU Health is required by Federal law to maintain the privacy and security of your protected health information and SUD treatment records. If a breach occurs involving unsecured protected health information or unsecured SUD records protected under Part 2 or HIPAA, we will notify you, consistent with federal requirements. This notice will include details, such as what happened, what information was involved, any steps you should take to protect yourself, and what we are doing to mitigate harm. We will also notify the U.S. Department of Health and Human Services and, when required, the media.

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, health care 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 health care 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 health care operations purposes (not for treatment) if the

disclosure pertains solely to a health care 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 health care 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 described by this Notice or allowed by law will be made only with your written authorization. If you provide written authorization to use or disclose protected health information, you may revoke that authorization at any time by giving written notice to the Health Information Management department of IU Health. If you revoke your authorization, IU Health will no longer use or disclose protected health information about you for the reasons covered by your initial written authorization. Please understand that IU Health is unable to take back any disclosures it may have already made with your permission and that we are still required to retain our records containing your health information that documents the care that we provided you.

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 or as anonymized, 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 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.

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).

ATENCIÓN: 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

IU Health - Health Information Management Department

T 317.962.8670

Email: medicalrecords@iuhealth.org

Website: 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

Centralized Case Management Operations

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, DC 20201

Email: OCRMail@hhs.gov or

OCRComplaint@hhs.gov

T 800.368.1019

TDD 800.537.7697

Website: hhs.gov/ocr