

**YOUR RIGHTS:** When it comes to your health information, you have certain rights. This section will explain your rights.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for services or health care item out-of-pocket in full, you can ask us to not share that information for the purpose of payment or our operations with your insurer. We will say “yes” unless a law requires us to share that information. In addition, because of the many health care providers participating in the organized health care arrangement (Monroe Hospital and its Medical Staff members), we generally cannot agree to special requests. 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 Director of Health Information Services (see *contact information listed at the end of this notice*). 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 INSPECT AND COPY:** You have the right to inspect and obtain electronic or paper copy medical information that may be used to make decisions about your care. If you are a current inpatient, you should notify your primary nurse and complete the required form. If you are an outpatient or discharged patient, you should contact the Director of Health Information Services to obtain and complete the required form (See *contact information listed at the end of this notice*). 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 will provide a copy or summary of requested records within 30days of your request. We may deny your request to inspect and copy in certain circumstances as defined by applicable state & federal law. If your request is denied, you have the right to have the denial reviewed by another licensed health care professional chosen by the hospital and who did not participate in the original decision to deny. We will comply with the outcome of the review.

**RIGHT TO AMEND YOUR HEALTH RECORD:** 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 the hospital. If you are a current inpatient, you should notify your primary nurse and complete the required form. If you are an outpatient or discharged patient, you should contact the Director of Health Information Services in writing, (see *contact information listed at the end of this Notice*) to obtain and complete the required form. In addition, you must provide a reason that supports your request. We may deny your request to amend your health record if the record:

- 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 a part of the information which you would not be permitted by law to inspect and copy; or
- Is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we share it with, and why. We will include all disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures (*such as any you asked us to make*). To request this information, you must submit your request in writing to the Director of Health Information Services in writing (see *contact information listed at the end of this*

*notice*). Your request must state a time period which may not include dates before April 14, 2003. Your request should indicate in what format you want the accounting (*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 a reasonable, cost-based fee if you request another list within 12 months. 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 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, at home, by phone, by mail or by email. To request confidential communications, you must make your request in writing to Monroe Hospital at: Patient Access Department manager, 4011 S Monroe Medical Park Blvd, Bloomington, IN, 47403. 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 and we will provide it promptly. To obtain a paper copy of this notice, you may contact Monroe Hospital, Attn: Patient Access Manager, 4011 S Monroe Medical Park Blvd, Bloomington, IN, 47403.

**RIGHT TO CHOOSE SOMEONE TO ACT ON YOUR BEHALF:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health. We will make every effort to verify the person truly has authority and can act for you before we take any action

**To be binding, any agreement to comply with any special restrictions must be in writing signed by the director of Health Information Management**

#### COMPLAINTS AND CONTACT INFORMATION

If you have any questions about this notice or wish to request further information, contact Monroe Hospital at the number listed below. If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 18-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). To file a complaint with the hospital, contact the Director of Compliance at the number listed below. All complaints must be submitted in writing. **We will not retaliate against you for filing a complaint.**

PRIVACY OFFICER  
MONROE HOSPITAL  
4011 S. MONROE MEDICAL PARK BLVD  
BLOOMINGTON, IN 47403  
Phone: 812.825.1111 Fax: 812.825.0750  
E-mail: [wecare@monroehospital.com](mailto:wecare@monroehospital.com)



## HIPAA NOTICE OF PRIVACY PRACTICES

### MONROE HOSPITAL & AFFILIATES

EFFECTIVE DATE: APRIL 14, 2003  
REVISED 01/2014

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW IT CAREFULLY**

#### OUR RESPONSIBILITIES

We are required under applicable state & federal law to:

- ♦ maintain the privacy of your medical information;
- ♦ Give you this notice about our privacy practices, our legal duties, & your rights concerning your medical information.
- ♦ Follow the privacy practices described in this notice while it is in effect.
- ♦ Promptly notify you in the unlikely event that your protected health information is improperly disclosed, used or accessed.

#### WHO WILL FOLLOW THIS NOTICE?

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital, including outpatient facilities
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees and staff in all departments and units

Monroe Hospital, affiliates, and members of Monroe hospital medical staff may share medical information with each other for treatment, payment or health care operations purposes as described in this notice. Although the hospital and medical staff members have established an organized health care arrangement for purposes of complying with privacy laws, medical staff members are not employees or agents of the hospital and remain independent contractors.

**PROVIDED TO ALL PATIENTS AT EVERY ENCOUNTER**

## OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that your medical information is personal and we are committed to protecting that information. We create a record of the care you receive at the hospital. 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 the Monroe hospital, whether made by the hospital personnel or your personal doctor. Your personal doctor may have different policies regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways we may use and disclose your medical information as well as explain what your rights and obligations are regarding the use and disclosure of the information.

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category we will explain what we mean and try to give an example. 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, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For 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, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.

**FOR PAYMENT:** We may use and disclose medical information about you to obtain prior approval from your insurance company for treatment & services. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for surgery.

**FOR HEALTHCARE OPERATIONS:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information about you to evaluate our staff and services or for teaching purposes. We may also combine medical information about many hospital patients and about other hospitals to see where we can make improvements in the quality of care and services we offer. We may also combine medical information from other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

**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 the hospital.

**TREATMENT ALTERNATIVES & HEALTH RELATED SERVICES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives or health related benefits or services that may be of interest to you.

**FUNDRAISING & MARKETING ACTIVITIES:** We may use information about you or disclose it to our foundation office so they may contact you in an effort to raise money for the hospital and its operations. We only would release contact information, such as your name, address, phone number, and dates you received treatment or services at the hospital. **However, you have the right to tell us not to contact you** regarding fundraising & marketing activities by notifying the Director of Compliance (*see contact information listed at end of this notice*).

**HOSPITAL DIRECTORY:** Unless you tell us not to, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital,

your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliations also may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** Unless you tell us not to, we may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts 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 or to help people preparing a research proposal. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, must be approved by a privacy board that has reviewed the research proposal to ensure the privacy of your medical condition.

**BUSINESS ASSOCIATES:** There are some services provided in the hospital through contracts with business associates. One example is the copy service we use when making copies of your health record. We may disclose your healthcare information to our business associate so they can perform the job we have asked them to do. To protect your health information, however, we require business associates to appropriately safeguard your information.

**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 may use and disclose medical information about you when necessary to prevent a serious threat to the health and safety of you or another person. Any disclosure, however, would only be to someone able to prevent the threat.

## SPECIAL SITUATIONS

**WORKERS' COMPENSATION:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

**ORGAN & TISSUE DONATION:** If you are an organ donor, we may release medical information about you 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 OR 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.

**CORNER, MEDICAL EXAMINER, & FUNERAL DIRECTORS:** We may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**PUBLIC HEALTH RISKS:** We may disclose medical information about you for public health services.

These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.

**LAWSUITS & DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT:** We may release medical information about you if asked to do so by a law enforcement official:

- 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 hospital; 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.

**NATIONAL SECURITY, INTELLIGENCE ACTIVITIES & PROTECTIVE SERVICES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law and for protective services for certain public and foreign officials.

**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 the health and safety of you or the other inmates; or (3) for the safety and security of the correctional institution.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures not covered by this notice or the laws that apply to us - including those that constitute a sale of protected health information will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## 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 the hospital's website. The notice will contain on the first page, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.