

## JOHNSON MEMORIAL HEALTH PHYSICIAN NETWORK

Family Physicians of Johnson County, Suite 101, 1155 W. Jefferson Street, Franklin, IN 46131  
Family Physicians of Johnson County, Suite 200, 3000 State Road 135, Greenwood, IN 46143  
Family Physicians of Johnson County, 340 Tracy Road Whiteland, IN 46184  
Franklin Surgical Associates, Suite 102 1155 W. Jefferson Street, Franklin, IN 46131  
Franklin Surgical Associates, Suite 210, 3000 State Road 135, Greenwood, IN 46143  
Johnson County Women's Care Group, Suite S200, 1125 W. Jefferson Street, Franklin, IN 46131  
Johnson County Women's Care Group, Suite 200, 3000 State Road 135, Greenwood, IN 46143  
Johnson Memorial Health Affiliates, Suite 202, 1155 W. Jefferson Street, Franklin, IN 46131  
Johnson Memorial Hospital Anesthesia Services, 1125 W. Jefferson Street, Franklin, IN 46131  
Johnson Memorial Pain Center, 1101 W. Jefferson Street, Suite S, Franklin, IN 46131  
Orthopaedic Care Center, Suite 103, 1155 W. Jefferson Street, Franklin, IN 46131

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: February 1, 2015

### **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 DUTIES REGARDING MEDICAL INFORMATION:**

We understand that protected health information ("medical information") about you is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care generated by us, whether made by us, or by other physicians or hospital personnel. Other health care providers may have different policies or notices regarding their use and disclosure of your medical information created by them.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of your medical information.
- Give you this notice of our legal duties and privacy practices regarding your medical information.
- Follow the terms of this notice that is currently in effect.

#### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS.**

The following categories describe different ways that we may use and disclose medical information about you to carry out treatment, payment or health care operations.

**Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other doctors, nurses, technicians, medical students or hospital personnel who are involved in taking care of you at a 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 a dietitian at a hospital if you have diabetes so that the hospital can arrange for appropriate meals. Different departments of a 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 another health care provider so that the other provider can treat you. For example, we may disclose medical information about you to a hospital so that it can provide hospital care to you.

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan or insurance company information about treatment you received from us at a hospital so your health plan or insurance company will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose medical information about you to another health care provider, health plan or health care clearinghouse for the payment activities of that other provider or entity. For example, we may disclose medical information about you to another doctor so that he may obtain reimbursement for services which he provided to you.

**Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our medical practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff or other persons in caring for you. We may also combine medical information about many patients to decide what additional services we might offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to other doctors, nurses, technicians, medical students and hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We also may disclose medical information about you to another health care provider, health plan or health care clearinghouse for the health care operations of that other provider or entity, if that other provider or entity either has or had a relationship with you. For example, we may disclose medical information about you to a hospital where you were treated for the quality assessment and improvement activities of that hospital.

**Organized Health Care Arrangement.** An organized health care arrangement is an arrangement in which more than one health care provider, health plan or health care clearinghouse participates. We may disclose medical information about you to another entity that participates with us in an organized health care arrangement. For example, we may disclose medical information about you to another doctor or a hospital in an organized health care arrangement with us so that the other health care provider could review health care decisions which we have made.

**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 our office or a hospital.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for Johnson Memorial Hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the Johnson County Health Foundation at 1125 W. Jefferson Street, Franklin, IN 46131 in writing.

#### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR A HOSPITAL DIRECTORY AND TO GIVE INFORMATION TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.**

The following categories describe different ways that we may use and disclose medical information about you for a hospital directory and to give information to individuals involved in your care or payment for your care. However, generally speaking, we must orally inform you of this and give you the opportunity to orally agree to or prohibit or restrict use and disclosure of medical information about you for these purposes. In certain situations, such as emergencies, your incapacity or disaster relief purposes, we do not have to inform you or give you an opportunity to agree or object to our use and disclosure of medical information about you for these purposes.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a person who has been determined to be involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in a hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR WITHOUT YOUR WRITTEN AUTHORIZATION OR THE OPPORTUNITY TO ORALLY AGREE OR OBJECT IN CERTAIN SITUATIONS.**

The following categories describe different ways that we may use and disclose medical information about you in certain situations without your written authorization or the opportunity for you to orally agree or object to the use and disclosure.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities include but are not limited to the following: reports to public health authorities for the purpose of preventing or controlling disease, injury or disability, including reporting such items and reporting births and deaths, and reports to the Food and Drug Administration.

**Victims of Abuse, Neglect or Domestic Violence.** We may disclose to a government authority medical information about a person whom we believe to be a victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** 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 by the person seeking the information to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement Purposes.** We may release medical information about you to a law enforcement official under certain circumstances. These include, but are not limited to: a response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; to give information 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 in our office or on the premises of a hospital where we are treating you; 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.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our office or the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our office or the hospital.

**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 your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Specialized Government Functions.** Military and veterans activities: If you are or have been a member of the armed forces, we may release medical information about you as required by military command authorities or for veterans purposes. We may also release medical information about foreign military personnel to the appropriate foreign military authority. National security and intelligence activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Protective services for the President and others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. Law enforcement custodial situations: 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.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**All Other Purposes.** Other uses and disclosures that are not mentioned above will be made only with your written authorization, and you may revoke this authorization in writing at any time, except for what we have already disclosed pursuant to your authorization.

### **YOU HAVE RIGHTS REGARDING YOUR MEDICAL INFORMATION.**

You have the following rights regarding your medical information:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

*We are not required to agree to your request, except as provided in the next sentence in parentheses.* (We must comply with your written request to restrict the use and disclosure of your record to a health plan for the purpose of carrying out payment or health care operations when you pay the out-of-pocket treatment fees in full at the time that the service is rendered.) 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 Medical Information Department of Johnson Memorial Hospital. 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. We have the right to terminate restrictions that we have agreed to.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Medical Information Department of Johnson Memorial Hospital. 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 Inspect and Copy.** You have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but it does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Information Department of Johnson Memorial Hospital. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, in most situations you may request that the denial be reviewed. If we deny your request and if you have the right of review, another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If we use or maintain an electronic health record, you have the right to obtain your records in an electronic format. If you request to receive an electronic copy of your records, we will provide your records in the electronic form or format that you request if we are able to readily produce the record in the format that you request (however, we do not allow outside devices to be connected to our computer systems.) Otherwise we will provide the record to you as a PDF file emailed to you.

You also may choose to direct us to transmit the electronic record directly to a third party that you specifically designate in writing. We may charge a fee for the copying the electronic record and supplies if you request that the copy be provided on portable media.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to the Medical Information Department of Johnson Memorial Hospital. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** Under some circumstances, you have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. Generally, there is no right to an accounting for certain types of disclosures, for example, disclosures to carry out treatment, payment and health care operations. However, if we use or maintain an electronic health record with respect to Protected Health Information, the disclosures of the PHI through that electronic health record for treatment, payment, and health care operations will be subject to the accounting of disclosures requirement. For disclosures of your medical information made by us through an electronic health record for treatment, payment, and health care operations purposes, you must submit a written request in which you must specify which medical information disclosures that you would like the access report for. Your request for an Access Report must state a time period that is within three years of your request.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Information Department of Johnson Memorial Hospital. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Generally speaking, we are allowed 60 days to provide you with this information.

**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. You may contact Patient Registration or the Medical Information Department. If you are currently an inpatient you may ask your nurse to assist you in obtaining this copy. You may obtain a copy of this notice at our website, [www.johnsonmemorial.org](http://www.johnsonmemorial.org).

### **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 our office. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **COMPLAINTS; CONTACT INFORMATION**

If you have a complaint, you may file it with the hospital or with the Secretary of the Department of Health and Human Services. If you want to file a complaint with us or need further information from us about the matters covered by this notice, you may contact the Patient Advocate for Johnson Memorial Hospital by calling (317) 346-3929 or by mail (at the address shown above). All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.