

## JOINT NOTICE OF PRIVACY PRACTICES

**DeKalb Health**

**Effective Date:** September 23, 2013

**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.**

**If you have any questions about this Joint Notice of Privacy Practices, please contact** the Privacy Officer by dialing the main hospital number at (260) 925-4600. Anyone has a right to ask for a paper copy of this notice at any time.

You will be asked to sign an acknowledgement statement verifying the receipt of this Joint Privacy Notice.

DeKalb Health and its Medical Staff participate in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is defined as “a clinically integrated care setting in which individuals typically receive health care from more than one health care provider”. DeKalb Health and its Medical Staff are an OHCA under this rule and agree to follow the terms of this Joint Notice of Privacy Practices with respect to your health information. This also means that OHCA members will share your health information to carry out treatment, payment, or health care operations relating to the OHCA. Any OHCA member may give you a copy of the Notice. Physicians are only part of our OHCA when they see you at the hospital. Members of the OHCA do not assume “joint and several liability” meaning they are not treated as one for violations of HIPAA or other wrongful acts that are punishable by state law.

### WHO WILL FOLLOW THIS NOTICE:

This Notice describes our OHCA's practices and that of:

- Any health care professional authorized to enter information into your hospital medical record.
- All departments and units of DeKalb Health.
- Any member of a volunteer group we allow to help you while you are in DeKalb Health.
- All employees, staff, other organizational personnel, and other workforce members including but not limited to Physical Therapists, Occupational Therapists and Dietitians.
- All areas of the hospital.
- Healthcare professionals and students in training.
- DeKalb Health is defined as: DeKalb Health, DeKalb Health EMS, DeKalb Health Home Care and Hospice, DeKalb Health Medical Group, DeKalb Health PharmaCare LLC, and the individual physicians who are members of the medical staff and participate in our OHCA including but not limited to those services we contract for, such as the radiologists, emergency physicians, and pathologists and any professional corporation or other entity within which such physicians do business. All of the above listed follow the terms of this Notice. In addition, the above listed may share health information with each other for treatment, payment, and health care operation purposes described in this Notice.

### OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal. We are committed to protecting your health information. Health information includes demographic information and information that relates to your past, present, or future physical or mental health and related health care services. We create a record of the care and services you receive at DeKalb Health. 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 created by DeKalb Health whether our personnel or your personal physician creates it. Your personal physician may have different policies or Notices regarding the physician's use and disclosure of your health information created in the physician's office or clinic.

This Notice will tell you about the ways we may use and disclose your health information. We also explain your rights and certain duties we have regarding the use and disclosure of your health information.

### By law we are required to:

- Make certain that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with health information about you;
- Follow the terms of the Notice that is currently in effect; and
- Notify you of any breach of unsecured protected health information involving your health information.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

There are different ways that we may use and disclose your health information. For each type or use or disclosure, we will explain what we mean and try to give an example. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

- **For Treatment:** We may use your health information to provide you treatment, healthcare or other related services. We may disclose your health information to doctors, nurses, technicians, medical students, or other hospital employees who are involved in taking care of you. 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. Another example may be when we consult with other health care providers concerning you and as part of the consultation, share your health information with them. We will also share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. In some cases the sharing of your health information with other healthcare providers may be done electronically, including through an electronic health information exchange. We also may disclose your health information with other people that may help with your health care after you leave the hospital, such as your next health care provider, family members who are taking care of you, home health providers, or others who may provide health care services.
- **For Payment:** We may use or disclose your health information so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a surgery you received here so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose your health information for hospital operations. This sharing of information is necessary to run the hospital and helps ensure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to measure how well our staff is caring for you. We may also combine health information about many of our patients to decide what other services we should offer, what services are not needed, and whether certain new treatments are helpful. We may also provide your health information to various governmental or accreditation entities to maintain our license and accreditation. We may also disclose information to doctors, nurses, technicians, medical students, volunteers, and other hospital personnel for review and learning purposes.
- **Disclosures to You:** Upon a request by you, we may use or disclose your health information in agreement with your request.
- **Incidental Uses and Disclosures:** We may occasionally unintentionally use or disclose your health information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing conversations that take place between doctors, nurses, or other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, and others, as much as possible.
- **Business Associates:** We will share your health information with third party “business associates” that perform various activities for the hospital (e.g. billing). Whenever an arrangement between our hospital and a business associate involves the use or disclosure of your health information, we will have a written contract that contains the terms that will protect the privacy of your health information. Also we may use your health information or disclose it to a third party whom we hired, to create information, which does not identify you in any way. Once we de-identified your information, it can be used or disclosed in any way according to law.
- **Treatment Alternatives or Health-Related Benefits and Services:** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.
- **Marketing Communications:** We may use and disclose your health information to communicate with you about a product or service to encourage you to purchase the product or service. This may be:
  - To describe a health-related product or service that is provided by us;

- For your treatment;
- For case management or care coordination for you; and
- To direct or recommend alternative treatments, therapies, health care providers, or settings of care.

We may communicate to you about products and services in a face-to-face communication by us to you. We also may communicate about products or services in the form of a promotional gift of nominal value. If the communication to you involves direct or indirect payment to us from or on behalf of a third party whose product or service is being described, we will obtain your authorization for any use or disclosure of your health information.

- **Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care. You may contact our Privacy Officer to request that these materials not be sent to you.
- **Facility Directory:** DeKalb Health maintains a patient directory; we may include certain information about you in the patient directory while you are a patient with us. The directory may include your name, location in the facility, your general condition (e.g. critical, fair, good, 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. Unless you object, your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. This way family, friends, and clergy can visit you while you're in the hospital and generally know how you are doing. The only reason this information would not be given out is if you choose to not be included in the patient directory or do not give us permission to tell your clergy you are here. If you choose to not be in the directory, we cannot give any information out about you. We will not be able to deliver your mail or flowers if you are not in the directory. In an emergency situation if you are unable to choose whether or not you want to be in the facility directory, we will try to look at a previous visit and use the decision that you made then. If the information is not readily available, we will use professional judgment to decide what is in your best interest.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release your health information to a friend, family member, or responsible party who is involved in your health care. We may also give information to someone who helps pay for your care. We may use or disclose health information about you to notify or assist in notifying those persons of your location, general condition, or death. We may also tell your family or friends your condition and that you are in the hospital if you choose to be in the patient directory or you give permission for us to do so. We may also share information about you to a group or person assisting in a disaster relief effort so that your family can be notified. If there is a family member or close friend that you do not want us to disclose health information to, please notify the staff member who is providing care to you.
- **Research:** We may share health 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. These research projects are subject to a special approval process. This process reviews a proposed research project and its use of health information. Before we use health information, the project will have been approved through this research approval process. We may share health information about you to people preparing to conduct a research project. For example, we may share information to help them look for patients with specific medical needs. This information is not allowed to leave the hospital.
- **As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local laws and the disclosure will be made consistent with the requirements of those laws. We must also disclose your health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the Privacy Rule.
- **To Avert a Serious Threat to Health or Safety:** We may use or disclose your health information 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 would only be to someone able to help prevent the threat. We may also release your health information if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend individuals who admitted to participating in a violent crime or who is an escapee from a correctional institution or from lawful custody.
- **Disclosure by Members of Our Workforce:** Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your health information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's

belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers, or the public. In addition, if a workforce member is a crime victim, the member may disclose your health information to a law enforcement official.

- **Limited Data Sets:** We may use or disclose certain parts of your health information, called a “limited data set”, for purposes of research, public health reasons or for health care operations. We would disclose a limited data set only to third parties that have provided us with satisfactory assurances that they will use or disclose your health information only for limited purposes.
- **About Victims of Abuse:** We may disclose your health information to notify the appropriate government authority if we believe an individual 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.
- **Suspected Abuse or Neglect:** If we believe that a person is a victim of child or adult abuse or neglect, we are required by law to report certain information to public authorities.
- **Fundraising Activities:** We may use your health information to contact you in an effort to raise money for DeKalb Health and its operations. We may disclose health information to a foundation related to DeKalb Health so that the foundation may contact you to raise money for DeKalb Health. In these cases, we would use or disclose only your name, address and phone number, age, gender, and the dates and departments of service. If you do not want us to contact you for fundraising efforts, you must notify in writing the Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600
- **Disclosures of Medical Information of Minors:** Under Indiana law, we cannot disclose the health information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

#### SPECIAL SITUATIONS

- **Organ and Tissue Donation:** We may release 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.
- **Military and Veterans:** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a part of the Foreign Military Personnel.
- **Worker’s Compensation:** We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses without regard to fault.
- **Public Health Purposes:** We may disclose health information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - 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;
  - To report defective medical devices or problems with medications; and
  - To notify people of recalls of products they may be using.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, licensure, or disciplinary actions.

These activities are necessary for the government to monitor the health care system, government benefit programs, entities subject to various governmental regulations, and compliance with civil rights laws.

- **Lawsuits and Disputes:** We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, 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 health information to a law enforcement official in the following circumstances:
  - 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.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release health information to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties. We may also disclose such information in reasonable anticipation of death.
- **National Security and Intelligence Activities:** We may release health 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 health information about you to authorized federal officials so they may protect the President, federal and foreign officials or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health 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 your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution. Except for certain circumstances, the information disclosed to law enforcement officials will be limited to your contact information or physical characteristics.
- **Records Containing Drug or Alcohol Abuse Information:** Because of federal law, we will not release your health information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.
- **Records Containing Mental Health Information:** If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only in the following situations:
  - If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
  - Disclosures to our employees in certain circumstances:
  - For payment purposes;
  - For data collection, research, and monitoring managed care providers if the disclosure is made to the State Division of Mental Health and Addiction;
  - For law enforcement purposes or to avert a serious threat to the health and safety of you or others;
  - To a coroner or medical examiner;
  - To satisfy reporting requirements;
  - To satisfy release of information requirements that are required by law;
  - To another health care provider in a health care emergency;
  - For legitimate business purposes;
  - Under a court order;

- To the Secret Service if necessary to protect a person under Secret Service protection; and
- To the Statewide waiver ombudsman.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes. You also have the right to direct that we transmit a copy of such information directly to another person designated by you. If we maintain health information about you in electronic format, you have the right to a copy of your health information in the electronic form or format you request, so long as the information is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format.

To inspect and copy health information that may be used to make decisions about you, you must fill out a “Request for Access” form located in the department you are requesting health information from or contact the Health Information Management Department, Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600 at the hospital and make your request in writing there. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies related with your request. We have 30 days to process your request and under certain circumstances, we may take an additional 30 days after notifying you of the extension needed. If we grant your request, in whole or in part, we will inform you of our acceptance to your request and provide you access and copies.

We may deny your request to inspect and copy in certain very limited circumstances, such as, information compiled in anticipation of, or to use in, a civil, criminal, or administrative action or proceeding. Under some circumstances, if you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional, chosen by the organization, will review your request and the denial. We will comply with the outcome of the review.

- **Right to Amend:** If you feel that health 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 the hospital.

To request an amendment, you must completely fill out a “Request for Amendment” form (verbal requests will be accepted to correct/amend financial or demographic data) and you can get the request form from the Health Information Management Department. The request must be made in writing and submitted to the Health Information Management Department, Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600. We will act on your request within sixty (60) days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request. If we need more than sixty (60) days to make a decision we will notify you with the reasons for a delay and the date the hospital will complete the request.

If we deny your request for amendment in whole or in part, we will provide you written notice of the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be added to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for an amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved. You also will have the right to complain about our denial of your request.

We may deny your request for an amendment if it is not in writing (Request of Amendment form) 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 health 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:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you, except for the following disclosures:
    - Disclosures for treatment, payment, health care operations;
    - Disclosures that are incident to another use or disclosure;
    - Disclosures made to you or that you have authorized;
    - Disclosures for our patient directory or to persons involved in your care;
    - Disclosures for national security or intelligence purposes;
    - Disclosures to correctional institutions or law enforcement officials having custody of you;
    - Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is health information with some identifying information removed); and
    - Disclosures made prior to April 14, 2003.

To request this list of accounting of disclosures, you must fill out a “Request for an Accounting of Disclosures” form located in the Health Information Management Department, Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600 at the hospital. Your request must state a time period, which may not be longer than 6 years prior to the date of your request. Your request should indicate in what form you want the list (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 fee. 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. Usually, we will act on your request within sixty (60) days after we receive your request. Within that time, we will either provide you with the accounting of disclosures or give you a written statement of when we will provide the accounting and why the delay is necessary.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health 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 health 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. For example, you could ask that we not use or disclose information about a surgery you had to a particular person.

For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan, provided that such disclosure is not necessary for your treatment. ***In all other circumstances, we are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction, either you or we can later terminate the restriction.

To request restrictions, you should make your request in writing to the Health Information Management Department, Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600. 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 Request Confidential Communications:** You have the right to request that we communicate with you or your responsible party about health 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 fill out the “Request for Confidential Communications” form kept in the Registration and Health Information Management Departments and submit that request to the Privacy Officer, 1316 E. Seventh Street, Auburn, IN 46706, 260-925-4600. We will not ask you the reason for your request. We will accommodate all reasonable requests. However, we may require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you. 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. To obtain a paper copy of this Notice contact the Registration Department at the hospital (260) 925-4600 and request a copy be sent to you or you may pick up a copy in person. You may obtain a copy of this Notice at our website at [www.dekalbhealth.com](http://www.dekalbhealth.com).

#### 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 health 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 a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice if effect.

#### COMPLAINTS

- 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. To file a complaint about the hospital, contact the Community Services/Guest Relations Coordinator or Privacy Officer at the hospital. All complaints must be submitted in writing to:

Community Services/  
Guest Relations Coordinator or  
Privacy Officer  
DeKalb Health  
1316 E. Seventh Street  
Auburn, IN 46706  
260-925-4600

Region V, Office of Civil Rights  
U. S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

**You will not be penalized for filing a complaint.**

#### OTHER USES OF HEALTH INFORMATION

- Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission or authorization. If you give us authorization to use or disclose health information about you, you may cancel that authorization, in writing, at any time. If you cancel your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.