

JOHNSON MEMORIAL HOSPITAL
(also dba Johnson Memorial Health)
1125 W Jefferson Street, Franklin, IN 46131

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2021

Your Information. Your Rights. Our Responsibilities.

This Notice states how protected health information may be used and disclosed, and how you can gain access to this information. **Please review this document carefully.**

This Notice applies to the following Johnson Memorial Hospital areas (collectively referred to as JMH), including the hospital, Home Care Services, Immediate Care Center and Occupational Health Center, physician practices (Family Medicine Specialists, Internal Medicine Specialists, Pediatrics Specialists, Orthopedic Specialists, Women's Health Specialists, Surgical Specialists), all other departments and units of the hospital, and their affiliates, including: any medical staff members, employees, volunteers, and health care professionals authorized to enter information into your health/medical records. This Notice also covers other health care providers that come to JMH's facilities to care for patients (such as physicians, physician assistants, nurse practitioners, and other health care providers not employed by JMH, unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information.

“Protected health information or PHI” is your health information or other individually identifiable information, such as demographic data, that may identify you. PHI relates to your past, present or future health or condition, the provision of health care to you, or payment for your health care.

Our Legal Responsibility:

We understand medical information about you and your health is personal and we are committed to protecting this information. We are required by law to make sure your PHI is kept private and to give you this Notice about our legal duties and privacy practices. This Notice explains how, when, and why we may use or disclose (share or release) your PHI. In general, we must access, use, or disclose only the minimum necessary PHI to accomplish the purpose of the access, use or disclosure. We use your health information (and allow others to have it) only as permitted by federal and state laws.

We must follow the privacy practices described in the Notice, though **we reserve the right to change the terms of this Notice at any time.** We reserve the right to make new Notice provisions effective for all PHI we maintain or receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or patient waiting areas and post it on our website at www.johnsonmemorial.org. Copies of the Notice in effect are available at the registration areas for the providers indicated above.

Uses and Disclosures Not Requiring Your Authorization

We access, use, and disclose PHI for a variety of reasons. The following offers descriptions and examples. Please note that not each use or disclosure in each category is listed and these are general descriptions only. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such law.

Treatment. We may use and release medical information about you to physicians, nurses, technicians, or other health care professionals who are involved in your care and treatment for the purpose of providing or coordinating healthcare to you. For example, your PHI will be shared among members of your treatment team, referring providers, post-acute care facilities, pharmacies, etc.

JMH participates in certain Health Information Exchanges or Organizations (“HIEs” or “HIOs”). Specifically, JMH participates in the Indiana Health Information Exchange (“IHIE”) which helps make your PHI available to other healthcare providers who may need access to it to provide care or treatment to you.

Payment. We may use or release your PHI to bill and collect payment for your health care services. For example, we may share portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment.

Health Care Operations. We may use or share your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our caregivers or release your PHI to our auditors or attorneys for audit or legal purposes. We may use your PHI to evaluate the quality of health care services your received or to evaluate the performance of health care professionals who cared for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer or what services are not needed.

Appointment Reminders and Health-Related Benefits or Services. We may use and release medical information to contact you as a reminder that you have an appointment for treatment or medical care, or to provide information about treatment alternatives or other health care services. We may contact you by mail, telephone, or via MyJMH, our patient portal.

As Required by Law. We may share PHI when a law requires or allows us to do so. For example, we may report information about suspected abuse and/or neglect, relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. We must also release PHI to authorities monitoring compliance with these privacy requirements.

Public Health Activities. We may release PHI 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.

To Prevent a Serious Threat to Health or Safety. In order to avoid a serious and imminent threat to the health or safety of an individual or the public, we may release PHI to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Health Oversight Activities. We may release PHI to the Indiana State Department of Health or other agencies for audits, investigations, inspections, licensure, and other activities, as authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may release PHI about you in response to a court or administrative order. We may also share PHI 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 notify you of the request or to get an order from the court protecting the information requested.

Law Enforcement Purposes. We may release PHI to a law enforcement official in situations such as: in response to a court order, warrant, subpoena, summons or similar process; to identify a suspect, witness, or missing person; about crime victims; about a death that we may suspect is the result of a crime; or a crime that takes place at our facility. If you are an inmate of a correctional institution or under the custody of a law enforcement official, JMH may release your PHI for them to provide you with healthcare, to protect your health and safety or the health and safety of others, or to ensure the safety and security of the correctional institution.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI 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 PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

Organ or Tissue Donation. We may release your PHI to notify organ donation organizations, and to help them in organ, eye, or tissue donation and transplants.

Business Associates. We may share your health information with others called “business associates,” who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we offer.

Organized Health Care Arrangement. An organized health care arrangement includes a clinically integrated care setting in which patients receive health care from more than one health care provider. A hospital is perhaps the most common example of a clinically integrated care setting when a hospital and physicians with medical staff privileges at the hospital together provide treatment to patients. We may share medical information about you to another group that participates with the hospital in providing for your care. For example, we may release medical test results about you to your doctor so that he is able to treat you.

Research. Under certain conditions, we may use and share your PHI to help conduct research, dependent on certain safeguards. Research may involve finding a cure for an illness or helping to find out the effectiveness of treatments.

Military Activity. If you are, or have been, a member of the armed forces, we may share PHI 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 PHI to authorized federal officials when required by law. This information may be used to protect the president, other authorized persons, or foreign heads of state, to conduct special investigations, for intelligence and other national security activities authorized by law.

Workers' Compensation Purposes. We may release your PHI to your employer or your employer's insurance carrier for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Disaster Relief. In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition, or death.

Uses and Disclosures Requiring You to Have an Opportunity to Reject

In the following situations, we may use or release your PHI if we tell you about the use or release in advance and you have the opportunity to agree to, prohibit, or restrict the use or release, and you do not object. However, if there is an emergency situation and you cannot be given the opportunity to agree or object, we may use or release your PHI if it is consistent with any prior stated wishes and the use or release is determined to be in your best interests; provided that you must be informed and given an opportunity to object to further uses or releases for directory purposes as soon as you are able to do so.

Hospital (Patient) Directory. We may include limited information about you in the hospital directory while you are a patient. This information may include your name, the location at which you are getting care, your general condition (e.g., fair or stable), and your religious affiliation. This directory of information, except for your religious affiliation, may be shared with people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you indicate "No", you will be considered to be a "No Information" patient, and volunteers, caregivers and telephone operators will not tell anyone you are in the facility. Flowers, mail, phone calls and visitors will be turned away and not accepted if your room number is not provided.

Family, Friends or Others Involved in Your Care. We may share your PHI with a family member, friend, or other person you tell us is involved in your care information or involved in the payment of your care, unless you object in whole or in part. If you are not able to agree or object to such a release, we may share such information as needed if we decide that it is in your best interest. This could be sharing information with your family or friend so they can pick up a prescription or a medical supply.

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

Your Rights Regarding Your Protected Health Information (PHI)

You have the following rights relating to your PHI:

Right to Request Restrictions. You can ask us not to use or share certain PHI for treatment, payment, or health care operations purposes. For example, when you have paid for your services out of pocket in full, at your request we will not share information about those services with your payor (the organization that pays for your medical care), if such release is not required by law. To request a restriction, submit your request in writing to the Medical Information Department at JMH. The request should include (1) what information you want to limit; (2) whether you want to limit our use, release, or both; and (3) to whom you want the limits to apply – for example, releases to your spouse. For all other requests, we will consider your request, but we are not legally required to accept it. If we accept your request, we will document any limits in writing and follow them except in emergency situations.

Right to Request Confidential Communication. You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. For example, you can request that you are only contacted at work or at a specific address. You must make the request in writing to the Medical Information Department at JMH and should specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to inspect and copy your medical information. Usually this includes medical and billing records. To request a copy of your PHI, contact the Medical Information Department at JMH. You will need to complete a *Release of Information Authorization Form*. 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. If you request an electronic copy of your PHI that we maintain electronically, we will provide an electronic copy, and will do so in the electronic form or format you requested if the PHI is readily producible in that form or format.

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 or other entity which denied your request 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.

Right to Amend. If you believe there is a mistake or missing information in your health record, you may request, in writing, that we correct or add to the record. You have the right to request an amendment for as long as the information is kept by or for the hospital or other entity. Your request for an amendment must be made in writing, including a reason for the request, and submitted to the Medical Information Department at JMH.

We will respond within sixty (60) days of receiving your request. 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. JMH may deny a request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine the PHI is: (1) correct and complete; (2) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (3) is not part of the medical information kept by or for us; or (4) is not part of the information which you would be permitted to inspect and copy. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed. The information along with any written response you provide, will be added to your medical record.

Right to an Accounting of Disclosures. You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except as listed below – this is called an accounting of disclosures. The list will not include any disclosures made: (1) more than 6 years ago; (2) for treatment, payment, or health care operations purposes; (3) that you authorized; (4) for national security purposes; (5) through a facility directory; or (6) to certain law enforcement officials or correctional facilities. Your request must be in writing and specify which medical information disclosures that you would like the access report for and what time period. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for later requests.

Right to Receive Notice of Breach. We are required by law to maintain the privacy of your medical information, to provide you with a notice of our legal duties and privacy practices with respect to your medical information and notify you following a breach of your unsecured medical information. We will give you written notice in the event we learn of any unauthorized use of your medical information that has not otherwise been properly secured as required by HIPAA. We will notify you without unreasonable delay but no later than 60 days after the breach has been discovered.

Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request. To obtain a copy of this Notice, you may pick up a copy at any check-in point throughout the hospital and physician practices, at Registration, or you may contact the Medical Information Department. You may also obtain a copy of this Notice at our website at www.johnsonmemorial.org.

Use of Unsecure Electronic Communications

If you choose to communicate with us or any JMH providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same way 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, MyJMH, for secure electronic communications.

Questions or Complaints About Our Privacy Practices:

If you have questions about this Notice, or believe JMH has violated your privacy rights, you may file a complaint with us by contacting the Patient Advocate, or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Medical Information
Department**

Johnson Memorial Hospital
1125 W. Jefferson Street
PO Box 549
Franklin, IN 46131
317-736-3573

Patient Advocate Office
Johnson Memorial Hospital
1125 W. Jefferson Street
PO Box 549
Franklin, IN 46131
317-346-3929

Centralized Case Management
Operations
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
OCRComplaint@hhs.gov
or Complaint Portal
ocrportal.hhs.gov