



**COMMUNITY HEALTH NETWORK, INC.  
NOTICE OF PRIVACY PRACTICES**

**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.**

This Notice describes privacy practices of Community Health Network, Inc., Community Hospital North, Community Hospital East, Community Hospital South, Community Heart and Vascular Hospital (a facility of Community Hospital East), Community Howard Regional Health, Community Howard Specialty Hospital, Community Physician Network, Community Howard Physician Network, Community Home Health, Community Surgery Center North, Community Surgery Center East, Community Surgery Center South, Community Surgery Center Hamilton, Community Surgery Center Howard, Community Surgery Center Northwest, Community Endoscopy Center Indianapolis, Community Digestive Center Anderson, and their affiliates, including: any medical staff members, employees, volunteers, and health care professionals authorized to enter information into your health/medical records (hereinafter referred to as Community Health Network or Network).

**I. Our Duty to Safeguard Your Protected Health Information:**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered Protected Health Information (PHI). We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure that 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 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. If we discover a breach of your unsecured PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this 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 currently maintain or that we 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.eCommunity.com](http://www.eCommunity.com). Copies of the Notice currently in effect are available at the registration areas for the providers listed above.

**II. How We May Use and Disclose Your Protected Health Information:**

We access, use and disclose PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access/uses/disclosures of your PHI. Other uses/disclosures not described in this Notice will be made only with your authorization.

**Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Since we are an integrated system, we may share your PHI with designated staff within the Network, for treatment, payment or operations purposes. We also may have these activities performed by other companies on our behalf. Generally, we may access/use/disclose your PHI:

- **For treatment:** We may access/use/disclose or allow others to access/use/disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing or coordinating your health care. For example, your PHI will be shared among members of your treatment team, referring providers, post-acute care facilities, pharmacies, etc. If you are an inpatient, your name may be posted outside the door of your room.
- **To obtain payment:** We may access/use/disclose or allow others to access/use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release 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 release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.

- **For health care operations:** We may access/use/disclose 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 staff or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health. We may allow other providers to access, use or disclose your PHI for some of their healthcare operations purposes, when you are also a patient of that provider. For example, we may share PHI with other providers for quality purposes.
- **Fundraising:** We or our Foundations may contact you to raise money for the Network and its operations, unless you tell us not to contact you for this purpose. You have the right to opt out of receiving fundraising communications from us and we will tell you how to opt out in every fundraising communication.

**Uses and Disclosures Requiring Authorization:** For other uses and disclosures not described in this Notice, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization by notifying us in writing. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization as of the date we receive your revocation. Your revocation will not apply to information already released. (See Section VI for instructions on revoking an authorization.) We cannot refuse to treat you if you do not sign an authorization to release PHI, **unless** services provided are solely to create health records for a third party, like physical exam and drug testing for an employer or insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not sell your PHI or use or disclose your PHI for marketing purposes without your authorization. We will not disclose any psychotherapy notes (as defined by the Health Insurance Portability & Accountability Act) without your authorization.

**Uses and Disclosures Not Requiring Authorization:** The law allows us to access/use/disclose your PHI without your authorization in certain situations, including but not limited to:

- **When required by law:** We may disclose 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 disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For public health activities:** We may disclose PHI when we are required or allowed to collect information about disease or injury or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.
- **For health oversight activities:** We may disclose PHI to the Indiana State Department of Health or other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- **For research purposes:** In certain circumstances, and under supervision of an Institutional Review Board, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another.
- **To avert a 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 disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Law enforcement:** We may disclose PHI to a law enforcement official in circumstances such as: in response to a court order; 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.
- **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the President.
- **Workers' Compensation:** We may disclose your PHI to your employer or your employer's insurance carrier for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- **Inmates:** An inmate of a correctional institution does not have the rights listed in this Notice.

**Uses and Disclosures Requiring You to Have an Opportunity to Object:** In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure, 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 disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further uses or disclosures for patient directory purposes as soon as you are able to do so.

- **Patient Directories:** If you are hospitalized, your name, location, general condition, and religious affiliation may be put into our patient directory for use by callers or visitors who ask for you by name and by clergy. If you ask to be a “No Information” patient, volunteers, employees and telephone operators will **not** tell **anyone** that you are in the facility and flowers, mail, phone calls and visitors will be turned away and not accepted if your room number is not provided.
- **To families, friends or others involved in your care:** We may share with your family, your friends or others involved in your care information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.
- **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.

### **III. Your Rights Regarding Your Protected Health Information:**

You have the following rights relating to your PHI:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. If you have paid in full for a service and have requested that we not share PHI related to that service to a health plan, we must agree to that request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to the Network affiliates listed in the beginning of this Notice. You understand that restrictions will not apply to disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

**To request confidential communication:** You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. If you request a copy of your PHI in an electronic format, we will provide an electronic copy, if the PHI is readily producible in the electronic form that you’ve requested. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving 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. We may also deny your request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your record. If we approve the request for amendment, we will change the PHI, inform you that the change has been made, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** 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.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made: for treatment, payment or health care operations purposes; that you have authorized; for national security purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. 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 subsequent requests.

**To receive a paper copy of this Notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. To obtain a copy of this Notice, contact one of the individuals identified in Section V. below.

#### **IV. How to Complain About Our Privacy Practices:**

If you think we may have violated your privacy rights or if you disagree with a decision we made about access to your PHI, you may file a complaint with a person listed in Section V. below. You may also submit an anonymous complaint by calling 1-800-638-5071. You may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized if you file a complaint.**

#### **V. Contact Persons for Information or to Submit a Complaint:**

If you have questions about this Notice or complaints about our privacy practices, please contact:

- Marti A. Baker, Network Privacy & Compliance Consultant, 317-621-7321, [mabaker@eCommunity.com](mailto:mabaker@eCommunity.com);
- Melissa Kleine, Director Risk Management, Community Home Health, 317-621-4832  
[MKleine@eCommunity.com](mailto:MKleine@eCommunity.com);
- Leslee Llantz, Compliance Liaison, Community Howard Regional Health, 765-453-8462,  
[Llantz@communityhoward.org](mailto:Llantz@communityhoward.org); or
- Jackie Smith, VP Compliance, 317-621-7324, [Jackie.Smith@eCommunity.com](mailto:Jackie.Smith@eCommunity.com).

#### **VI. Instructions for Revoking an Authorization:**

You may revoke an authorization to access, use or disclose your PHI, in writing, except: 1) to the extent that action has been taken in reliance on the authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage and the insurer is questioning a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation. Written revocation must be addressed to: Health Information Management, Release of Information, 1500 N. Ritter Ave., Indianapolis, IN 46219. Such revocation will **not** be effective until received by the Network.

#### **VII. Effective Date:**

This Notice was effective on 4/14/03. This Notice was updated on 10/15/04, 1/1/05, 1/21/05, 3/30/07, 1/1/10, 10/1/12, 9/23/13, 10/1/2014, 6/10/15, 7/1/2015, 6/10/16 and 4/28/17.