



## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

State Form 52136 (R2 / 1-18)

Evansville State Hospital

Indiana Family & Social Services Administration

**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.**

### Understanding Your Health Record/Information

When you are admitted to Logansport State Hospital, we will prepare and maintain a medical record for you that contains information about you and the care we provide to you. The privacy of your medical information is protected under certain state and federal laws. Our privacy practices, as described in this notice, are designed to protect your privacy, which is very important to us, and to comply with these laws.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy.
- better understand who, what, when, where, and why others may access or use your health information.
- make more informed decisions when authorizing disclosure to others.

### Your Individual Rights

Although your health record is the physical property of Logansport State Hospital, the information contained in the record belongs to you. Your rights regarding your medical information include:

- **Access:** You have the right to inspect and obtain a paper or electronic copy of your medical information, with limited exceptions, in any reasonable format you request. We may charge you a reasonable, cost-based fee for copying and mailing, and for preparing any summary or explanation you request. To obtain a copy of your medical information, please complete the *Authorization for Release of Health Information* form and submit it to the hospital's Privacy Liaison.
- **Restrictions:** You have the right to request that we restrict our use of your medical information for treatment, payment, or healthcare operations, or with family and friends or others you identify. We are not required to agree with your request; if we do agree we

will abide by our agreement except in a medical emergency or as required or authorized by law. To request a restriction, please complete the *Request for Restriction of Uses and Disclosures of Protected Health Information* form and submit it to the hospital's Privacy Liaison.

- **Health Plan Restrictions:** You have the right to request that we do not disclose your medical information to your health plan (including Medicaid and Medicare) if the disclosure pertains to an item or service for which the hospital has been paid-in-full, out-of-pocket by you or by another person on your behalf. We will honor such requests under these conditions.
- **Amendment:** You have the right to request that we amend your medical information if you feel it is incorrect or incomplete. To request an amendment, please complete the *Request for Amendment of Protected Health Information* form and submit it to the hospital's Privacy Liaison. We may deny your request for certain reasons; if we deny your request we will provide you with a written explanation.
- **Confidential Communications:** You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. We will honor all reasonable requests. To make a request, please complete the *Confidential Communications Request* form and submit it to the hospital's Privacy Liaison.
- **Disclosure Accounting:** You have a right to a list of instances in which we disclosed your medical information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain

other activities. We will provide you with the list for the period of time you specify, except that we are not obligated to provide you with a list of disclosures occurring more than six years prior to the date of your request. To make a request, please complete the *Request for Accounting of Disclosures of Protected Health Information* form and submit it to the hospital's Privacy Liaison. Please note that if one or more of our business associates (under contract with the hospital) maintains any of your medical information on our behalf, we may refer you to them to obtain the accounting of disclosures.

- **Electronic Notice:** If you received this notice on our website or by e-mail, you are entitled to receive this notice in written form. Please contact the hospital's Privacy Liaison for a written copy.

### Our Responsibilities

We are required under applicable state and federal law to maintain the privacy of your medical information. In addition:

- We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.
- We must follow the privacy practices described in this notice while it is in effect.
- We will notify you in the unlikely event that your medical information is improperly disclosed, used, or accessed.
- You may request a copy of this notice at any time.

We reserve the right to change our privacy practices and the terms of this notice at any time (provided such changes are permitted by law). We reserve the right to make the changes to our privacy practices and the new terms of our notice effective for all medical information we maintain, including medical information we created or received

before we made the changes. Before we make a significant change in our privacy practices, we will change this notice, post it in the common areas of our facility and on our website, and make it available to our patients and others upon request.

### **Uses and Disclosures of Medical Information**

*Treatment:* We may use your medical information, without your permission, to treat you. For example, information about you will be recorded in your record by a nurse, physician, or other treatment team members and used to determine the best course of treatment for you; treatment team actions and observations will be recorded and reviewed by a physician to determine how well you are responding. We will also take your photograph at admission and periodically thereafter as an identification tool during your stay. Your picture would be used, for example, to verify your identity for medication administration. We may also disclose your medical information to other providers outside of the hospital who are involved in your treatment such as laboratories and contracted clinicians. There may be times when you will be given the opportunity to travel into the community (e.g., shopping, dining, visiting group homes). By virtue of being part of the hospital group, you may be identified as being a patient at Logansport State Hospital. You have the right to decline such trips.

*Payment:* We may use your medical information, without your permission, to obtain payment for healthcare we provide to you. For example, we may submit a bill to you or an insurance company that includes your name, address, diagnosis, and healthcare services delivered. We may also use your medical information, for example, to determine your eligibility for health plan benefits for the care we furnish you. We will limit the amount of your information we disclose for payment purposes to the minimum necessary that is needed for the purpose at hand.

*Healthcare Operations:* We may use your medical information, without your permission, for healthcare operations. These include, for example, healthcare quality assessment and improvement activities to help us improve the healthcare services we deliver, or reviewing and evaluating healthcare provider performance and qualifications. We also limit the amount of your information we disclose and use for healthcare operations purposes to the minimum necessary that is needed for the purpose at hand.

*Your Authorization:* We will not use or disclose your medical information, except as described in this notice or as otherwise

required or permitted by law, without your written authorization. For example, we cannot disclose any psychotherapy notes about you without your written authorization (except for treatment and training purposes). And, you may give us your written authorization to use your medical information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

*Family, Friends, and Others Involved in Your Healthcare:* We may disclose your medical information to a family member, friend, or any other person you have authorized in writing to be involved in your healthcare or payment for healthcare. We will disclose only the medical information that is relevant to that person's involvement in your care. We also may use or disclose your name, location, and general condition to notify (or to locate and notify) a person responsible for your healthcare in appropriate circumstances such as a medical emergency or during disaster relief efforts.

*Personal Representative:* If you have designated personal representative identified in your medical record, such as a legal guardian or someone you appointed to act on your behalf, with respect to disclosures of your medical information to your personal representative, with certain exceptions, we will treat that person as though they were you.

*Public Health and Benefit Activities:* We may use and disclose your medical information, without your permission, when required or authorized by law for certain kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions. For example:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- for research that has been approved by an institutional review board (with protocols in place to protect your privacy);
- to the Food and Drug Administration (FDA) for required food or safety recalls;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in

emergencies, and identifying or locating suspects or other persons;

- to coroners, medical examiners, funeral directors, and organ procurement organizations.

### **For More Information or to Report a Problem**

Please contact the Logansport State Hospital Privacy Liaison if you have any questions or want additional information, or need copies of the request forms noted above.

Please contact the Logansport State Hospital Privacy Liaison in writing if you have a complaint or concern about our medical information practices, including if you believe we have violated your privacy rights in any way. We will never retaliate against you for filing a complaint.

**Evansville State Hospital  
Privacy Liaison  
3400 Lincoln Avenue  
Evansville, IN 47714  
Telephone: (812) 469-6800**

You may also submit a written complaint to the Secretary of Health and Human Services at:

**Region V, Office for Civil Rights  
U.S. Department of Health and Human  
Services  
233 N. Michigan Ave., Suite 240,  
Chicago, IL 60601  
Telephone: (800) 368-1019  
Fax: (202) 619-3818  
Or online at [www.hhs.gov/ocr](http://www.hhs.gov/ocr)**