



Indiana
Department
of
Health



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Governor

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Effective Date: March 2023

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of the responsibilities of the Indiana Department of Health (IDOH) to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Requests for your medical records should be made to your health care provider(s). Any requests made directly to the IDOH will be referred to the IDOH Privacy Officer whose contact information is at the end of this notice. Please contact us to learn how to submit such a request.
- We will provide a paper or electronic copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for the creation of the copy. We may deny your request to see and get a copy of your health information under limited circumstances under state law.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Please contact us to learn how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address or email to a different email address.
- We will say “yes” to all reasonable requests. To request a special method for us to contact you about your personal health information, you must call or write to the Privacy Officer at the address or phone number in the contact information at the end of this notice.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. All requests for an accounting of disclosures must be made in writing. Please contact the IDOH Privacy Officer as described below to receive a form to request an accounting of disclosures from the IDOH Laboratories program, the Preparedness Response program, or any other program.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the bottom of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- You also can file a complaint with the Indiana Attorney General's Office by contacting the Office's Consumer Protection Division at 302 W. Washington St., 5th Floor, Indianapolis, IN 46204, calling 317-232-6330 or 800-382-5516, or by visiting <https://www.in.gov/attorneygeneral/consumer-protection-division/consumer-complaint/>
- We will not retaliate against you for filing a complaint. If you have a complaint against a program or person within IDOH, please contact the IDOH Privacy Officer using the contact information at the bottom of this notice.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory



If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Public health activities

We may use your protected health information and share it with other government agencies and partners as part of our public health activities.

Healthcare operations

We may use your protected health information for healthcare operations including, without limitation, in the examples below:

Example: Documenting and tracking vaccinations, including Covid-19 vaccinations, throughout Indiana.

Example: Providing training programs for students, trainees, and professional staff.

Example: Providing required documentation to certifying and licensing agencies.

Treatment purposes

We may use your protected health information for treatment purposes, and share it with other professionals who are treating you including, without limitation, in the following examples:

Example: Administering or assisting with the administration of vaccines.



Example: Administering or assisting with the administration of tests for communicable diseases, and other applicable screening tests.

Payment purposes

We can use your protected health information for payment purposes including, without limitation, in the following example:

Example: We give information about you to your health insurance plan so it will pay for your services, including, without limitation, certain vaccines including SARS-CoV-2 vaccinations, tests, including screening tests and exams, medical and healthcare services, etc.

Other purposes

We may disclose your protected health information if required by law, pursuant to a court order requiring disclosure, or related to specialized government activities including, without limitation, national security.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law



We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. This health information includes health care services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.
- We are required by law to inform you of our legal duties and privacy practices with respect to your protected health information through this Notice of Privacy Practices. This Notice describes the way we may share your past, present, and future health information. This agency is required to abide by the terms of the Notice currently in effect. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.



- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- If at any time you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures, and practices, you may contact our agency Privacy Officer whose contact information is at the end of this Notice.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Important Information

- Effective date: March 2023
- Contact information for the IDOH Privacy Officer: The Privacy Officer may be reached by email at IDOHPrivacyOfficer@health.in.gov or by telephone at 317-233-7655, or by mail to Attention IDOH Privacy Officer, Office of Legal Affairs, Indiana Department of Health, 2 N. Meridian St., Indianapolis, IN 46204.
- We never sell your personal information.
- We protect your personal information and keep it confidential. There are Indiana laws and Federal laws, other than HIPAA, that impose greater limits on IDOH disclosing your personal information. These laws include, but are not limited to, Indiana laws on the confidentiality of patient health records, records on communicable diseases, records involving mental health or substance use and abuse disorders, as well as Federal regulations for certain programs. Other uses and disclosures may be made only with your written authorization which may be revoked at any time in writing, except where the disclosure you authorized already happened or if the authorization was made as a condition of obtaining insurance coverage.
- Please contact the IDOH Privacy Officer if you wish to access your healthcare records or any other personal records in the possession of IDOH. Certain access requests must be submitted on our forms, as applicable. Access to certain records may be limited by state or federal law.