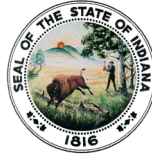




**Indiana  
Department  
of  
Health**



Mike Braun  
*Governor*

Lindsay M. Weaver, MD, FACEP  
*State Health Commissioner*

## **HIPAA 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 MAY ACCESS YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **IDOH and HIPAA**

The Indiana Department of Health (IDOH) is a hybrid organization under the Health Insurance Portability and Accountability Act (HIPAA). This means some IDOH programs are regulated by HIPAA which provides certain rights to the participants of those programs. This notice explains your rights and IDOH's responsibilities under HIPAA, which apply only to the following IDOH programs:

- Breast and Cervical Cancer Program
  - Children's Special Health Care Services
  - HIV – Medical Services program
  - IDOH Laboratories
  - Indiana Lead and Healthy Homes Program
  - Indiana State Hemophilia Program
  - Mobile Response Operations
  - Public Health Genetics program (including the Genomic Newborn Screening program and the Early Hearing Detection and Intervention program)
  - Vaccines Insurance Reimbursement program
  - WiseWoman program
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- Contact details for the IDOH Privacy Officer: Attention: IDOH Privacy Officer, Office of Legal Affairs, Indiana Department of Health, 2 N. Meridian St., Indianapolis, IN 46204.  
Email address: [IDOHPrivacyOfficer@health.in.gov](mailto:IDOHPrivacyOfficer@health.in.gov) Telephone: 317-233-7655

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

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • [health.in.gov](http://health.in.gov)

An equal opportunity employer.

The Indiana Department of Health is accredited by the Public Health Accreditation Board.



## Your Rights

### You have the right to:

- Receive an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated

➔ See pages 3-5 for more information on these rights and how to exercise them

## Your Choices

### You have some choices about what information we share:

- Informing family and friends about your condition
- Sharing information in a disaster relief situation
- Including your information in a hospital directory
- For fundraising efforts

### We will not share your information without written permission:

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

➔ See page 5 for more information on these choices and how to exercise them

## Our Uses and Disclosures

### We typically use and share your health information as we:

- Perform public health activities
- Perform healthcare operations
- Provide or assist with others providing treatment to you
- Process payment for health services with your health insurance plan
- Comply with state or federal law, court order, or as necessary for other government activities

➔ See pages 6-7 for more information on these uses and disclosures



## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities.

#### Receive an electronic or paper copy of your medical records

- You may request an electronic or paper copy of your health records from one or more of IDOH's HIPAA-regulated programs. Contact the IDOH Privacy Officer to learn about how to submit this request.
- We will provide a copy or a summary of your health information usually within 30 days of your request. We may deny your request for a copy of your health information under limited circumstances pursuant to state law.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you believe is incorrect or incomplete. Contact the IDOH Privacy Officer to submit this request in writing.
- If we deny your request, we will provide an explanation in writing within 60 days.

#### Request confidential communications

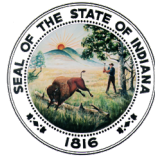
- You can ask us to contact you in a specific way (i.e., home or work phone), or to send mail to a different address or email to a different
- We will approve all reasonable requests. To request a special method for contact, write to the Privacy Officer at the address or email address in the contact information at the end of this notice.

#### Ask us to limit what we use share

- You can ask us **not** to use or share certain health information for treatment, payment, or healthcare operations. We are not required to agree to your request, and we may decline 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 agree to your request unless a law requires us to share that information.



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**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 up to 6 years prior, who we shared your information with, and why.
- The list will include the date of each 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 on our form. Please contact the IDOH Privacy Officer for more information.
- We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

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**Get a copy of this privacy notice**

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

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**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 confirm the person has this authority and can act on your behalf before we take any action or share any information.

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**File a complaint if you feel your rights are violated**

- You can file a complaint, by contacting the IDOH Privacy Officer, against a program or person in IDOH.
- You can submit a complaint by contacting the U.S. Department of Health and Human Services, Office for Civil Rights, by letter sent to 200 Independence Avenue, S.W.,

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Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://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., 5<sup>th</sup> Floor, Indianapolis, IN 46204, by calling 317-232-6330 or 800-382-5516, or by submitting an Indiana Data Breach Notification form by visiting <https://www.in.gov/attorneygeneral/consumer-protection-division/file-a-complaint/>.
- We will not retaliate against you for filing a complaint.

## 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, please reach out. We will listen and follow your instructions, as allowed by law.

**In these cases, you have 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 share your information if we believe it is in your best interest. We also may share your information as 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 unusual circumstance that we have these 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 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 this example:

**Example:** We give your information to your health insurance plan so it will pay for your services, including, without limitation, vaccines, screening tests, exams, medical and healthcare services, etc.

#### Other purposes

- We may disclose your protected health information if required by law, pursuant to a court order, or related to specialized government activities such as 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 must satisfy 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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#### Help with public health and safety issues

- We can share your health information for certain situations:
  - 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

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#### Do research

- We can use or share your information for health research.

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#### Comply with the law

- We will share your information 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.

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#### Respond to organ and tissue donation requests

- We can share your information with organ procurement organizations.

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#### 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.

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#### Address claims, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes
  - With health oversight agencies for lawful activities
  - For special government functions such as military, or national security

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#### Respond to lawsuits and legal actions

- We can share your health information in response to a court or administrative order, or in response to a subpoena



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## 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 provide written authorization. You may revoke your written permission at any time by notifying us 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](http://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 in our HIPAA-regulated programs listed above. The new notice will be available upon request, in our office, and on our web site.





## Important Information

- Effective date: January 2025
- Contact details for the IDOH Privacy Officer:
  - Email: [IDOHPrivacyOfficer@health.in.gov](mailto:IDOHPrivacyOfficer@health.in.gov)
  - Telephone: 317-233-7655
  - Address: Attention IDOH Privacy Officer, Office of Legal Affairs, Indiana Department of Health, 2 N. Meridian St., Indianapolis, IN 46204.
- We will never sell your personal information.
- We will 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 maintained by any IDOH HIPAA-regulated program or any other health or 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.
  
- Contact details for the IDOH Privacy Officer: Attention: IDOH Privacy Officer, Office of Legal Affairs, Indiana Department of Health, 2 N. Meridian St., Indianapolis, IN 46204.  
Email address: [IDOHPrivacyOfficer@health.in.gov](mailto:IDOHPrivacyOfficer@health.in.gov) Telephone: 317-233-7655