



# NOTICE OF PRIVACY PRACTICES

Effective Date: 02/17/2010

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY AMERICAN HEALTH NETWORK and HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION

**PLEASE REVIEW IT CAREFULLY.**

## OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We create a record of the care and services you receive at American Health Network. We understand that this health information about you is personal and protected by law (it is called protected health information or "PHI"). We are committed to protecting PHI. This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

### We are required by law to:

Make sure that PHI that identifies you is protected;  
Give you this Notice of our legal duties and privacy practices with respect to your PHI; and  
Follow the terms of the Notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. We will give some examples. Not every use or disclosure in a category will be listed.

### For Treatment.

We may use your PHI to provide you with treatment or services, including sharing PHI with doctors, nurses, medical students, or other personnel who are involved in taking care of you.

**Example:** A doctor treating you for a cardiac problem may need to know if you have diabetes because diabetes may affect the condition being treated. Different departments may share PHI about you in order to coordinate the different services you need. We also may disclose PHI about you to people outside American Health Network who may be involved in your medical care.

### For Payment.

We may use and disclose your PHI to bill and collect payment for treatment and services provided to you. However, if you have insurance but decide to pay for a service yourself out-of-pocket in full on the day of service and do not wish us to provide the information to your insurance company, you can tell us in writing to "restrict" disclosure consistent with the section below entitled Right to Request Restrictions on Uses and Disclosures of PHI.

**Example:** We may give your health information to your insurance company about treatment you received so they will pay us or reimburse you. In some cases we may also tell your insurance about a proposed treatment you may receive in order to obtain prior approval.

### For Health Care Operations.

We may use and disclose PHI about you for our business operations. These uses and disclosures are necessary to run American Health Network and make sure our patients receive quality care.

### Examples:

We may use PHI to review our treatment and services and to evaluate our performance.

We may disclose PHI to doctors, nurses, technicians, medical students, and other personnel for review and/or learning purposes.

We may remove information that identifies you so others may use it to study health care and health care delivery without learning the identities of the specific patients.

**Business Associates.** We contract with outside organizations, called business associates, to perform some of our operational tasks on our behalf. Examples would include billing agencies or a copy service we use when making copies of your medical record.

When these services are performed, we disclose the necessary health information to these companies so that they can perform the tasks we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

**Appointment Reminders.** We may use and disclose your PHI to remind you of things like appointments, annual exams, and/or prescription refills.

**Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, this may include specific brand name or over-the-counter pharmaceuticals.

**Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services. For example, this could include a new heart care program that we might offer.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment related to your care. If you are unable to agree or to object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals directly involved in your health care.

**Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose PHI for research, the project will have been approved through a research approval process.

**Examples:** A research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. We may disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs.

## THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to

prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Public Health Risks.** We may disclose PHI about you for public health activities. We will make these disclosures when required or authorized by law. Examples of these activities generally include the following:  
To prevent or control disease, injury or disability;  
To report births and deaths;  
To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;  
To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. .

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:  
In response to a court order, subpoena, warrant, summons or similar process;  
To identify or locate a suspect, fugitive, material witness, or missing person;  
About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;  
About a death we believe may be the result of criminal conduct;  
In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**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 to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, or to other authorized persons.

**Inmates.** The rights listed in this Notice will not apply to inmates of a correctional institution.

**In Any Other Situation Required By Law.** We will disclose PHI about you when required to do so by federal, state or local law.

## YOUR RIGHTS REGARDING YOUR PHI

**Right to Inspect and Obtain a Copy.** You have the right to inspect and have a copy of PHI that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes (if applicable). This right does not apply to information that may be used in a civil, criminal or administrative action or proceeding and information that is not part of the records maintained by or on behalf of AHN about you. In some cases copies may be made available in electronic format in addition to paper.

To inspect and have a copy of PHI that may be used to make decisions about you, you must submit your request in writing to the location's medical records supervisor. 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. We have a reasonable time-period to make a response to your request.

We may deny your request to inspect and have a copy in some limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by AHN 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 Request an Amendment.** If you feel that PHI we have about you is incorrect you have the right to request an amendment (a change to your record).

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports 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. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment to those records not created by us;

Is not part of the PHI kept by American Health Network;

Is not part of the information which you would be permitted to inspect and copy; or

AHN believes the current record is accurate and complete.

**Right to Receive Notice of a Breach.** We may give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that has not otherwise been properly secured as required by HIPAA (a "breach"). In that event, we would notify you as soon as reasonably possible but no later than sixty (60) days after the breach has been discovered.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of people who saw your records who you did not specifically authorize. For example, if we responded to a legal request for your records.

To request this list or accounting of disclosures, you must submit your request in writing to the ORS.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions on Uses and Disclosures of PHI.** You have the right to request a restriction or limitation on how we use your PHI. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had performed in our office. Although we will consider your request carefully, we are not required to agree to your request. If we do agree, we will comply with

your request unless the information is needed to provide emergency treatment. Additionally, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related PHI to your health plan if you have completed your request no later than the time of the service. For all Requests for Restrictions use the American Health Network form: "PATIENT REQUEST FOR RESTRICTION ON USES AND DISCLOSURES OF RECORDS." In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse, insurance company, etc. Keep in mind we cannot fulfill your request to the extent that action might have already taken place.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at your work phone number or by mail.

To request confidential communications, you must make your request in writing to your AHN doctor's office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. This request should be made on the American Health Network form "PATIENT AUTHORIZES AHN TO DISCLOSE PHI TO OTHERS"

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time from your provider's office or the Privacy Officer. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of it.

#### **CURRENT NOTICE, CHANGES TO THIS NOTICE**

American Health Network is required to and will abide by the terms of this Notice. We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in all American Health Network patient facilities. The Notice will contain the effective date. In addition, each time you register or are seen for treatment or health care services at an AHN facility a copy of the current Notice will be available to you.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with American Health Network or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the AHN Privacy Officer at American Health Network, 10333 N. Meridian Street, Suite 450, Indianapolis, IN 46290, Attn: Privacy Officer. All complaints must be submitted in writing and must be filed within 180 days of the time you became aware or should have been aware of the violation.

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

#### **OTHER USES OF PHI**

Other uses and disclosures of PHI not covered by this Notice or law will be made only with your written permission. If you provide us permission to use or disclose PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. American Health Network is unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.

