

**VOLUNTEERS IN MEDICINE  
NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about you (as a patient of Volunteers in Medicine of Monroe County) may be used and disclosed, and how you can get access to your individually identifiable health information. If you have any questions regarding this notice please contact the privacy officer.

**PLEASE REVIEW THIS NOTICE CAREFULLY**

**Our Commitment to Your Privacy**

We understand that medical information about you and your health is personal. Therefore we are committed to protecting such information. Our clinic is dedicated to maintaining the privacy of your individually identifiable health information (PHI). In conducting our business, we will create records regarding the treatment and services that we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy clinics that we maintain in our clinic concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information: How we use and disclose your PHI, Your privacy rights in regard to your PHI, Our obligations concerning the use and disclosure of your PHI. The terms of this notice apply to all records created or retained by our clinic containing your PHI. We reserve the right to revise or amend this Notice of Privacy Clinics for all PHI we maintain. Any revision or amendment to this notice will be effective for all of your records that our clinic has created or maintained in the past, and for the future. Our clinic will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our current Notice at any time.

**If you have any questions about this notice please contact:**

HIPAA Privacy Officer, P.O. Box 2568, Bloomington, IN 47402

1. **Uses and Disclosures of PHI:** The following categories describe the different ways in which we may use and disclose your medical information. For each category of uses or disclosures, we will explain what we mean and attempt to offer some examples. Not every possible use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the categories below.

- a. **Uses and Disclosures of PHI Based Upon Your Written Consent**

You may be asked by your health care provider to sign a consent form. Please review the consent form carefully. Once you have consented to use and disclosure of your PHI for treatment, payment and health care operations by signing the form, your health care provider may use or disclose your PHI as described in this section 1. Your PHI may be used and disclosed by your healthcare provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health care information that the office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but rather to describe the types of uses and disclosures that may be made by our office once you have provided your consent.

1. **Treatment.** Our clinic may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our clinic – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our clinic is free and does not need to use PHI to procure payment for services. However, when we provide copies of your medical records to a third party we will charge for the service of making the copies and sending them.
3. **Health Care Operations.** Our clinic may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our clinic may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our clinic.
  - a. **Appointment Reminders.** Our clinic may use and disclose your PHI to contact you and remind you of an appointment.
  - b. **Sign in and Waiting Room.** We may use a sign-in sheet at the registration desk. We may also call you by name, using both first and last names, in the waiting room.
  - c. **Training:** We may disclose your PHI to medical school students that see patients at our clinic as part of their training
  - d. **Internal review and Quality Assessment:** We may disclose your PHI in the course of conducting internal review of our employees or in internal quality assessment activities of our office.
  - e. **Business Associates:** We may share your PHI with third party "Business Associates that perform various activities, e.g. Billing, transcription services, for the clinic. Whenever an arrangement between our office and a business associate involves the use of disclosure of your PHI we will have a written contract in place with such business associate that contains terms that will protect the privacy of your PHI.
  - f. **Treatment Options.** Our clinic may use and disclose your PHI to inform you of potential treatment options or alternatives.
  - g. **Health-Related Benefits and Services.** Our clinic may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. Your name and address may be used to send you a newsletter about our clinic and the services we offer. You may contact our Privacy Office at 333-4001 ext. 106 to request that these materials not be sent to you. We may use or disclose your demographic information in order to contact you for fundraising activities supported by our clinic. If you do not want to receive these materials please contact our Privacy Office to request that this material not be sent to you.

- b. **Uses and Disclosure of PHI Based upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such authorization at any time in writing, except to the extent that your health care provider or the clinic has taken an action in reliance on the use of disclosure indicated in the authorization.

- c. **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use of disclosure of the PHI then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant you're your health care will be disclosed.

- a. **Release of Information to Individuals involved in your care or payment for your care.** Our clinic may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. 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 disclosure to family or other individuals involved in your health care.
          - b. **Emergencies:** We may use or disclose your PHIL in an emergency treatment situation. If this happens you health care provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your health care provider is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.
          - c. **Communication Barriers:** We may use and disclose your PHI if you healthcare provider attempts to obtain consent from yo9u but is unable to do so due to substantial communication barriers, and the provider determines using professional judgment that you intend to consent to use or disclosure under the circumstances.
- d. **Other Permitted and Required Uses and Disclosures that May be Made WITHOUT your Consent, Authorization or Opportunity to Object**
        - a. **Disclosures Required By Law.** Our clinic will use and disclose your PHI when we are required to do so by federal, state or local law.
        - b. **Public Health Risks.** Our clinic may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease, notifying a person regarding a potential risk for spreading or contracting a disease or condition reporting reactions to drugs or problems with products or devices,

notifying individuals if a product or device they may be using has been recalled notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

- c. **Health Oversight Activities.** Our clinic may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- d. **Lawsuits and Similar Proceedings.** Our clinic may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- e. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official: Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement concerning a death we believe has resulted from criminal conduct, Regarding criminal conduct at our offices, In response to a warrant, summons, court order, subpoena or similar legal process, To identify/locate a suspect, material witness, fugitive or missing person, In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- f. **Deceased Patients.** Our clinic may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- g. **Organ and Tissue Donation.** Our clinic may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- h. **Research.** Our clinic may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our clinic; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
- i. **Serious Threats to Health or Safety.** Our clinic may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- j. **Military.** Our clinic may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- k. **National Security.** Our clinic may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- l. **Inmates.** Our clinic may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- m. **Workers' Compensation.** Our clinic may release your PHI for workers' compensation and similar programs.
- n. **Required Uses and Disclosures:** Under the law we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA of 1996, Section 164.500 et seq.

## 2. Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you:

- a. **Confidential Communications.** You have the right to request that our clinic communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402 specifying the requested method of contact, or the location where you wish to be contacted. Our clinic will accommodate reasonable requests. You do not need to give a reason for your request.
- b. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402 Your request must describe in a clear and concise fashion: the information you wish restricted; whether you are requesting to limit our clinic's use, disclosure or both; and to whom you want the limits to apply.
- c. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402 in order to inspect and/or obtain a copy of your PHI. Our clinic may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our clinic may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- d. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our clinic. To request an amendment, your request must be made in writing and submitted to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. You must provide us with a reason that supports your request for amendment. Our clinic will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the clinic; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our clinic, unless the individual or entity that created the information is not available to amend the information.
- e. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our clinic has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our clinic is not required to be documented. For example, the doctor is sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our clinic may charge you for additional lists within the same 12-month period. Our clinic will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- f. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy policies. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer, P.O. Box 2568, Bloomington, IN 47402
- g. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic, contact Privacy Officer, P.O. Box 2568, Bloomington, IN 47402. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- h. **Right to Provide an Authorization for Other Uses and Disclosures.** Our clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.