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Effective: April 14, 2003

NOTICE OF PRIVACY PRACTICES

(Revision 1/9/03)

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.

Privacy Notice

This Notice describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. It also describes your rights as they relate to your protected health information.

Who Will Follow This Notice

This Notice describes Hammond Clinic's practices regarding the use of your medical information and that of:

- ◆ Any health care professional authorized to enter information into your medical record.
- ◆ Your physician, our office staff and others outside of our office that you may visit.
- ◆ Any member of a volunteer group we allow to help you while you are here at the Hammond Clinic.
- ◆ All employees, staff and other personnel who may need access to your information.
- ◆ All Hammond Clinic sites will follow the terms of this Notice. In addition, these sites may share medical information with each other for treatment, payment or health care purposes described in this Notice.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Hammond Clinic, whether made by health care professionals or other personnel.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ Keep private the medical information that identifies you;
- ◆ Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the Notice that is currently in effect.

How We May Use And Disclose Medical Information About You

The following categories describe different reasons why we might use and disclose medical information about you.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for you to follow an appropriate diet.

Different health care professionals also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Hammond Clinic who may be involved in providing services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, your insurance may need to know about a surgery you received so they will pay Hammond Clinic or reimburse you for the surgery. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment.

For Health Care Purposes. We may use and disclose medical information about you for health care operations. This is necessary to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, training doctors, medical students, and other clinic personnel for review and learning purposes.

In addition to these reasons, Hammond Clinic may also use or disclose your medical information for the following reasons:

- ✓ To provide you with appointment reminders.
- ✓ To provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Knowledge or Opportunity to Object

In the following instances you have the opportunity to agree or object to the use or disclosure of all or part of medical information about you. If you are not present or able to agree or object to the use or disclosure of medical information about you, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the medical information about you that is relevant to your health care will be disclosed.

Individuals Involved in Your Care or Payment for Your Care. We may use or disclose medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Emergencies. We may use or disclose medical information about you in an emergency treatment situation. As soon as reasonably practicable after the emergency treatment situation, your physician or their agent will make a good faith effort to obtain a written acknowledgement of receipt of this Notice, and if not obtained, will document its good faith efforts to obtain such acknowledgement and the reason why the acknowledgement was not obtained. If your physician or another physician in the practice is required by law to treat you and the physician or their agent has made an attempt to obtain your written acknowledgement of this Notice, but is unable to obtain your written acknowledgement, he or she may still use or disclose your medical information to treat you.

Communication Barriers. We may use or disclose medical information about you if we have made an attempt to obtain written acknowledgement of this Notice but are unable to do so due to substantial communication barriers.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We will use or disclose medical information about you without your authorization or opportunity to agree or object to the extent that such a use or disclosure is required by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use or disclose medical information about you when necessary to prevent a serious threat to your health and / or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may use or disclose medical information about you as required by military command authorities.

Workers' Compensation. We may use or disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may use or disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability;
- ◆ To report births and deaths;
- ◆ To report child abuse or neglect;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;
- ◆ 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, neglect or domestic violence.
- ◆ If your employer orders and pays for an annual physical, this medical information will be given to your employer as part of their "medical surveillance of the workplace."

Health Oversight Activities. We may use or disclose medical information 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 civil rights laws.

Lawsuits and Disputes. We may use or disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may use or disclose medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may use or disclose medical information 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 disclose medical information about patients of the Hammond Clinic to funeral directors as necessary to carry out their duties.

Research. Under certain circumstances, we may use or disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. In most cases we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hammond Clinic.

Protective Services for the President, National Security and Intelligence Activities. We may use or disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Request a Copy. You have the right to inspect and request a copy of medical information that may be used to make decisions about your care.

To inspect and request a copy of medical information that may be used to make decisions about you, you must submit your request *in writing* to the Medical Secretary Department, Family Wellness Medical Record Department or the St John Medical Record Department. 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 may deny your request to inspect and request a copy in certain limited circumstances. Example: a licensed health care professional determines that it is reasonably likely to endanger the life or physical safety of the patient or another person. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Hammond Clinic 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 medical information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made *in writing* and submitted to our Director of Patient Services, Satellite Manager, Nursing Manager, Nursing Supervisors or the Medical Secretary Department. 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;
- ◆ Is not part of the medical information kept by Hammond Clinic;
- ◆ Is not part of the information which you would be permitted to inspect and request a copy;
- ◆ Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures made by Hammond Clinic or its business associates of medical information about you.

To request this list or accounting of disclosures, you must submit your request *in writing* to the Medical Secretary Department, Family Wellness Medical Record Department or the St John Medical Record Department. Your request must state a time period that 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. We may charge a reasonable fee for subsequent requests made in the same 12-month period to cover the costs of providing the list. We will notify you of any cost involved in advance and you may choose to withdraw or modify your request at that time to avoid or reduce the cost.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request a restriction on the use and or disclosure of your medical information, you must make your request *in writing* to our Privacy Officer.

Although we are not required to agree to a restriction that you request, we will strive to comply with reasonable requests whenever possible. If we do agree to your request for a restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

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 work or by mail.

To request confidential communications, you must make your request *in writing* to our Privacy Officer. 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.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice upon request. If you wish to obtain our Notice on-line visit our customer service web site at www.hammondclinic.com. You do not waive your right to receive a paper copy by agreeing to receive the Notice electronically.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right-hand corner, the effective date.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact our **Privacy Officer (contact person) at (219) 836-7230.**

If you believe your privacy rights have been violated, you may file a complaint with the Hammond Clinic or with the Secretary of the Department of Health and Human Services (HHS).

To file a complaint with the Hammond Clinic, contact our **Director of Patient Services at (219) 836-4653.**

To file a complaint with the Secretary of Health and Human Services (HHS), see attached contact name and address.

You will not be penalized for filing a complaint with either the Hammond Clinic or (HHS).

This Notice is effective on **April 14, 2003.**

Right to File a Complaint to the Secretary of Health and Human Services (HHS)

- *The complaint needs to be filed in writing, either on paper or electronically.*
- *The complaint needs to be filed within 180 days of the incident to the following:*

Secretary of Health and Human Services (HHS)

Office for Civil Rights – HIPAA

200 Independence Avenue, S.W.

Washington, D.C. 20201

- ❖ ***If you have any questions about this Notice please contact our Privacy Officer by phone or in writing:***

*HIPAA Privacy Officer
Hammond Clinic, LLC
7905 Calumet Avenue
Munster, Indiana 46321
(219) 836-7230*

- ❖ ***If you need to report a problem regarding your privacy rights please contact our Director of Patient Services by phone or in writing:***

*Director of Patient Services
Hammond Clinic, LLC
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Munster, Indiana 46321
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