



P.O. Box 226 • 321 Mitchell Avenue  
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Phone: 812.934.6624



## JOINT NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### A. OUR COMMITMENT TO YOUR PRIVACY

We are dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services we provided to you. We are required by law to maintain the confidentiality of health information that identifies you which we call “protected health information”, or “PHI” for short. We are required by law to notify you following a breach of your unsecured health information. We also are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain concerning your PHI. The terms of this Notice apply to all records containing your personal health information that are created or retained by us. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The practices described in this Notice apply to all our employees, volunteers, students-in-training, contract staff, members of our medical staff and their employees who may perform tasks at any of our locations, and any other persons authorized to make entries into or obtain information from your medical record. The terms of this Notice apply to all services of Margaret Mary Community Hospital and its affiliated physician practices, otherwise known as Margaret Mary Physician Partners, including Osgood Primary Care. These entities will be collectively referred to in this Notice as ‘Margaret Mary,’ ‘we,’ ‘us’ or ‘our’. These entities may share health information with each other for treatment, payment, or health care operations as described in this Notice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. We 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 most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:** Beth Rohlfling, Privacy Officer, 321 Mitchell Avenue, Batesville, IN 47006

### C. PERMITTED USES AND DISCLOSURES

The following categories describe the different ways in which we may use and disclose your PHI:

**1. Treatment.** We may use your PHI to treat you. For example, we may disclose medical information about you to doctors, nurses, technicians, or other Margaret Mary personnel who are involved in taking care of you.



\* P R I V A C Y \*

Patient Label

**1. Treatment.** 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. 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 providers or health information exchanges for purposes related to your treatment.

**2. Payment.** We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations.** We 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, we may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We may also provide your PHI to our accountants, attorneys, consultants and others for our business purposes.

**4. Appointment Reminders.** We may use and disclose your PHI to contact you and remind you of an appointment. We may contact you by mail or telephone, and may leave messages at the contact numbers you provide.

**5. Health-Related Benefits and Services.** We may use and disclose your PHI to inform you of treatment options or alternatives or health-related benefits or services that may be of interest to you.

**6. Hospital Directory.** For Hospital patients, we may include certain limited information about you in the hospital directory while you are a patient at Margaret Mary Community Hospital, unless you opt out of being listed in the facility directory at the time of registration. This information in the facility directory may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc..) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and know how you are doing.

**7. Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part.



**7. Disclosures to family, friends, or others.** If you are unable to agree or 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.

**8. 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 and a copy service we use when making copies of your health record. When these services are performed, we disclose the necessary medical information to these companies so that they can perform the tasks we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

**9. Fundraising.** We may use certain non-medical information (including but not limited to name, address, telephone number, dates and departments of service, age, and gender) to contact you in the future to raise money for Margaret Mary through a foundation owned or controlled by Margaret Mary. If you do not wish to be contacted for fundraising efforts, please notify us in writing.

**D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** We 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 death
  - 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 from spreading or contracting a disease or condition
  - reporting reactions to drugs or problems with products or devices
  - notifying individuals if a product or device that 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.

**2. Health Oversight Activities.** We 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 programs, compliance with civil rights laws and the health care system in general.

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**3. Lawsuits and Similar Proceedings.** We 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 may also 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.

**4. 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)

**5. Deceased Patients.** We 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.

**6. Organ and Tissue Donation.** We 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.

**7. Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process and information released is only done so with your consent or with appropriate authority as permitted by law.

**8. Serious Threats to Health or Safety.** We 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.

**9. Military.** We 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.

**10. National Security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI or federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

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**11. Inmates.** We 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.

**12. Workers' Compensation.** We may release your PHI as permitted or required by laws regarding workers' compensation and similar programs.

**13. Marketing/Sale of PHI.** Most uses and disclosures of your PHI for marketing purposes will be made only with your written authorization. We cannot give or sell lists of patients to a third party for the purpose of the third party marketing its own products. Such a disclosure would require an express written authorization from you.

#### **E. YOUR RIGHTS REGARDING YOUR PHI**

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

**1. Confidential Communications.** You have the right to request that we 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 the contact person listed in this Notice specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for request.

**2. 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. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan, provided that such disclosure is not necessary for your treatment. In all other circumstances, 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 your use or disclosure of your PHI, you must make your request in writing to the contact person listed in this Notice. Your request must describe in a clear and concise fashion:

- a) the information you wish restricted;
- b) whether you are requesting to limit our use, disclosure or both; and
- c) to whom you want the limits to apply.

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**3. 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. If we maintain health information about you in electronic format, you also have the right to obtain a copy of such information in a readily producible electronic format and to direct us to transmit such information directly to an entity or person clearly, conspicuously, and specifically designated by you. You must submit your request in writing to the contact person listed in this Notice in order to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We 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 such reviews.

**4. 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 us. To request an amendment, your request must be made in writing and submitted to the contact person listed in this Notice. You must provide us with a good reason that supports your request for amendment. We 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 us; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.

**5. 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 we have made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of routine patient care is not required to be documented. For example, the doctor 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 the contact person listed in this Notice. 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 files that you request within a 12-month period are free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional request, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the contact person listed in this Notice.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the contact person listed in this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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**8. Right to Provide an Authorization for Other Uses and Disclosures.** We 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. We cannot accept a revocation of your written permission when it was given as a condition of obtaining insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy. If you refuse to give your written permission for release of information, we may not refuse to treat you unless 1) your written permission is required as a condition of participation in research related treatment, or 2) the only reason for the health care encounter is to create health information for release to a third party (ex. A pre-employment physical or OSHA mandated testing for your employer.)

If you have any questions regarding this Notice of our health information privacy policies, please contact the contact person listed in this Notice.