



NOTICE OF PRIVACY PRACTICES

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.

This notice is effective on May 2, 2003.

Understanding the Type of Information We Have

We get information about you when you utilize our services. It includes your name, date of birth, sex, financial information, insurance information and other personal information. We also may get enrollment information from your health insurers and medical information from your other health care providers. When you see us, we also collect information about your condition, diagnosis and treatment.

Our Privacy Commitment To You

The information we collect about you is private. We are required by law to maintain the privacy of protected health information and to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, health care operations when we are required by law to do so, or for the other reasons listed below.

- **Treatment:** We may use or disclose medical information about you to provide and coordinate your health care. For example, we may notify your regular doctor about care you get or services you receive. Additional examples of health care providers to whom we may disclose your protected health information include hospitals, nurses, dentists, pharmacies and technicians.
- **Payment:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may send your health insurer a bill for our services that explains what treatment we gave you and why.
- **Health Care Operations:** We may need to use and disclose information regarding immunizations, communicable disease and other conditions or services which have caused you to visit our office or to be served by us. For example, we may communicate with school officials regarding immunizations.
- **Exceptions:** For certain kinds of records, your written permission may be needed even for release for treatment, payment and health care operations. In such instances you have the right to revoke the

authorization in writing by delivering a copy to our office at the address below:

Privacy Officer
Fort Wayne-Allen County Department of Health
1 E. Main Street
5th Floor
Fort Wayne, Indiana 46802

- Appointment Reminders: We may contact you to give you appointment reminders or information about treatment alternatives or other services that may be of interest to you.
- As Required By Law and for Other Government Functions: We will release information when we are required by law to do so or for other government functions. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- Public Health and Safety: We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of a person or the public. For example, we or our contractors may disclose information about immunizations, certain diseases or child abuse and neglect to public health officials.
- For Research: We may use or disclose medical information about you to perform research. We will either ask for your permission or get permission from an Institutional Review Board or Privacy Board before using or disclosing your information for research.
- Family and Friends: We may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your care or payment for your care, or to let them know about where you are and your condition.
- After Death: We may disclose your information to coroners or medical examiners and funeral homes after you are deceased.
- With Your Permission: If you give us permission in writing, we may use and disclose your personal information for purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Indiana law. Indiana law provides different protections to your personal health information. For example, Indiana provides extra protection for sensitive information, like HIV/AIDS information and mental health information.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at the Fort Wayne-Allen County Department of Health, ATTN: Privacy Officer, 1 E. Main Street, 5th Floor, Fort Wayne, Indiana 46802.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records. (You may need to make an appointment to look at your record to assure that we will have it available for you.)
- **Your Right to Amend:** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made after April 14, 2003. The list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests, but can if we believe it is reasonable to do so.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. We will do our best to accommodate such a request.

Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If

the changes are material, a new notice will be posted in our facilities before it takes effect.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call or write to us at:

Privacy Officer
Fort Wayne-Allen County Department of Health
1 E. Main Street, 5th Floor
Fort Wayne, Indiana 46802.
(260) 449-7561

Complaints to the Federal Government

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Ill 60601
Voice Phone (312) 886-2359
Fax (312) 886-1807
TDD (312) 353-5693
E-mail OCRComplaint@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Us

If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to us at the Fort Wayne-Allen County Department of Health Privacy Office listed above. You will not be penalized for filing a complaint.

Additional Information

This notice can be found at each of our locations. You have the right to receive additional copies of the detailed notice at any time by contacting any of these representatives.