

NOTICE OF HEALTH INFORMATION 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.

Understanding Your Health Record/Information

Each time you visit a Pre-natal Care Coordinator or Community Healthy Worker, a record of your visit is made. Typically, this record contains identifiable protected health information in oral, written, and/or electronic form. This information may include symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or other persons/agencies responsible for payment can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.

- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. As required by federal law, you have the right to:

- Request a restriction on certain uses and disclosures of your information; however, we are not required to agree to the requested restriction. The request must be made in writing by completing the *Request for Restriction of Uses and Disclosures of Protected Health Information* form, and submitting that form to the HealthVisions Midwest Privacy Officer/designee.
- Obtain a paper copy of the *Notice of Health Information Privacy Practices* upon request.
- Inspect and copy your health record, excluding those exceptions stipulated by federal law.
- Request that we change health information that you feel is incorrect or incomplete. The request must be in writing by completing the *Request for Amendment of Protected Health Information* form, and submitting that form to the HealthVisions Midwest Privacy Officer.
- Receive an accounting of disclosures of protected health information. Request for an accounting must be made in writing by completion of the Request for Accounting of Disclosures of Protected Health Information form and submitting that form to the HealthVisions Midwest Privacy Officer.

There may be times when you will be given the opportunity to meet staff at community locations. By virtue of meeting with staff, you may be identified as needing prenatal care coordination. You have the right to decline meeting at community locations, such as library meeting rooms or community agency meeting rooms.

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a *Notice* as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the *Notice* currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised *Notice* in the office. You may also obtain a copy of the *Notice* from our Privacy Officer.

We will not use or disclose your health information without your written authorization, except as described in this notice. You may revoke such authorization in writing, except to the extent that action has been taken.

Examples of Disclosures for Treatment, Payment and Health Operations

Without your authorization, we may use or disclose your health information for our own treatment, payment, and health care operations, and to meet federal and state regulations and grant requirements.

We will use your health information for treatment.

For example: Information obtained by a prenatal care coordinator or community health worker will be recorded in your record and used to determine the course of care that should work best for you. Your prenatal care coordinator will document in your record his or her expectations of the members of your care coordination team. Members of your care coordination team will then record the actions they took and their observations. In that way, the prenatal care coordinator will know how you are responding to treatment.

We will also provide your physician with information that should assist him or her in treating your pregnancy.

We will use your health information for payment.

For example: a bill is generated for your treatment and forwarded to Medicaid or Managed Care Organizations responsible for payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis.

We will use your health information for regular health care operations.

For example: Members of the office staff, HealthVisions Midwest billing personnel, or member of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We will disclose your health information in compliance with federal and state regulations and grant requirements.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include contracted clinicians and accreditation consultants. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job

we've asked them to do and bill for those services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Grant requirements: We may disclose your health information to grantors only as stipulated by the grant requirements.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

For More Information or to Report a Problem

You may submit a written complaint or comment to the HealthVisions Midwest Privacy Officer if:

- You have a question.
- You want additional information.
- You have a complaint about our health information practices; or you believe that we have violated your privacy rights.

We will never retaliate against you for filing a complaint.

**HealthVisions Midwest
Privacy Officer
4522 Indianapolis Blvd.
East Chicago, IN 46312
219-397-4335**

