Confidentiality of substance use disorder treatment records

The confidentiality of substance use disorder treatment records is protected by federal law and regulations.

Generally, we may not say to a person outside the program that you attend a substance use disorder program, or disclose any information identifying you as having a substance use disorder unless:

- you consent in writing;
- the disclosure is allowed by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney Northern Indiana District: 204 S. Main St, Room MO-1, South Bend, IN 46601, (574) 236-8287.

Federal law and regulations do not protect the following from being reported to appropriate state or local authorities:

- information about a crime or threat to commit a crime by a patient at Oaklawn or against any person who works for Oaklawn programs; or
- suspected child abuse or neglect.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290dd-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Other uses of health information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not make further disclosures. We are unable to take back any disclosures we have already made with your permission.

Changes to this notice

We reserve the right to change this notice, which would be effective for health 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 each time you register at or are admitted to Oaklawn.
Public health risks
We will disclose health information about you for public health reporting required by federal or state law in certain cases, including:
• to prevent or control disease, injury or disability;
• to report births and deaths;
• to report death or missing person;
• to report reactions to medications or problems with products;
• 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.

Health oversight activities
We will disclose health information to health oversight agencies for activities authorized by law and necessary for monitoring the health care system, government programs, and compliance with civil rights laws, as well as safety and quality requirements. Some examples are audits, investigations, inspections, accreditation, and licensure surveys.

Lawsuits and disputes
If you are involved in a lawsuit or a dispute, we will disclose health information about you when properly ordered to do so by a court.

Law enforcement
We will disclose health information if asked to do so by a law enforcement official, and if permitted by law:
• in response to a court order;
• if required by state or federal law;
• to identify or locate a suspect, fugitive, material witness, or missing person;
• about the victim of a crime under certain limited circumstances;
• about a death we believe may be the result of criminal conduct;
• about criminal conduct at Oaklawn facility or by a staff person against a client;
• in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Protective services for the President and others
We will disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

How we may use and disclose health information about you
The following section describes different ways that we use and disclose health information. Each category includes an explanation and some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For treatment
We may disclose health information about you to the Oaklawn personnel who are involved in taking care of you. Different departments within Oaklawn may share health information about you in order to coordinate the different services you need. We also may disclose health information about you to other health care providers outside Oaklawn who are involved in providing treatment for you, such as your primary care physician.

Oaklawn participates in Michiana Health Information Networks (MHIN), a local Health Information Exchange. We have partnered with MHIN as our Business Associate to electronically deliver and store medical information on our patients for treatment, payment and health care operations. This activity allows your medical information from Oaklawn and other community healthcare providers to be available to each other. MHIN is legally bound to protect the confidentiality of your medical information. For further information visit www.mhin.com.

For payment
We may use and disclose health information about you in order to bill for the treatment and services you receive and collect payment from you, an insurance company, or a third party. For example, we may need to give information to your health plan about treatment you receive at Oaklawn so that your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For health care operations
We may use and disclose health information about you for Oaklawn operations or to another health care provider that handles information about you with a relationship. These uses and disclosures are necessary to operate Oaklawn and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose health information to professionals, students, and other personnel for review and learning purposes.

We may combine health information about clients to decide what additional services Oaklawn should offer, what services are not needed, or whether certain new treatments are effective.

We may also combine our health information with that of other health care providers to compare how we are doing and see where we can make improvements. We may reveal general information that identifies you from this information so others may use it to study health care and health care delivery without learning the identity of specific clients.

Appointment reminders
We may contact you with appointment reminders.

Treatment alternatives
We may use health information to identify possible treatment options or alternatives that may interest you.

Health-related benefits and services
We may use health information to tell you about health-related benefits or services that may interest you.

Individuals involved in your care or payment for your care
We may disclose limited information about you to a friend or family member who is responsible for your medical care. We may also disclose information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort to notify your family of your condition, status and location.

Research
On rare occasion Oaklawn may embark on a project for which we need to disclose or share health information about you for research purposes. All research projects are subject to an approval process that balances the research needs with clients’ need for privacy of their health information. If the project is approved and you are invited to be a participant, we will ask you to sign an authorization. You may choose to decline.

Special situations
Organ and tissue donation
If you are an organ donor, we may disclose health information to an organ donation bank or other organization that handles organ, eye or tissue procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.

Military and veterans
If you are a member of the armed forces, we may disclose health information about you as required by your domestic or foreign military command authorities.

Coroners, medical examiners and funeral directors
We may disclose health 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 health information to funeral directors as necessary to carry out their duties.