

## **Special situations continued...**

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to them (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.

## **Your rights regarding health information**

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

### **Right to inspect and copy**

You have the right to inspect and copy health information. Usually, this includes medical and billing records, but does not include psychotherapy (desk) notes.

To inspect and copy health information, submit your written request to the manager of Health Information. We may charge a fee for the costs of copying, mailing, or other expenses associated with your request.

We may deny your request in certain limited circumstances. If you are denied access to health information, under some circumstances you may request that the denial be reviewed. A licensed health care professional chosen by Oaklawn will review your request. 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 amend**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend it. You can make this request for as long as the information is kept by or for Oaklawn. To request an amendment, submit your written request to the manager of Health Information, including a reason that supports your request.

We may deny your request if you ask us to amend information that:

- was not created by Oaklawn, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for Oaklawn;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request, you have the right to submit a written statement to be kept in the medical record.

### **Right to an accounting of disclosures**

You have the right to request an account of the times we have released your health information.

To request an accounting, submit your written request to the manager of Health Information, stating a time period of up to six years prior (three years for disclosures to facilitate treatment, payment or operation). Your request should indicate whether you want the list on paper or electronically. The first list within a 12-month period will be free. You may be charged for the cost of providing additional lists. We will notify you of any cost in advance.

### **Right to request restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. For example, you could ask that we not use or disclose information about a specific treatment session you had.

To request restrictions, submit your written request to the manager of Health Information. Include (1) what information to limit; (2) whether to limit our use, disclosure, or both; and (3) to whom the limits apply, for example, disclosures to a particular health care provider.

We are required to agree to your restrictions on disclosures to facilitate payment if you provide another acceptable payment arrangement. For other requests, if we agree, we will still make disclosures when needed to facilitate emergency treatment for you.

### **Right to request confidential communications**

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only call your cell phone.

To request confidential communications, submit your written request to the Access Center, an administrative assistant, or Oaklawn's Privacy Officer. We will not ask you the reason for your request and 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 a paper copy of this notice. You may ask the receptionist at any Oaklawn location for a copy of this notice at any time, or access it at our web site at [www.oaklawn.org](http://www.oaklawn.org).

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Oaklawn or with the Secretary of the Department of Health and Human Services. To file a complaint with Oaklawn, write to the Privacy Officer at P.O. Box 809, Goshen, IN 46527. **You will not be retaliated against for filing a complaint.**

## **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. 290ee-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 in each of our facilities. The first page will include the effective date. We will offer you a copy of the current notice each time you register at or are admitted to Oaklawn.

**Effective Date: 9/1/2017**

# **Notice of Privacy Practices**

**Oaklawn Psychiatric Center, Inc.**

**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.**

**If you have any questions about this notice, please contact Oaklawn's Privacy Officer at (574) 533-1234.**



**OAKLAWN**

Toward Health & Wholeness

Oaklawn complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Oaklawn cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Oaklawn 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

## ***Who will follow this notice***

This notice describes Oaklawn’s practices and that of:

- any health care professional authorized to enter information in your chart;
- all employees, departments, and units of Oaklawn;
- any member of a volunteer group allowed to help you at Oaklawn.

## ***Our pledge regarding health information***

We understand that health information about you is personal and we are committed to protecting your privacy. A record of the care and services you receive at Oaklawn serves to ensure quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Oaklawn. Other health care facilities may have different policies or notices.

This notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights and our obligations regarding the use and disclosure of health information.

Oaklawn is required by law to:

- make sure that health information that identifies you is kept private;
- give you notice of our legal duties and privacy practices with respect to health information about you;
- notify you of any breach of your unsecured information; and
- follow the terms of the notice that is currently in effect.

Federal law prohibits health providers from the following without your authorization:

- most uses and disclosures of psychotherapy notes (desk notes), when used;
- uses and disclosures for marketing purposes;
- selling your information; and
- other uses and disclosures not described in this document.

## ***We will disclose health information about you when we are required to do so by federal, state or local law***

### **To avert a serious threat to health or safety**

We will disclose health information about you when we have a “Duty to Report” under state or federal law, if we believe that it is necessary to prevent a serious threat to your health and safety or that of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

### **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 abuse or neglect of a child or dependent adult;
- 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 and 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 an Oaklawn facility or by a client against a staff person;
- 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 so they may provide protection to the President of the United States or other authorized persons or foreign heads of state; or conduct special investigations.

### **National security and intelligence activities**

We may 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 Network (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 for coordination of care. MHIN is legally bound to protect the confidentiality of your medical information. For further information visit [www.mhin.com](http://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 at Oaklawn 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 received 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 or health plan with which you have 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 information to professionals, students, and other personnel for review and learning purposes.

We may combine health information about many 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 remove 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 use or disclose 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.