Your rights regarding health information

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

1. View or get a copy of your health record

Usually, this includes medical and billing records, but does not include psychotherapy (desk) notes.

To access your record, send a written request to the manager of Health Information. State whether you would like a paper or electronic copy. Generally we will fulfill your request within 30 days. We may charge a fee for the costs of copying, mailing, or other associated expenses.

We may deny your request in certain limited circumstances, and you may have the right to ask for a review of the denial. A licensed health care professional (not the person who denied your request) will review your request, and we will comply with their findings.

2. Ask us to correct your health record

If you find that health information is incorrect or incomplete, you may ask us to amend it. You can do this for as long as the information is kept by or for Oaklawn. To do this, send a written request to the manager of Health Information with the reason for your request.

We may deny your request if the information:

* was not created by Oaklawn;
* 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, we will provide a written explanation within 60 days. You may then submit a written "rebuttal" statement to be kept in your medical record.

3. Get a list of disclosures

You may request a list of the times we have released your health information, including why the information was shared, and with whom.

To get a list, write to the manager of Health Information. State whether you want a paper or electronic list and give a time period of up to 6 years prior. You may request one list for free every 12 months.

4. Request restrictions

You may ask us to restrict or limit the health information we use or disclose for treatment, payment or operations. For example, you could ask us to not to share information about a specific treatment session.

To do this, write to the manager of Health Information with (1) the information to limit; (2) whether to limit use, disclosure, or both; and (3) to whom the limits apply, for example, disclosures to a particular health care provider.

We will agree to your restrictions related to payment for services if you make other payment arrangements. For other requests, we will let you know if we agree or not. Even if we agree, we will still make disclosures if needed to facilitate emergency medical treatment for you.

5. Tell us how to communicate with you

You may tell us to only contact you in certain ways. For example, you can ask that we only call your cell phone and not your home phone.

To do this, contact the Access Center, any receptionist, or Oaklawn’s Privacy Officer. We will accommodate all reasonable requests, and will not ask you for a reason. We ask that you give us at least one way to contact you.

6. Get a copy of this notice

We will offer you a copy of the current notice each time you register at or are admitted to Oaklawn. At any time, you may ask any Oaklawn receptionist for a copy of our current notice, or access it at www.oaklawn.org.

We will periodically update this notice, which is effective for both existing and future health information. A copy is posted in each of our facilities. The first page shows the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Oaklawn’s Privacy Officer at 574-533-1234 ext. 4270 or PO Box 809, Goshen IN 46527.

You may also file a complaint with the US Dept. of Health & Human Services - Office for Civil Rights at www.hhs.gov/ocr/privacy/hipaa/complaints, 877-696-6775, or 200 Independence Ave SW, Washington DC 20201.

We will not retaliate against you for filing a complaint.

Confidentiality of substance use disorder treatment records

Information about the referral, assessment, diagnosis, or treatment of a substance use disorder treatment is protected by federal law (see 42 CFR 2 for Federal Regulations).

Generally, we may not disclose any information identifying you as having a substance use disorder unless:

* you consent in writing;
* it is allowed by a court order;
* it is made to medical personnel in a medical emergency when you are unable to speak for yourself; or
* it is made to qualified personnel for research, audit, or program evaluation.

The following information is not protected from being reported to appropriate authorities:

* information about a crime or threat to commit a crime against Oaklawn or our staff;
* suspected child abuse or neglect.

Violation of federal regulations by a treatment provider is a crime. You may report suspected violations of 42 CFR 2 to the US Attorney Northern Indiana District: 204 S. Main St. Room MO-1, South Bend IN 46601 or 574-236-6267.
The purpose of this notice
We want you to know the ways in which we may use and disclose your health information. We also want you to be aware of your rights and our obligations regarding health information. This notice includes Oaklawn’s practices and that of:
• any health care professional authorized to enter information in your Oaklawn chart;
• all employees, departments, and units of Oaklawn;
• any member of a volunteer group allowed to help you at Oaklawn.

This notice applies to all of the records of your care generated by Oaklawn.

Our pledge regarding health information
We understand that your health information is personal and we are committed to protecting your privacy. We keep a record of the care and services you receive at Oaklawn in order to ensure quality care and to comply with certain legal requirements.

Uses and disclosures not covered by this notice or the law will be made only with your written permission, which you may revoke at any time. We are unable to take back any disclosures we have already made with your permission.

Our responsibilities under the law
1. We will maintain the privacy and security of your health information.
2. We will promptly notify you of any incident that may have compromised the privacy or security of your information.
3. We will follow this notice and give you a copy of it.

Federal law prohibits health providers from the most uses and disclosures of psychotherapy notes (desk notes);
• uses and disclosures for marketing purposes;
• selling your information; and
• other uses and disclosures not described in this document.

How we may use and disclose your health information
To treat you
We will make your health information available to the Oaklawn staff involved in your treatment. We also may disclose health information to health care providers outside Oaklawn who are treating you, such as your primary care physician.

Oaklawn participates in the Indiana Health Information Exchange (IHIE). IHIE electronically stores and delivers medical information so healthcare providers can coordinate your care. IHIE is legally bound to protect your medical information. For more information, visit www.ihie.org/.

To get paid for services
We may use and disclose health information to bill for our services and to collect payment from you, an insurance company, or a third party. For example, we may give treatment information to your insurer to get payment, determine benefits, or obtain prior approval.

To operate our organization
We may use and disclose health information for Oaklawn operations. For example, we may review your treatment to ensure that it meets our quality standards. We may also disclose information to professionals, students, and other personnel for review and learning purposes.

We may combine de-identified information from many clients and with other providers to compare how we are doing and see where we can make improvements.

Appointment reminders
We may contact you with appointment reminders.

Individuals involved in your care or payment
We may disclose limited information to a friend or family member who is responsible for your medical care, or someone who helps pay for it.

Disaster notifications
We may disclose health information to an entity assisting in disaster relief effort so they can notify your family of your condition, status and location.

Health-related benefits and services; treatment alternatives
We may use health information to identify possible benefits, services and alternatives that may help you.

Health oversight activities
We will disclose health information for activities that monitor the health care system, government programs, and to ensure compliance with civil rights laws and safety/quality requirements. Some examples are audits and licensure surveys.

Research
On rare occasion we may use or disclose health information for research purposes. If you are invited to participate in research, we will ask you to sign an authorization. You may decline.

Special situations
Organ and tissue donation
If you are a donor, we may disclose health information to a donation bank, or procurement or transplant organization to facilitate their services.

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

Coroners, medical examiners and funeral directors
We may disclose health information to help with discharging their responsibilities. For example, we may help identify a deceased person, determine the cause of death, locate next-of-kin, or assist with final arrangements.

Inmates
If you are an inmate of a correctional institution or in law enforcement custody, we may disclose health information to them:
• so they can provide for your health care;
• to protect the health and safety of you, another person or the correctional institution.

Lawsuits and disputes
We will disclose health information if properly ordered by a court.

We will disclose health information about you when required by law
To avert a serious threat to health or safety
We will disclose health information when we have a legal “Duty to Report” to prevent a serious threat to the health or safety of you, the public, or another person.

Public health risks
We will disclose health information as required by law in certain cases, including:
• to prevent or control disease, injury or disability;
• to report births and deaths;
• to report abuse, neglect or exploitation of a child or dependent adult;
• to report issues with medications or medical 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.

Law enforcement
We will disclose health information when permitted by law, including:
• 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 that may be due to a crime;
• about criminal conduct at Oaklawn or against a staff person;
• in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed it.

National security and intelligence activities
We may disclose health information to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services
We will disclose health information to authorized federal officials to protect the President or other authorized persons, or conduct special investigations.