

## PROGRESSIVEHEALTH OF INDIANA 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 of Privacy Practices (“Notice”) explains how ProgressiveHealth of Indiana, LLC and its employees may use and provide your Protected Health Information (“PHI”) to others for treatment, payment, and health care operations, as described below, and for other purposes allowed or required by law. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law to maintain the privacy of your PHI, provide you with this Notice describing our legal duties and privacy practices with respect to PHI, and notify you following a breach of unsecured PHI. We are required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice.

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following are permitted uses and disclosures of PHI:

**Treatment:** We may use your PHI to provide you with health care treatment or services. Information gathered by the persons treating you is entered into your record and used to determine your course of treatment and response. This information may be shared with other parties involved in your care including consulting health care providers, your primary care physician, and other health care providers treating you. For example, after your initial appointment with us and/or after you have been discharged, we may send a letter to your referring physician regarding your treatment.

**Payment:** We may use and disclose your PHI to obtain payment for the treatment and services provided. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. 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.

**Health Care Operations:** We may use your PHI for certain operational, administrative, and quality assurance activities. For example, we may use your PHI for staff assessment and training, education programs, auditing functions, quality reviews of our business processes, and other business activities. We may disclose your PHI to certain third parties who contract with us to perform certain services on our behalf. These third parties are obligated by law and their contract to take certain steps to protect your PHI.

**Appointment Reminders:** We may use or disclose your PHI to contact you to provide appointment reminders. We may leave voice messages at the number you have provided to us.

### OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI without your permission in the following instances, subject to applicable laws:

**As Required By Law:** We will disclose your PHI when required to do so by federal, state, or local law.

**Public Health Activities:** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Victims of Abuse or Neglect:** We may disclose your PHI to the appropriate state or law enforcement authorities if we suspect child or adult abuse, neglect, domestic violence, or endangerment.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive satisfactory assurance that efforts have been made to tell you about the request, that information was provided to you regarding your right to raise an objection, and that the time for filing an objection has passed and no objections were filed or were resolved.

**To Law Enforcement:** We may disclose your PHI to law enforcement as long as applicable legal requirements are met for law enforcement purposes.

**Coroners, Medical Examiners and Funeral Directors:** We may release your PHI 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 release health PHI to funeral directors as necessary to carry out their duties.

**Research:** We may release your PHI for research activities under certain limited circumstances and subject to a special approval process.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Specialized Government Functions:** We may disclose your PHI for military or national security purposes or to correctional institutions or law enforcement officials that have you in their lawful custody.

**Workers' Compensation:** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Incidental Uses and Disclosures:** Although we take safeguards to avoid this, it is possible that in the course of a lawful use or disclosure of your PHI, information is overheard or seen by someone other than the intended recipient of information.

**To Others Involved with Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. If you request that a family member or friend be present during an examination or discussion or do not request them to leave, we will assume that you do not object to information about you being discussed in the presence of that person.

**Limited Data Sets and De-Identified Information.** We may disclose some of your information as a "limited data set" for use in research or for our operational needs. Information that does not identify you in any way is considered to be de-identified and can be used or disclosed for any purpose.

The following uses and disclosures require your authorization:

**Marketing:** We must obtain an authorization from you for any use or disclosure of PHI for marketing, except for face-to-face communications made to you, or for a promotional gift of nominal value provided by us. It is not considered marketing to send you information related to your individual treatment or care coordination, or to direct or recommend alternative treatment, settings of care, or providers. These may be sent without written permission. If the marketing is to result in financial remuneration to us by a third party we will state this on the authorization.

**Sale of PHI:** We must obtain authorization from you for any disclosures that constitute a sale of your PHI.

**Other Uses and Disclosures Not Covered By This Notice:** Uses and disclosures not covered by this Notice or the laws that apply to us will be made only with your written permission. You may, in most cases, revoke that permission, in writing, at any time. Note that we are unable to recover information that was previously disclosed with your permission. We are required to retain our records of the care that we provide to you for a mandated length of time.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding PHI we maintain about you:

**Right to Inspect and Copy:** Subject to certain exceptions, you have the right to inspect and obtain a copy of your PHI contained in records used to make decisions about your care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and for other supplies and services associated with your request. You may request an electronic copy of your electronically maintained medical records. Your request(s) must be in writing.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information for as long as we maintain this information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for our practice; or (3) is accurate and complete. Any amendment we make to your PHI will be disclosed to those with whom we disclose information as previously specified.

**Right to an Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your PHI we have made to entities or persons outside our office, except for uses and disclosures for treatment, payment, or health care operations; required by law; other purpose authorized by you; or that occurred six years prior to the date of the request. Your request must be made in writing and state the period requested. The first accounting of disclosures in any 12 month period will be free. You will be charged a fee for any additional requests made within that same period.

**Right to Request Restrictions:** You have the right to request that we limit the use or disclosure of your PHI for treatment, payment, or health care operations. You also have the right to request that we limit the information we disclose to your family, friends, or others involved in your care or payment for care. Your request must be in writing. We are not required to agree to your request for restriction nor provide a reason for our denial.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. Any request for alternative delivery of information must be made in writing and must specify how or where you wish to be contacted. We will accommodate requests that we can reasonably meet.

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from our office. You may also obtain a copy of this notice from our website at [www.phrehab.com](http://www.phrehab.com). Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

### **CHANGES TO THIS NOTICE**

We reserve the right to change our practices and this Notice, and to make the new Notice effective for all PHI we maintain. We will post a copy of the current Notice in our facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. Upon request, we will provide any revised Notice to you.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. To file a complaint, or if you have questions regarding this Notice, please contact: Compliance Officer, 150 N. Rosenberger, Evansville, IN 47712, 812-491-3856.