

NOTICE OF PRIVACY PRACTICES DETAILS OF KEY ISSUES

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. We are required by law to follow the practices described herein. This notice applies strictly to personal health information kept in this facility, and provides an overview of privacy practices followed by The Julian Center employees, staff, other office personnel, and business associates. The Julian Center health care providers with whom you consult by telephone when your regular health care provider is not available will also follow these practices. We are required to follow the privacy practices described in this notice though we reserve the right to change our privacy practices and the terms of this notice at any time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Following are examples of the types of uses and disclosures of your protected health care information that The Julian Center is permitted to make. This list is only an illustration of the types of uses and disclosures and is not meant to be all-inclusive.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor or therapist to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.

Payment: We may use and disclose your health information so that we may bill and receive payment from an insurance company or third party. We may also inform your health plan about your treatment in order to obtain pre-certification for services or to determine whether your health plan will cover the treatment.

Health Care Operations: We may use and disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

Business Associates: We may share your protected health information with a third party 'business associate' that performs various activities (e.g., billing, transcription services). Whenever an arrangement between The Julian Center and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms protecting the privacy of your protected health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact us to request that these materials not be sent to you. We do not provide patient information to other organizations.

Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object (due to incapacity or medical emergency), then The Julian Center may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object for the following purposes, subject to all legal requirements and limitations:

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

Abuse, Neglect, Exploitation: We may disclose your health information to the appropriate governmental authority to report child or elder abuse, neglect, or exploitation, if we believe that you or a dependent has been a victim of abuse, neglect, or exploitation.

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.

Health Oversight: We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

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.

Medical Examiners, Coroners and Funeral Directors: We may disclose health information to medical examiners, coroners, and funeral directors consistent with applicable law to carry out their duties.

Lawsuits and Disputes: If you are involved in a lawsuit or legal dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, subject to all applicable legal requirements.

Law Enforcement: We may disclose health information for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime, or as required by law or in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Required by Law: We will disclose health information about you when required to do so by federal, state, or local law.

Without Opportunity to Object (cont'd)

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

Specific Government Functions: We may disclose health information of military, national security, or intelligence personnel and veterans, in certain situations, as required by military command or other government authorities; to correctional facilities in certain situations; to government benefit programs relating to eligibility and enrollment; and for national security reasons, such as protection of the President. We may also release information about foreign military personnel to the appropriate foreign military authority.

Research: We may use and disclose health information for research projects with established research protocols and that are subject to an institutional review process. We will ask for your written authorization if the researcher will have access to your name, address, or other information that reveals the identity of you or your health care provider.

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection.

Compliance: We may disclose health information to the Department of Health and Human Services (HHS) to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

Other Uses and Disclosures of Health Information

We will not use or disclose your health information for any purposes other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent for Release of Information* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different from the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment or payment, we will have to have both your signed *Consent* and a special written authorization that complies with the law governing HIV or substance abuse records.

Changes to the Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

YOUR RIGHTS

You have the right ...

- **To inspect and copy your protected health information**, such as medical (excluding psychotherapy notes) and billing records that we use to make decisions about your care. You must submit a written request to us in order to inspect and/or copy your health information. If you request a copy, we will charge the usual and customary fees for copying, mailing, or other services required to fulfill the request. Under normal circumstances, we will respond to your request within 30 days of receipt. We may deny your request to inspect and/or copy your health information under certain limited circumstances. You have the right to ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
- **To request a restriction of your protected health information**. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment, or health care operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly unless the information is needed to provide emergency treatment.
- **To request to receive confidential communications from us by alternative means or at an alternative location**. This request must also be in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- **To ask us to amend your protected health information**. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- **To receive an accounting of certain disclosures we may have made**. This right applies to disclosures for purposes other than treatment, payment or health care operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **To obtain a paper copy of this Notice of Privacy Practices from us**, upon request, even if you have agreed to accept this notice electronically.

If you wish to exercise any of these rights, or have any questions or complaints, please contact:

Privacy Officer: Mary Murphy, *Counseling Center*
Carlene Richardson, *Shelter*

Address: The Julian Center
2011 North Meridian Street
Indianapolis, IN 46202

Phone: (317) 941-2200