If you have any questions about this Notice please contact: our Privacy Contact or designee at (812) 435-2440.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic 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 to abide by the terms of this Notice of Privacy Practices. The VCHD is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following any breach of unsecured protected health information. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices through our website at http://www.vanderburghcounty.in.gov/health or by mail, fax or at a future appointment.

I. Uses and Disclosures of Protected Health Information:

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN CONSENT

You will be asked by the health department to sign a consent form and an acknowledgement of your receipt of this Notice of Privacy Practices. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, the health department will use or disclose your protected health information as described in this Section 1.

Your protected health information may be used and disclosed by the health department, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the health department’s functions.

Following are examples of the types of uses and disclosures of your protected health care information that the health department is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the health department once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information, as necessary, to agencies that provide services to you. We may also disclose protected health information, such as immunization records, to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the health department, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of the health department. These activities include, but are not limited to, quality assessment activities; employee review activities; training of students; licensing; business planning and development; business management and general administrative activities; and conducting or arranging for other business activities. For example, we may allow access to your protected health information to students during their health department training

OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use and disclose your protected health information in the following instances.

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then the health department may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Appointment Reminders and Other Incidental Uses and Disclosures: From time to time incidental uses and disclosure of your information may occur. We will use our best reasonable effort to limit these incidental uses and disclosures to the minimum amount necessary to provide you with services. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Treatment Alternatives, Benefits and Services: We may disclose your health information to tell you about possible treatment options or alternatives, health-related benefits or other services that may be of interest to you, or to recommend possible treatment options or alternatives that may be of interest to you.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any person you identify, your protected health information that directly relates to that person’s involvement in your health 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, the health department shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If the health department has attempted to obtain your consent but is unable to obtain your consent, the health department may still use or disclose your protected health information to assure treatment.

Research: We may use or disclose certain health information about your condition and treatment for research purposes where an Institutional Review Board or similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health information to prepare or analyze a research protocol and for other research purposes.

Business Associates: We may share your protected health information with third parties, “business associates” that perform valued services on our behalf. We will provide any necessary contractual safeguards to protect the privacy of your protected health information.

Coroners, Funeral Directors, and Organ Donation: We may disclose your health information to an authorized person (such as a coroner or funeral director) if that disclosure is relevant for the purpose of the death investigation. We may also disclose your health information if you are an inmate of a correctional facility and the health department created or received your protected health information in the course of providing care to you.

Workers’ Compensation: Your protected health information may be disclosed by us as authorized to comply with workers’ compensation laws and other similar legally established programs.
LITIGATION: We may disclose your health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

OTHER REQUIRED USES AND DISCLOSURES THAT MAY BE MAKED WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

You may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect: We may disclose your protected health information to the appropriate authorities that are authorized by law to receive reports of abuse or neglect.

In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with applicable law and regulations that oversee the health care system or enforce civil rights laws, government benefit programs, and other government regulatory programs.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of certain crimes, such as those composed of certain conditions in response to a subpoena, discovery request, or other lawful request, if efforts have been made to notify you or secure a protective order.

We shall make a reasonable effort to notify you before such disclosure if we are aware of the circumstances, if you are not already aware of the information that is being disclosed. However, we are not required to notify you if we believe your privacy rights have been violated by us. You may file a complaint with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Privacy Contact if you have questions about access to your medical record.

LITIGATION: We may disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect: We may disclose your protected health information to the appropriate authorities that are authorized by law to receive reports of abuse or neglect.

In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with applicable law and regulations that oversee the health care system or enforce civil rights laws, government benefit programs, and other government regulatory programs.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of certain crimes, such as those composed of certain conditions in response to a subpoena, discovery request, or other lawful request, if efforts have been made to notify you or secure a protective order.

We shall make a reasonable effort to notify you before such disclosure if we are aware of the circumstances, if you are not already aware of the information that is being disclosed. However, we are not required to notify you if we believe your privacy rights have been violated by us. You may file a complaint with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request and receive confidential communications from us by alternative means or at an alternative location: 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. Please make this request in writing to our Privacy Contact.

FOOD AND DRUG ADMINISTRATION: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking the information include government agencies that oversee the health care system or enforce civil rights laws, government benefit programs, and other government regulatory programs.

Legal Proceeding: We may disclose protected health information in the course of any legal proceeding, in response to a court order, or in certain circumstances in response to a subpoena, discovery request, or other lawful process.

Federal Intelligence and Counter-Intelligence: We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other high priority federal officials.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Communicable Diseases: We may disclose your protected health, if authorized by law, to the person or persons to whom health information is to be released in order to inform them of the need to be placed on isolation precautions and/or treatment. We may also disclose protected health information to the extent that we have been ordered to do so by a court or administrative tribunal, to the extent such information is related to outbreaks of diseases that have occurred as a result of criminal conduct, (5) a criminal occurrence on the premises of the health department and (6) a medical emergency (not on the health department’s premises) that may have involved a criminal act. Note: Protected health information obtained by the Communicable Disease Division, whether collected from client records or other sources, will not be released except as specified by IC 16-41-8-(b).

You have the right to request a restriction of your protected health information: This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that the health department uses for making decisions about you excluding sensitive information such as communicable disease contacts.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if directed by the Department of Health and Human Services: This Right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you. You have the right to receive specific information regarding any disclosures made in the six (6) years prior to the date of your request; provided, however, you have no right to an accounting of disclosures made prior to April 14, 2003. You may request a shorter timeframe. The Right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to receive a paper copy of this notice from us, upon request: You may request a paper copy of this Notice of Privacy Practices at any time. We will provide you with a copy of this Notice of Privacy Practices, at no cost to you, upon request. This Notice was published and became effective on April 14, 2003.

This notice was revised February 10, 2005, revised March 19, 2008, revised May 19, 2009, revised September 5, 2011.