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**Effective Date: September 1, 2013**

**Latest Update: August 2023**

**METHODIST HOSPITALS- NOTICE OF PRIVACY PRACTICES**

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 the Hospital's Privacy Officer at  
**(219) 881-2876**

**WHO WILL FOLLOW THIS NOTICE**

- Any health care professional authorized to enter information into your health record.
- All service areas of the Hospital.
- Any member of a volunteer group we allow to help you while you are in the Hospital.
- All employees, staff and other Hospital personnel, including doctors on staff.
- When this Notice refers to "we" or "us," it is referring to The Methodist Hospitals, Inc.

**OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you and your health is personal. We are committed to protecting your personal health information. We create a record of the care and services you receive at the Hospital and/or Hospital owned facilities. This record is called a "health record" and is needed to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or Notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

The Methodist Hospitals, Inc. is required by law to:

- Make sure that health information that identifies you is kept private;
- Present and make available to you this Notice of our legal duties and privacy practice's with respect to health information about you; and
- Follow the terms of the Notice currently in effect.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

In some circumstances, we are permitted or required to use or disclose your health information without obtaining your consent, prior authorization, or without offering you the opportunity to object. The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give some examples. However, not every use or disclosure in a category will be listed.

**For Treatment.** We may use and disclose your health information for the purpose of

providing or allowing others, such as doctors, nurses, technicians, family practice residents, nursing students, or other Hospital personnel involved in your care, to provide you with medical treatment or services. For example, your attending doctor may disclose information about your health to another doctor to provide a consultation. If your doctor is treating you for a broken leg, he or she may need to know if you have diabetes because diabetes may slow the healing process. Your doctor may ask another doctor to consult, request diabetic education classes, and discuss your case with the Hospital dietitian to arrange for appropriate meals. Different departments of the Hospital also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside the Hospital who may be involved in your healthcare after you leave the Hospital, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment.** We may use and disclose your health information for the purpose of allowing us, as well as other health care providers, to obtain payment from you, Medicare or Medicaid, an insurance company, or a third party for the health services provided to you. For example, your doctor or another doctor, who provides a consult, may use your financial information to submit a bill for your care. We may need to give your health plan information about your diagnosis and treatment so your health plan will pay us or reimburse you for healthcare. 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 the purposes of our day-to-day functions that are necessary to run the Hospital and make sure that all of our patients 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 your information to another covered entity/health care provider to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. We may also combine health information about many hospital encounters to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. Any information regarding your care will be de-identified prior to submitting to protect your privacy.

We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital personnel for learning purposes.

We may also disclose health information about you to accreditation/regulatory agencies, or other certifying organizations, as part of their review and accreditation processes as required by law.

In addition to the above, The Methodist Hospitals, Inc. may use or disclose your health information for the following reasons;

- To provide you with appointment reminders.
- To provide you with information about possible treatment options or alternatives, or health-related benefits or services that may be of interest to you.

**OTHER USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR KNOWLEDGE OR OPPORTUNITY TO OBJECT:** For the following items, you have the opportunity to agree or object to the use or disclosure of health information. If you are not able to agree or object to the use or disclosure of your health information, we would use our professional judgment to determine whether the disclosure is appropriate and in your best interest. For each category of uses or disclosures we will explain what we mean

and give some examples. However, not every use or disclosure in a category will be listed.

**Hospital Directory.** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing.

**Individuals Involved in Your Care or Payment for Your Care.** We may release health information about your current condition to a family member or friend who is involved in your healthcare. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Hospital. We may reasonably infer from the circumstances that you would not object to the use and disclosure of your health information (e.g. your family or friend is in the examination room and you do not ask them to leave when your condition is being discussed). In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Fundraising Activities.** We may disclose health information to a business associate or foundation related to the Hospital so that the foundation may contact you in raising money for the hospital. We would only release contact information, such as name, address and phone number and the dates you received care at the hospitals or one of our affiliated locations. We would not use any information about your illness or treatment provided to you. Additionally, all fundraising communications would include information about how you can “opt out” of any future fundraising communications.

**Emergencies.** If you are unable to make health decisions or in an emergency situation, information may be disclosed if it is in your best interests.

## **OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

In the following situations we will use or disclose your health information as required by federal, state or local law.

**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. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for

work-related injuries or illness.

**Public Health Activities.** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; or,
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law (e.g. audits, investigations, inspections, and licensure). These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process which evaluates the proposed research project and its use of health information with the patient's need for privacy of his/her health information. We will request your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospital.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Hospital; or,
- 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.

**Coroners, Health Examiners and Funeral Directors.** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release Health information about patients of the Hospital to funeral directors as necessary to carry out their duties.

**National Security and intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary:

- 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 ABOUT YOU**

The following sections list your rights regarding the health information we maintain about you, subject to certain conditions. Also, please note that some "rights" listed below are a right to make a request. The Hospital may grant or deny the request depending on the individual circumstances.

**Right to Inspect and Request a Copy.** You have the right to inspect and request a copy of health information that may be used to make decisions about your care. Usually, this includes your health record and billing summary and/or an itemized bill, but does not include psychotherapy notes.

To inspect and request a copy of health information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department or the Central Business Office. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request to the Privacy Officer that the denial be reviewed. Another licensed health care professional chosen by the Hospital will review your request and the denial. 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 the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital.

To request an amendment, your request must be made in writing and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.

We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days if we provide you with a written explanation of the reasons for the delay and the date by which we will complete the action on the request.

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:

- Was not created by us, 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 the Hospital;

- Is not part of the information which you would be permitted to inspect.

If we deny your request for amendment you will receive the denial in writing in plain terms that explains the basis for the denial, your right to submit a statement disagreeing with the denial and an explanation of how to submit the statement.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures made by us for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health care operations and other applicable exceptions.

To request this list of accounting of disclosures, you must submit your request in writing to the Health Records Department or the Central Business Office. Your request must state a time period which may not be longer than six years and may not include dates before April 14th, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will attempt to comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Hospital's Privacy Officer (or designee). In your request, you must tell us:

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure or both; and,
- (3) to whom you want the limits to apply; for example, disclosures to your spouse.

**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.

**Right to Restrict release to your health plan.** You have the right to restrict certain disclosures of Protected Health information to a health plan where you are paying out of pocket in full for the healthcare item or service.

We will ask you during the admitting and registration process if you have any requests for confidential communications. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. However, if we are unclear about your request or if we need further information before we can reply to you, we may ask that you submit your request in writing to the Hospital's Privacy Officer. In your request, you must specify how or where you wish to be contacted. If you have questions concerning this process or confidential communications, please contact the Hospital's Privacy Officer. Specify how or where you wish to be contacted.

**Right to Receive Notice of Breach.** We are required by law to maintain the privacy of your medical information, to provide you with notice of our legal duties and privacy practices with respect to your

medical information and notify you following a breach of your unsecured medical information. We will give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of your medical information that has not otherwise been properly secured as required by HIPAA. We will notify you without unreasonable delay but no later than sixty (60) days after the breach has been discovered.

You have a right to a Paper Copy of This Notice.

**OTHER RIGHTS REGARDING YOUR CONFIDENTIAL 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 authorization. Use and disclosure that require your written permission include, but are not necessarily limited to, certain uses or disclosures of psychotherapy notes, marketing and sale of your protected health information. If you provide 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 health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you. Specific disclosure requiring a signed authorization are as follows:

**PSYCHOTHERAPY NOTES:** (means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.)

- Requires a signed authorization by the patient or patient representative.

Exception:

To carry out the following treatment, payment, or health care operations:

- (A) Use by the originator of the psychotherapy notes for treatment;
- (B) Use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
- (C) Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual.

- **MARKETING PURPOSES:** Requires a signed authorization by the patient or patient representative with the following **exceptions**:

A covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of:

- A face-to-face communication made by a covered entity to an individual; or promotional gift of nominal value provided by the

covered entity.

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice 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 the Hospital and at our website. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change the terms of the Notice, we will post a copy of the Notice currently in effect and make it available to you upon request.

#### FOR MORE INFORMATION OR TO REPORT A PROBLEM OR CONCERN

If you would like more information about this Notice, or to report a problem or concern, please ask your caregiver or the Privacy Officer to assist you. All problems or concerns must be submitted in writing and state the specific incident (s) in terms of subject, date and other relevant matters.

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

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Right to File a Complaint to the Secretary of Health and Human Services (HHS)

- The complaint needs to be filed in writing, either on paper or electronically.
- The complaint needs to be filed within 180 days of the incident to the following:

Secretary of Health and Human Services (HHS) Office  
for Civil Rights – HIPAA  
200 Independence Avenue,  
S.W Washington, D.C. 20201

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You may contact our Privacy Officer as follows:

HIPAA Privacy Officer  
Methodist Hospitals  
600 Grant Street  
Gary, Indiana 46402  
(219) 881-2876

You may contact the Medical Record department at either campus at  
(219) 738-5586 or (219) 886-4542