



NOTICE OF PRIVACY PRACTICES

Effective Date: 4-12-2010

THIS NOTICE DESCRIBES HOW MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

If you have questions about this notice, please contact:

**Privacy Officer, 317-587-0512,
697 Pro Med Lane, Carmel, IN 46032**

WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Aspire Indiana.
- Any member of a volunteer group we allow to help you at Aspire Indiana
- All employees, staff and other personnel of Aspire Indiana.

All these entities, site and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical/psychiatric information with each other for treatment, payment or Aspire Indiana operations or purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL/PSYCHIATRIC INFORMATION

We understand that medical/psychiatric information about you and your health is personal, and we are committed to protecting medical/psychiatric information about you. We create a record of the care and services you receive as Aspire Indiana. We need this record 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 Aspire Indiana. Other health care facilities may have different policies regarding use and disclosure of your medical/psychiatric information.

This notice will tell you about the ways in which we may use and disclose medical/psychiatric information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical/psychiatric information.

Protected Health Information (PHI) that Aspire Indiana has regarding our clients means, Individually Identifiable Health Information.

We are required by law to:

- make sure that medical/psychiatric information that identifies you (PHI) is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical/psychiatric information about you; and,
- follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU

- **As Required by Law.** We will disclose medical/psychiatric information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We will use and disclose medical/psychiatric information about you when we have a “Duty to Report” under state or federal law, because we believe that it is 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.
- **Public Health Risks.** We will disclose medical/psychiatric information about your for public health reporting required by federal or state law. 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 the proper authorities;
 - 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 disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate government authority if we believe a client 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 will disclose medical/psychiatric information as required by law to a health oversight agency for activities authorized by you. These oversight activities include, for example, 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.
 - **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we will disclose medical/psychiatric information about you when properly ordered to do so by a court as provided for and outlined in the relevant sections of IC-39.
 - **Law Enforcement.** We will release medical/psychiatric information if asked to do so by a law enforcement official, unless restricted by law:
 - in response to a proper 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 if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about the death we believe may be the result of criminal conduct;
 - about criminal conduct at an Aspire Indiana facility; and,
 - in emergency circumstances to report a crime, the location of the crime, or victims; or the identify, description or location of the person who committed the crime.
 - **Protective Services for the President of the United States and Others.**

We will disclose medical/psychiatric information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/psychiatric information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category

will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical/psychiatric information about you to provide you with treatment or services. We may disclose medical/psychiatric information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other Aspire Indiana personnel who are involved in taking care of you. Different departments of Aspire Indiana also may share medical/psychiatric information about you in order to coordinate the different things you need. We also may disclose medical/psychiatric information about you to people outside Aspire Indiana, such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care, 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 medical/psychiatric information about you so that the treatment and services you receive at Aspire Indiana or other health care providers from whom you receive treatment, may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Aspire Indiana so that your health plan will pay us or reimburse you for your treatment. 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 medical/psychiatric information about you for Aspire Indiana operations or to another health care provider or health plan, if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to run Aspire Indiana and make sure that all of our clients receive quality care. For example, we may use medical/psychiatric information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical/psychiatric information about many clients to decide what additional services Aspire Indiana should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical/psychiatric information we have with medical/psychiatric information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical/psychiatric information so others may use it to study health care and health care delivery without learning who the specific clients are.

- **Appointment Reminders.** We may use and disclose medical/psychiatric information to contact you as a reminder that you have an appointment for treatment or medical care at Aspire Indiana.
- **Treatment Alternatives.** We may use and disclose medical/psychiatric information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical/psychiatric information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical/psychiatric information about you to contact you in an effort to raise money for Aspire Indiana and its operations. We may disclose medical/psychiatric information to a foundation related to Aspire Indiana so that the foundation may contact you in raising money for Aspire Indiana. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Aspire Indiana. If you do not want Aspire Indiana to contact you for fundraising efforts, you must notify the Privacy Officer in writing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release certain limited information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical/psychiatric 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.
- **Research.** Under certain circumstances, we may use and disclose medical/psychiatric information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical/psychiatric information, trying to balance the research needs with the client's need for privacy of their medical/psychiatric information. Before we use or disclose medical/psychiatric information for research, the project will have been approved through this research approval process, but we may, however, disclose medical/psychiatric information about you to people preparing to conduct a research project. For example, to help them look for clients with specific medical needs, so long as the medical/psychiatric information they review does not leave Aspire Indiana. We may ask for your specific 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 Aspire Indiana.

SPECIAL SITUATIONS

- **Military and Veterans**. If you are a member of the armed forces, we may release medical/psychiatric information about you as required by military command authorities. We may also release medical/psychiatric information about foreign military personnel to the appropriate foreign military authority.
- **Coroners, Medical Examiners and Funeral Directors**. We may release medical/psychiatric information 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 medical/psychiatric information about clients of Aspire Indiana to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities**. We may release medical/psychiatric information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/psychiatric 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.

MEDICAID

- **Medicaid**. When you are asked to sign a release of information from the Medicaid office for us to release your medical/psychiatric information to Medicaid, we will not condition treatment at Aspire Indiana on your signing of this release. If you do sign a Medicaid form to release your records, we will comply and send your records to Medicaid. If you do not sign the release, we will not send the records. While this will affect your ability to receive Medicaid benefits, it will not affect your treatment at Aspire Indiana.

YOUR RIGHTS REGARDING MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU

You have the following rights regarding medical/psychiatric information we maintain about you.

- **Right to Inspect and Copy**. You have the right to inspect and copy medical/psychiatric information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical/psychiatric information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a 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

circumstances. If you are denied access to medical/psychiatric information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Aspire Indiana 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. You may obtain a copy of such information in an electronic format. We may charge you any fee for our labor costs involved in responding to your request.

- **Right to Amend.** If you feel that medical/psychiatric 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 Aspire Indiana. To request the amendment, your request must be made in writing and submitted to the Privacy Officer, Aspire Indiana, 697 Pro Med Lane, Carmel, IN 46032. In addition, you must provide a reason that supports your request. If your request is granted, we will add this to the information into your record. 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 medical/psychiatric information kept by or for Aspire Indiana.
 - Is not part of the information which you would be permitted to inspect and copy; or,
 - Is accurate and complete. We will not delete/alter information that we believe to be accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “Accounting of Disclosures” which is a list of the disclosures we made of medical/psychiatric information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, t97 Pro Med Lane, Carmel, IN 46032. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 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 medical/psychiatric 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 medical/psychiatric 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 specific treatment session you had. *We are not required to agree to your request except as indicated below:* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. *We are required to grant this restriction:* You may request a restriction on the disclosure of PHI if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a health care item or service for which Aspire has been paid by you out of pocket and in full. To request restrictions, you must make your request in writing to the Privacy Officer, 697 Pro Med Lane, Carmel, IN 46032. 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 medical 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 request confidential communications, you must make your request in writing to the Privacy Officer, 697 Pro Med Lane, Carmel, IN 46032. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Be Notified of a Security Breach Involving Your Information.** In the event of a breach of unsecured PHI, we are required to follow law and internal policy to notify affected persons and the Secretary of Health and Human Services.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website. www.AspireIndiana.com. To obtain a paper copy of this notice, contact any Aspire Indiana office and request a copy.

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 medical/psychiatric 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 each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Aspire Indiana for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Aspire Indiana or with the Secretary of the Department of Health and Human Services. To file a complaint with Aspire Indiana, contact the Privacy Officer at 317-587-0512, 697 Pro Med Lane, Carmel, IN 46032. To file a complaint with the Department of Health and Human Services, contact the Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL/PSYCHIATRIC INFORMATION

Other uses and disclosures of medical/psychiatric information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical/psychiatric information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical/psychiatric 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 permission, and that we are required to retain our records of the care that we provided to you.

I have received the March 12, 2010 revision of Aspire Indiana’s NOTICE OF PRIVACY PRACTICES.

Client Name (Printed)

Client or Representative Signature

Date

Witness Signature

Date

Reason Given by Client or Representative for Refusing to Sign This Notice

Witness Signature

Date

Witness Signature

Date