

**RIVER BEND HOSPITAL HEALTH SERVICES  
NOTICE OF PRIVACY PRACTICES**

This Notice describes how “protected health information” about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

“Protected health information” is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to healthcare services.

This Notice of Privacy Practices describes how River Bend Hospital may use and disclose your protected health information to carry out treatment, for payment, for healthcare operations and for other purposes permitted or required by law. This Notice also describes certain rights that you may have to access your protected health information. River Bend Hospital is required to abide by the terms of this Notice of Privacy Practices.

The terms of this Notice may change at any time. The new Notice will apply to all protected health information acquired after it goes into effect. Upon your request, we will provide you with any historical Notice of Privacy Practices or you may obtain the most current copy by visiting our website.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Your protected health information may be used and disclosed by River Bend Hospital, our staff and others outside of our offices who are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operations of River Bend Hospital. The following list, by way of example rather than limitation, explains certain uses and disclosures of your protected health information that River Bend Hospital is permitted to make.

**Treatment**

River Bend Hospital will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another provider. For example, River Bend Hospital may disclose your protected health information, as minimally necessary, to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose health information to physicians or other healthcare providers who may be treating you or consulting with us regarding your care.

River Bend Hospital participates in certain Health Information Exchanges or Organizations (HIEs or HIOs). Specifically, River Bend Hospital participates in the Indiana Health Information Exchange (IHIE) and Indiana Network for Patient Care (INPC), which help to make your protected health information available to other healthcare providers who may need access to it in order to provide care or treatment to you.

**Payment**

River Bend Hospital may use and disclose your protected health information as necessary to obtain payment for healthcare services. This may include providing your protected health information to your health insurer or health plan to confirm (1) your eligibility for health benefits, (2) the medical necessity of a particular service or procedure, or (3) any prior authorization or utilization review requirements. We may also disclose your PHI to another provider involved in your care for the other provider's payment activities. For example, this may include disclosure of demographic information to another health care provider that is involved in your care, or to a hospital where you were recently hospitalized, for payment purposes.

**Healthcare Operations**

River Bend Hospital may use or disclose your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities.

**To Contact You**

River Bend Hospital may use and disclose your protected health information to remind you of upcoming appointments or other matters related to your care. We may contact you by mail, telephone or e-mail. We may leave voice messages at the telephone number you provide to us, and we may respond to your e-mails. River Bend Hospital may use and disclose medical information to inform you of specific test results, possible treatment options, new services or alternatives that may be relevant to your healthcare.

**Individuals Involved in Your Care or Payment for Your Care**

Unless you indicate otherwise, River Bend Hospital may disclose to a relative, a close friend or any other person you identify, but only if the PHI is directly related (1) to the person's involvement in your treatment or related payments, or (2) to notify the person of your physical location or a sudden change in your condition, while receiving treatment at our office. Although you have a right to request reasonable restrictions on these disclosures, we will only be able to grant those restrictions that are reasonable and not too difficult to administer, none of which would apply in the case of an emergency. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts.

**Business Associates**

River Bend Hospital may share your protected health information with "business associates," or third-party organizations which perform services such as pharmacy or transcription services on behalf of River Bend Hospital. River Bend Hospital has written contracts with our business associates to protect the privacy of your protected health information, and business associates are also required by law to comply with the same privacy and security requirements that apply to River Bend Hospital.

**Directory Information**

River Bend Hospital does not release patient directory information to people who ask for the patient by name, without the written authorization of the patient. Directory information may include limited information about you such as your name, location within the River Bend Hospital system, i.e., hospital, sub-acute, group home, outpatient, and your general condition (e.g., fair or stable).

**Fundraising Activities**

River Bend Hospital may use protected health information to contact you in an effort to raise money for River Bend Hospital, however you have the right to request, in writing or by telephone, not to be contacted for this purpose.

**Research**

Under certain circumstances, River Bend Hospital may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure, among other things, the privacy of your protected health information. River Bend Hospital may release information about you to researchers who need to know how many patients have a specific health issue in preparation for proposed research. If a doctor caring for you believes you may be interested in, or may benefit from, a research study, your physician and the research review committee will designate someone to contact you. This individual will see if you are interested in the study, provide you with more information and give you the opportunity to participate or to decline further contact.

**Public Health Risks and Patient Safety Issues**

River Bend Hospital may disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to receive the information. For example, disclosures may be made for the purposes of preventing or controlling disease, injury or disability; to report births and deaths; to report reactions to medications or problems with products; and to notify people of recalls of products that they may be using.

**Communicable Diseases**

River Bend Hospital may disclose or use your protected health information 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; and to comply with state-mandatory disease reporting, such as Rabies, Smallpox, and Pertussis (whooping cough).

**Abuse, Neglect or Domestic Violence**

River Bend Hospital may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if River Bend Hospital suspects a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**To Avert a Serious Threat to Health or Safety**

River Bend Hospital may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public.

**Health Oversight Activities**

River Bend Hospital may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil-rights laws.

**Legal Proceedings**

River Bend Hospital may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement**

River Bend Hospital may disclose protected health information for certain law-enforcement purposes, such as: (1) to report certain types of wounds or physical injuries, (2) to identify or locate certain individuals, (3) to report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.

**Coroners, Medical Examiners and Funeral Directors**

River Bend Hospital may release protected health information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Workers' Compensation**

River Bend Hospital may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military Activity and National Security**

River Bend Hospital may use or disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military-command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military service. 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 others legally authorized.

**Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, River Bend Hospital may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Food and Drug Administration (FDA)**

River Bend Hospital may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety or effectiveness of FDA-regulated products or activities, which include: to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

**Organ and Tissue Donation**

River Bend Hospital may release protected 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.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION**

As described above, River Bend Hospital will use your protected health information and disclose it outside of River Bend Hospital for treatment, payment, healthcare operations and when permitted or required by law. River Bend Hospital will not disclose or sell your protected health information for marketing purposes. In addition, certain disclosures of your psychotherapy notes, mental health records, and drug and alcohol abuse treatment records may require your prior written authorization.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION****Right to Inspect and Copy**

You have the right to inspect and obtain an electronic or paper copy of your protected health information that may be used to make decisions about your care (provided your PHI is available in electronic form). This includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or PHI that is subject to a law prohibiting access. Also, you may not inspect or copy your PHI

if your physician believes that the access requested is likely to endanger your life or safety or that of another person, or if it is likely to cause substantial harm to another person referenced within the information.

To inspect and obtain a copy of your protected health information, you must submit your request in writing to River Bend Hospital's Director of Health Information Management. If you request a copy of the information, River Bend Hospital may charge a fee for the cost of copying, mailing or other supplies associated with your request.

River Bend Hospital may deny your request to inspect and copy in some limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by River Bend 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 Request Restrictions**

You have the right to request a restriction on the ways your protected health information is used or disclosed. To request a restriction, submit your request in writing to the River Bend Hospital's Director of Health Information Management. The request should include what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply—for example, disclosures to your spouse. River Bend Hospital will agree to restrict disclosures of your health information to your health insurance plan for payment and healthcare operations purposes (not for treatment) if the disclosure pertains solely to a healthcare item or service for which you paid in full.

River Bend Hospital is not required to agree to your request. River Bend Hospital is only required to agree to those restrictions that are reasonable and which are not too difficult for us to administer. We will notify you if we deny any part of your request, but if we are able to agree to a particular restriction, we will communicate and comply with your request, except in the case of an emergency. Under certain circumstances, we may choose to terminate our agreement to a restriction if it becomes too burdensome to carry out. Finally, please note that it is your obligation to notify us if you wish to change or update these restrictions after your visit by contacting the Director of Health Information Management directly.

#### **Right to Amend**

You have a right to request an amendment of the health information that River Bend Hospital has in our records. Your request for an amendment must be made in writing, including a reason for the request and submitted to River Bend Hospital's Director of Health Information Management. River Bend Hospital may deny a request for an amendment if it is not in writing and does not include a reason to support the request or requests for amendment of information that: was not created by River Bend Hospital; is not part of the protected health information kept by River Bend Hospital; is not part of the information which you would be permitted to inspect and copy; or is not accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may respond to your statement in writing and provide you with a copy.

#### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures of your protected health information made by River Bend Hospital **except** for disclosures for treatment, payment, healthcare operations, disclosures made as required by law, or disclosures you authorized in writing. To request an accounting of disclosures, submit your request in writing and include the specific time period (which may not be longer than six years and may not include dates before April 14, 2003) to the River Bend Hospital's Privacy Officer. The first accounting of disclosure in a 12-month period is free. Additional accounting of disclosures may cost a fee; you will be notified in advance of any cost involved so that you may choose to withdraw or modify your request before incurring a cost.

#### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this Notice electronically. You may also find a copy of this Notice on the River Bend Hospital website at <https://riverbendhospital.com>.

#### **Right to Receive Notification of Breach**

Individuals will receive notifications of his or her unsecured protected health information that is breached. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

#### **Right to Request Confidential Communication**

You have the right to request that River Bend Hospital communicate with you about healthcare matters in a certain way or at a certain location. For example, you can request that you are only contacted at work or at a specific address. Such requests should be made in writing to River Bend Hospital's Privacy Officer and should specify how or where you wish to be contacted. River Bend Hospital will accommodate all reasonable requests.

**Other Uses of Protected Health Information**

Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will be made only with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, River Bend Hospital will no longer use or disclose protected health information about you for the reasons covered by your written authorization. River Bend Hospital is unable to take back any disclosures it may have already made with your permission.

**Changes to This Privacy Notice**

River Bend Hospital reserves the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. You may request that a revised copy be sent to you in the mail or obtain one at the time of an appointment at River Bend Hospital.

**QUESTIONS OR COMPLAINTS**

You have the right to contact our Privacy Officer at any time if you have questions, comments or complaints about our privacy practices or if you believe we have violated your privacy rights. If you believe River Bend Hospital has violated your privacy rights, you may file a complaint with River Bend Hospital or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with River Bend Hospital, please submit a complaint in writing to the Privacy Officer.

If you have further questions about this Notice of Privacy Practices, please contact River Bend Hospital's Privacy Officer.

**CONTACT INFORMATION****River Bend Hospital's Privacy Officer:**

Meridian Health Services Corp.  
Attn: Privacy Officer  
240 N. Tillotson Avenue  
Muncie, IN 47304  
Tele: (765) 288-1928  
Fax: (765) 741-0340

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
<https://www.dhhs.gov>