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## Notice of Privacy Practices (45 CFR §164.520(A))

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THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) 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 Porter-Starke Services, Inc., (PSS) Privacy Officer at 219-531-3500.

### **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 programs of PSS, a member of a volunteer of a volunteer group we allow to help you at PSS, all employees, staff and other personnel of PSS and all business associates. All these entities, all PSS sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share Protected Health Information (PHI) with each other for treatment, payment or PSS operations purposes described in this notice.

**Business Associates:** A Business Associate (BA) is a person, company or vendor who performs functions or activities on behalf of PSS.

### **OUR PLEDGE REGARDING PHI.**

We understand that medical, mental health and/or chemical dependency information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care and services you receive at PSS in order 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 PSS. We understand that PHI about you and your health is personal. We are committed to protecting the records of your care generated by PSS. Other Health Care Rehabilitation Facilities may have different policies or notices regarding use and disclosure of your PHI.

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

We are required by law to make sure that PHI that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to PHI about you, and follow the terms of the notice that is currently in effect.

#### **HOW WE ARE PERMITTED OR REQUIRED BY LAW TO DISCLOSE PHI ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION.**

**As Required By Law.** We will disclose PHI 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 PHI about you when we have a "Duty to Report" under state or federal law, if 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 PHI about you for public health reporting required by federal or state law and to report any child abuse and/or neglect.

**Health Oversight Activities.** We will disclose PHI as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensures. 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 a dispute, we will disclose PHI about you when properly ordered to do so by a court.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official if permitted by law, in response to a duly executed court order, if required by state or federal law, or if about criminal conduct at a PSS facility.

**Protective Services for the President and Others.** We may disclose medical and mental 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 conduct special investigations.

#### **HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU AS DISCUSSED IN THE PSS, CONSENT FOR TREATMENT.**

To provide you with quality treatment, we may use and disclose PHI. For each category of uses or disclosures we will 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.** Different departments of PSS may share PHI about you in order to coordinate the different services you need. Your treatment team may discuss PHI about you to provide you with the most comprehensive medical treatment or services.

**For Payment.** We may need to give your health plan information about treatment that you received at

PSS 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 in order to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose PHI about you for PSS 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 for PSS to insure that all of our Clients receive quality care. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific Clients are. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many Clients to decide what additional services PSS 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 PHI we have with PHI 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.

**Appointment Reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment.

**Treatment Alternatives.** We may use and disclose PHI 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 PHI to tell you about health-related benefits or services that may be of interest to you.

**Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all Clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with Clients' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We may, however, disclose PHI 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 PHI they review does not leave PSS. We will ask for 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.

**Marketing/Fundraising.** PSS will obtain authorization from individuals prior to using PHI for marketing/fundraising. You may be contacted to raise funds for PSS and have the right to opt out of any fundraising communication. If the marketing involves financial remunerations to the covered entity from a third party, the authorization must state that such remuneration is involved.

## **SPECIAL SITUATIONS:**

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI 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 PHI about Clients of PSS to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as 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 and/or mental 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 PHI ABOUT YOU.**

You have the following rights regarding PHI we maintain about you:

### **Right to Inspect and Copy.**

You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care.

To inspect and receive a copy of PHI that may be used to make decisions about you, you must submit your request in writing to PSS Privacy Officer. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

You may request the media type of paper, CD, DVD or flash drive.

We may deny your request to inspect and /or receive a copy. If your request is denied, you may request that the denial be reviewed. Another licensed health care professional chosen by PSS 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 PHI 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 PSS.

**To request an amendment,** your request must be made in writing and submitted to PSS Privacy Officer. In addition, you must provide a reason that supports your 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. We may also deny you request if the person or entity that created the information is no longer available to make the amendment, or is not part of the PHI kept by or for PSS, or if the information is accurate and complete.

**Right to an Accounting of Non-routine Disclosures.** You have the right to request an "Accounting of Non-routine Disclosures."

To request this list or Accounting of Non-routine Disclosures, you must submit your request in writing to PSS Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 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 will 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 PHI we use or disclose about you for treatment, payment or health care operations.

**We are not required to agree to your request.** If we do agree, we will 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 PSS Privacy Officer. 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 PSS, Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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.porterstarke.org](http://www.porterstarke.org). To obtain a paper copy of this notice, contact PSS, Privacy Officer at 219-531-3500.

## **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 PHI 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 PSS 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 PSS or with the Secretary of the Department of Health and Human Services. To file a complaint with PSS, contact PSS, Privacy Officer at 601 Wall St., Valparaiso, In. 46383. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

**OTHER USES OF PHI.** Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke in writing that permission at any time. If you revoke your permission, we will no longer use or disclose PHI 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.\

**Modifications**

1. Most uses and disclosures of psychotherapy note (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization.
2. Any other uses and disclosures not described in the Notice of Privacy Practices will only be made with prior authorization.
3. An individual may opt out of receiving fundraising communication if the organization intends to make such communications.
4. An individual may restrict certain disclosure of PHI if they pay out of pocket.
5. Affected individuals have the right to be notified of a breach.
6. Disclosure of PHI that is genetic information for underwriting purposes is prohibited.