



River Bend
HOSPITAL

RIVER BEND 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.

FOR SUBSTANCE USE DISORDER (“SUD”) RECORDS, THIS NOTICE DESCRIBES (1) HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, (2) YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, (3) HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, AND (4) YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH RIVER BEND’S PRIVACY OFFICER AT (765) 288-1928 OR PRIVACY@MERIDIANHS.ORG IF YOU HAVE ANY QUESTIONS. IN THIS NOTICE, YOUR HEALTH INFORMATION MEANS YOUR SUBSTANCE USE DISORDER PATIENT RECORD.

“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 (“River Bend”) 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 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 at <https://riverbendhospital.com>

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, 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. The following list, by way of example rather than limitation, explains certain uses and disclosures of your protected health information that River Bend is permitted to make.

Treatment

River Bend 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 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 participates in certain Health Information Exchanges or Organizations (HIEs or HIOs). Specifically, River Bend 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 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



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were recently hospitalized, for payment purposes. Healthcare Operations River Bend 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 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 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 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 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. River Bend 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.

Directory Information

River Bend 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 system, and your general condition (e.g., fair or stable).

Fundraising Activities

River Bend may use protected health information to contact you for fundraising purposes, however you have the right to request, in writing or by telephone, not to be contacted for this purpose. Prior to the use of any SUD health information, you have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for River Bend's programs.

Research

Under certain circumstances, River Bend 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 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 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



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River Bend 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 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 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 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 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 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 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 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 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 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 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 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 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 will use your protected health information and disclose it outside of River Bend for treatment, payment, healthcare operations and when permitted or required by law. River Bend 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.

ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER TREATMENT RECORDS (42 CFR PART 2)

SUD Health Information.

If you receive a SUD diagnosis, treatment, or referral services from River Bend, those records may be protected by federal law under 42 CFR Part 2. These SUD records may not be used or disclosed without your written consent except as permitted by law. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services River Bend can provide you or how you pay for services. River Bend may not use your SUD health information in any criminal, civil, legislative or administrative proceedings against you without a qualifying court order. River Bend will only respond to a court order to use or share your SUD health information if it is accompanied by a subpoena or other similar legal mandate requiring River Bend to comply. River Bend will only share your information in proceedings against you based on a court order after River Bend has received notice and an opportunity to be heard or you tell River Bend that you have received notice. River Bend may use or share your information to respond to legal proceedings against River Bend's program based on a court order without you being notified in advance; however, you have the right to seek to overturn or change the court order once you become aware of it. Breach notification requirements under HIPAA remain applicable to these records.

SUD Health Information Received by River Bend from Another Entity

To the extent that River Bend maintains any of your SUD patient records subject to 42 CFR Part 2, River Bend will not share that information for investigation or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. When you consent to uses and disclosures for all future treatment and payment purposes and to run River Bend's business operations, River Bend may share your information with other substance use disorder treatment programs, other covered entities, or business associates for those activities. If the person who receives your SUD health information is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. In no event will River Bend use or disclose your SUD health information in any civil, criminal, administrative, or legislative proceedings by



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any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

SUD Health Information Use and Disclosure With Consent

For SUD health information, River Bend is required to obtain your consent for most uses and sharing of your SUD health information. With your consent, River Bend may also use and share your information in the following ways: (1) To whomever you name in a consent to share your information; (2) To prevent multiple enrollments in withdrawal management or maintenance treatment programs, (3) To report participation in treatment required by the criminal justice system; and (4) To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

SUD Health Information Use and Disclosure Without Consent

River Bend is allowed or required to share your information in certain ways without your consent – usually in ways that contribute to the public good, such as public health and research. River Bend has to meet many conditions in the law before River Bend can share your information for these purposes. These are governed by law and include but are not limited to the following: (1) River Bend can share your health information within our program, with an organization that has administrative control over our program, and with contractors who help River Bend run our program; (2) River Bend can share your health information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency; (3) River Bend can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using; (4) River Bend can share health information that does not identify you for certain situations related to helping with the public health, such as: preventing disease, reporting adverse reactions to medications, or aiding scientific research; (5) River Bend can use or share your health information to conduct or help with health research (Researchers cannot include any patient identifying information in their reports about the research); (6) River Bend can use or share your health information when responding to management and financial audits and program evaluations to improve the quality of River Bend's services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you; (7) River Bend can assist with cause of death inquiries by sharing identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death; (8) River Bend may report suspected child abuse and neglect, but will only report the information required by law; and 9) River Bend may report to law enforcement when a patient commits or threatens to commit a crime within River Bend's program or against River Bend's staff in order to prevent or reduce crime in River Bend's programs.

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's Privacy Officer. If you request a copy of the information, River Bend may charge a fee for the cost of copying, mailing or other supplies associated with your request.

River Bend 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 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.



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Right to Request Restrictions

You have the right to request a restriction on the way your protected health information is used or disclosed. You can ask River Bend not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. To request a restriction, submit your request in writing to the River Bend's Privacy Officer. 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 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 is not required to agree to your request. River Bend 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 case of an emergency. Under certain circumstances, we may choose to terminate our agreement with 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 River Bend's Privacy Officer directly.

Right to Amend

You have a right to request an amendment of the health information that River Bend 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's Privacy Officer. River Bend 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; is not part of the protected health information kept by River Bend; 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 **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'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 website at <https://meridianhs.org>.

Right to Discuss this Notice with Someone at River Bend

You can ask questions or obtain more information about this Notice and River Bend's privacy practices by calling or emailing River Bend's Privacy Officer at the information listed below.

Right to Choose Someone to Act for You.

If someone has authority to act as your personal representative, such as if someone has been appointed your health care representative or appointed your legal guardian, that person can exercise your rights and make choices about your protected health information. River Bend will make sure the person has this authority and can act for you before River Bend takes any action.

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.



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Right to Request Confidential Communication

You have the right to request that River Bend 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's Privacy Officer and it should specify how or where you wish to be contacted. River Bend 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 will no longer use or disclose protected health information about you for the reasons covered by your written authorization. River Bend is unable to take back any disclosures it may have already made with your permission.

Changes to This Privacy Notice

River Bend 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.

QUESTIONS OR COMPLAINTS

You have the right to contact River Bend's 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 has violated your privacy rights, you may file a complaint with River Bend 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, please submit a complaint in writing to River Bend's Privacy Officer. To file a complaint with the U.S. Department of Health and Human Services' Office of Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

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

CONTACT INFORMATION

River Bend Hospital

Attn: Privacy Officer
240 N. Tillotson Avenue
Muncie, IN 47304
Tele: (765) 288-1928
Fax: (765) 741-0340
privacy@meridianhs.org

Office for Civil Rights

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