

## **Notice of Privacy Practices**

### **Your Information. Your Rights. Our Responsibilities.**

South Bend Medical Foundation has always strived to protect the medical information also known as protected health information (PHI) entrusted to us, and has established policies, procedures and physical mechanisms to sustain this trust. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

The effective date of this Privacy Notice is April 14, 2003. This notice was updated December 2014.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

##### **For Treatment**

Since protection of privacy should not interfere with making information available to your treating health care providers, South Bend Medical Foundation provides results of your laboratory tests to your attending and consulting physicians and other health care providers treating you. As part of our ongoing efforts to provide quality care to our patients, South Bend Medical Foundation participates in a local Health Information Exchange (HIE), called Michiana Health Information Network (MHIN). This activity allows your medical information from our organization to be readily available to other community healthcare providers for coordination of care and may avoid duplicate testing. Our participation in health information exchange also provides us with the ability to obtain your medical information from other participating healthcare providers more efficiently. MHIN is accredited by the Electronic Healthcare Network Accreditation Commission and is legally bound to protect the confidentiality of your medical information.

No single laboratory is capable of providing the variety of tests required by modern medicine. Therefore, if the test ordered by your physician is not completely performed in our facility, South Bend Medical Foundation will forward it to a duly licensed medical laboratory. The test sample must be accompanied with demographic information about you. Similarly, when the specimens removed by a surgeon are examined by South Bend Medical Foundation pathologists and deemed to be unusual or of difficult interpretation, the slides will be submitted to a consulting pathologist, known to have expertise in the subject.

## **For Healthcare Operations**

South Bend Medical Foundation may disclose your PHI to a health plan for the plan's Health Plan Employer Data and Information Set (HEDIS) provided that the health plan has or had a relationship with the individual who is the subject of the information. In most cases, when you enroll with an insurance company, you sign an authorization/release that the health plan has the right to access your data. These uses and disclosures are necessary to manage South Bend Medical Foundation and to make sure that all of the patients receive quality health care. Your PHI may also be used to evaluate the services our staff has provided to you. In evaluating the services we provide to our patients, we may combine your PHI with others to get a practical idea of services we may need to offer, tailor, or eliminate.

Furthermore, federal and state regulations and accrediting rules mandate that on a regular basis clinical laboratories should be audited or inspected. The entities conducting the audits and inspections may or may not be governmental entities. The entities that most frequently conduct inspections of our operations are the Indiana State Department of Health and the College of American Pathologists. During the course of those activities, the inspectors or auditors review PHI to assure that the testing performed by South Bend Medical Foundation meets government and accrediting specifications.

## **Bill for Your Services**

We may use and disclose your PHI so that the treatment and services you receive at South Bend Medical Foundation may be billed to, and payment may be collected from, you, an insurance company, or a third party. In addition, in the process of establishing your benefit eligibility and/or coverage for certain procedures, we may contact your third party payor to assess the benefits you are entitled to receive. In most cases, when you enter into a contract with an insurance company to provide you with health insurance coverage, your agreement may require that we disclose sufficient information for the insurance company to honor the claim.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Research**

South Bend Medical Foundation participates with other health care providers in Clinical Trials. If you are a participant, we will make the health information we maintain about you, available only upon your authorization, unless we have received special permission to use your health information from a special regulatory body.

South Bend Medical Foundation is constantly evaluating new technologies in order to better serve you. The testing of new health care devices requires us to conduct studies involving patient samples. As a practice, identification information will be removed from patient samples, this way a test result cannot be linked to a given patient. If we use your sample to repeat a test ordered by your physician, as part of a study, and the test result produces information that is relevant to your health, we will report the results to your physician at no charge, allowing your physician to take any appropriate actions.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Third Parties**

We may disclose your PHI to a third party with whom we contract to perform services on our behalf. If we disclose your information to a third party, we will have an agreement by them to safeguard your information.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and make it available to you upon request.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Changes to the Terms of this Notice

South Bend Medical Foundation is required to abide by the terms of this Notice. However, South Bend Medical Foundation reserves the right to amend or to otherwise change the terms of this Notice and to include any new privacy provisions that are applicable to all PHI we maintain. Our current Notice is always available upon request at any SBMF location and is prominently posted on our website at [www.sbmf.org](http://www.sbmf.org).

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your test results and other health information we have about you. We will, however, request sufficient proof of your identity. We may request the production of a current driver's license or a combination of identification that would assure us that we are releasing the information to the right person. Under very limited circumstances we may deny you access to your records, but you may be entitled to appeal such a decision.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- If you still think that the information is incorrect, the law provides for the intervention of a third party, chosen by us and who has not participated in our decision not to amend, to review the information.

### Request confidential communications

- You can ask us to contact you in a specific way or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

If you have reservations about sharing your PHI with certain individuals or institutions, you have the right to request that we restrict access to your personal information. If we agree to your request for restrictions, we will fulfill your request unless we are prevented from doing so, such as when a disclosure is required by law or instances when not making a disclosure may be detrimental to you or our organization.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## COMPLAINTS

South Bend Medical Foundation is your laboratory expert. We appreciate your trust, your business, and your cooperation in these efforts. We will not knowingly disclose health information pertaining to you, except as mentioned above. If you are ever aware of any unauthorized uses or disclosures of your health information, please contact us immediately. You also have the right to complain to the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

If you have any questions about this Notice or would like to report concerns about potential fraud and abuse, or concerns about quality or safety, the following options are available:

Contact: Compliance  
South Bend Medical Foundation  
530 North Lafayette Boulevard  
South Bend, IN 46601

Hotline\*: (574) 251-1787 or 800-544-0925 ext. 1787

E-Mail: [compliance@sbfm.org](mailto:compliance@sbfm.org)

\*The hotline can be used to report anonymously if desired. The hotline does not use Caller ID.