NOTICE OF PRIVACY PRACTICES

If you would like a copy of this notice in Spanish, please contact the IHCP Privacy Office at (317) 713-9627 or 1-800-457-4584.
Si usted desea una copia de esta notificación en Español, por favor contacte a la Oficina de Privacidad de IHCP al (317) 713-9627 o al 1-800-457-4584.

This notice is to all Indiana Health Coverage Programs (IHCP) members including Medicaid, Hoosier Healthwise, all Healthy Indiana Plans (HIP), Hoosier Care Connect, Presumptive Eligibility for Pregnant Women, Presumptive Eligibility, Program for All Inclusive Care for the Elderly and members residing in institutions operated by the Indiana State Department of Health and/or the Division of Mental Health and Addiction who have received medical services outside of those institutions. This notice is for your information only. You do not need to take any action as a result of this notice.

Notice of Privacy Practices

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.

This notice tells how the IHCP may use or release your health information. It also tells you about your rights regarding the IHCP's use and release of your health information. Your health information will not be shared without your written authorization except as described in this notice, or when required or permitted by law. If you give us your written authorization to share your information with others you identify, you may change your mind at any time by telling us in writing. The IHCP will comply with this notice. The IHCP reserves the right to change its privacy practices and make the new privacy practices effective for all protected health information we maintain. If the terms of this notice change we will notify you at the address you have supplied.

Our Responsibilities and Commitment to You

We understand that your health care information is personal. We take our responsibility to keep your personal health information private very seriously. We are required by law to protect your health information, tell you about your rights regarding your health information, and to give you this notice explaining our responsibilities and the ways we are allowed to use and share your health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Use and Disclosure of Your Health Information

We do not create health records. We receive health information to help us make decisions about whether you qualify for certain programs or services. We use your health information to pay for services provided to you by your health care provider, for health care operations, and to evaluate the quality of services you receive. The following are some common examples of how we use your personal health information without your written permission:

- Treatment & Payment: Doctors, hospitals, and other health care practitioners that provide services to you submit your health information to us in the form of a claim for payment. They may also give us your health information in order to obtain prior authorization or to find out if a service is covered. These requests include information that identifies you, your diagnosis, and procedures you have received, or that you might receive in the future. We use this health information to approve and pay for the services that we cover. We may also share your information with other programs that may pay for your health care, such as Medicare or private insurance companies in order to get payments. An example of treatment is sharing clinical information through the Indiana Health Information Exchange (IHIE) among healthcare providers for the purpose of improving patient care and quality outcomes.
- Health Care Operations: We may use your health information to review the care and outcome of your treatment and to compare the outcomes of other people who received the same or similar treatment. We use this information to improve the quality and effectiveness of health care services.
- We may also disclose your health information to our employees, as well as companies and persons we have contracts with, so they can perform the jobs we ask them to do, such as approving services for you or reviewing payments made to health care practitioners. To protect your health information we require everyone who has a contract with us to follow rules protecting your information.
- We may use and disclose your health information to tell you or your provider about possible treatment options, alternative treatments, and for other health-related benefits.
- We may disclose or share your health information with other government agencies that may provide public benefits or services to you. We may also disclose or share your information with other government agencies permitted by law, including the federal government, to show how the IHCP is working and to improve the programs.

- As Required by Law: We may use or disclose your health information in compliance with the law in a public emergency to notify your family; for public health activities to prevent or control disease, injury or disability or report abuse; to comply with Workers' Compensation laws; as required by law including in response to a subpoena, discovery request, court or administrative order, for issues of national security, to report vital statistics, or to process organ donation information.
- We may disclose your information to researchers when the information cannot identify you or when their research has been reviewed and approved by an institutional review board to ensure the continued privacy and protection of your health information.
- We will not disclose your information without your express authorization and permission other than as described in this notice.

Your Health Information Rights

- You have the right to request that we restrict our use and release of your health information for payment, treatment or health care operations, or with family, friends, and others you identify. For example, you have the right to opt-out of IHIE. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request in writing to the IHCP Privacy Office.
- You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically by e-mail.
- You have the right to a list of instances in which we released your personal health information for purposes other than for treatment, payment, and health care operations. This list will not include information previously requested by you or anyone authorized by you to receive your health care information, and for certain other activities. The list is limited to the last six years and must be requested in writing to the IHCP Privacy Office.
- You have the right to request that we contact you about your personal health matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by e-mail. We will review and accommodate only reasonable requests. To request a special way or location for us to contact you about your personal health information, you must submit your request in writing to the IHCP Privacy Office.
- You have the right to see and get a copy of your health information with certain exceptions. We are permitted to charge a reasonable fee for the costs of copying, mailing, or for other supplies needed for your request. Your request must be submitted in writing to the IHCP Privacy Office. If your request is denied for some reason, you can file an appeal with the IHCP Privacy Office. A person who did not participate in the decision to deny your request will review your appeal.
- You have the right to ask that we change your health information that you feel is incorrect or incomplete. Your request should be submitted in writing to the IHCP Privacy Office. We may deny your request only for certain reasons. For example, we did not create the information or we believe the information is correct. If we deny your request, we will provide you a written explanation.

Note: All requests about your health information must be in writing and sent to the IHCP Privacy Office address listed in the contact information section below.

Contact Information or Filing a Complaint

If you have questions, want additional information, or to make a request you can contact the IHCP Privacy Office at the following address or phone number.

If you have a complaint about our health information practices or believe that we have violated your privacy rights, please submit the complaint to the IHCP Privacy Office at the following address. **All complaints must be submitted in writing.**

IHCP Privacy Office
P.O. Box 7260
Indianapolis, IN 46207-7260
(317) 713-9627 or 1-800-457-4584

You can also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services at the following address:

Office of Civil Rights, U.S. Dept. of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
Phone: 1-800-368-1019; FAX: (312) 886-1807
OCRComplaint@hhs.gov

We will never take action against you for filing a complaint and it will not impact the health care services provided to you.