



HIPAA Notice of Privacy Practices

Effective Date: April 14, 2003
Revised Date: January 18, 2024

This Notice describes how protected health information about you may be used and disclosed (shared), and how you can get access to this information.

Please read it carefully.

If you have any questions about this Notice,
please contact our Privacy Officer at (574) 737-8765.

This Notice describes Logansport Memorial Hospital's (Memorial Hospital) practices and that of any healthcare professional authorized to enter information into your hospital chart, all departments and units of the hospital, any member of a volunteer group that we allow to help you while you are in the hospital, all employees, staff, students, vendors, agents, and other hospital personnel, and physician practices owned by Memorial Hospital.

Your Information. Your Rights. *Our Responsibility.*

Our Responsibility to Protect Your Health Information

We are required by law to maintain the privacy and security of your protected health information. Protected health information (PHI) 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.

We must follow the duties and privacy practices described in this Notice, though **we reserve the right to change the terms of this Notice at any time.** We reserve the right to make new Notice provisions effective for all PHI we currently maintain or receive in the future. If we change this Notice, the revised Notice will be posted on our website at www.logansportmemorial.org. You may also request that a revised copy be sent to you in the mail or obtain one at the time of an appointment at Logansport Memorial Hospital.

How We May Use and Disclose Your Information

We access, use and disclose (share) your PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access/use/disclosures ("uses and disclosures") of your PHI. Other uses and disclosures not described in this Notice will be made only with your authorization.

Uses and disclosures of protected health information that do not require your authorization

Most often we use or share your PHI for treatment, payment, and healthcare operations purposes. This means we may share your health information in the following ways:

- **To treat you:** We can use your PHI and share it with other healthcare professionals who are involved in your care and treatment for the purposes of providing or coordinating healthcare to you. For example, your PHI may be shared among members of your treatment team, referring providers, post-acute care facilities,

pharmacies, etc.

Memorial Hospital participates in certain Health Information Exchanges or Organizations. Specifically, Memorial Hospital participates in the Indiana Health Information Exchange (IHIE), which helps make your PHI available to other healthcare providers who may need access to it in order to provide care or treatment to you.

- **To obtain payment:** We can use and share your PHI in order to bill and collect payment for healthcare services provided to you. We may release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.
- **For healthcare operations:** We can use and share your PHI to run our organization and support its business activities. These activities include, but are not limited to, quality improvement activities, employee or provider review activities, training of students, licensing, and conducting or arranging for other business activities. We may share your information with our business associates, who provide services for or on our behalf, such as a billing service, who help us with our business operations. All of our business associates are required to protect the privacy and security of your health information just as we do.

We may use your PHI to tell you about appointments and other matters related to your care. We may contact you by mail, telephone, or via Memorial Hospital's secure, online patient portal. We may use the telephone number you provided to leave voice messages or send text messages.

How else can we share your information? The law allows us to use or your disclose your PHI without your authorization in certain situations, including but not limited to:

- **When required by law:** We will share information about you if state or federal laws require it, or allows us to do so. For example, we may report information about suspected abuse and/or neglect, relating to suspected criminal activity, or for FDA-regulated products or activities. We must also disclose information to authorities monitoring compliance with these privacy requirements.
- **For public health and safety:** We may disclose PHI for reporting communicable diseases, births, or deaths; or for preventing or reducing a serious threat to anyone's health or safety.
- **For health oversight activities:** We may share your information to a health oversight agency, for example the Indiana State Department of Health, for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Relating to decedents:** We may share information relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- **For research purposes:** We can use or share your information for health research as part of a project approved by an Institutional Review Board.
- **Worker's Compensation:** We may share your information to your employer or your employer's insurance carrier for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- **Law enforcement:** We may share your information to a law enforcement official in circumstances such as: in response to a court order, administrative order or subpoena; to identify a suspect, witness, or missing person; about crime victims; about a death that we may suspect is the result of a crime; or a crime that takes place at our facility.
- **For specific government functions:** We may share your information for special government functions such as military, national security, and presidential protective services.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share 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, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- **De-Identified PHI:** We may de-identify your health information as permitted by law. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development of artificial intelligence tools, and healthcare/health operations improvement activities.

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- **Fundraising activities:** We may use PHI to contact you in an effort to raise money for our operations. We may disclose PHI to a foundation related to Memorial Hospital so that it may raise money to support Memorial Hospital. You may contact the Corporate Planning & Development department or Logansport Memorial Hospital Foundation, by phone or in writing, and request to not be contacted for this purpose.

Incidental Disclosures and Safeguards

We are required to have appropriate safeguards in place to protect the privacy of your PHI to limit incidental uses or disclosures. Oral communication often must occur freely and quickly in treatment settings as in physician offices, nurses' stations or emergency rooms. Overheard communications in these settings may be unavoidable and are considered incidental disclosures. Incidental disclosures are permitted when reasonable safeguards are in place.

Uses and disclosures requiring you to have an opportunity to object

In the following cases, we may use or share your PHI unless you object or if you specifically give us permission. If you are not able to give us permission, for example if you are unconscious, we may share your PHI if we believe it is in your best interest.

- **Patient directories:** We may include limited information about you in the hospital directory while you are a patient. This information may include your name, location in the hospital, general condition and religious affiliation. This directory information may be released to people who ask for you by name so that they may generally know how you are doing. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. If you do not want this information shared, please let Memorial Hospital know. If you choose not to share this information, we will not tell anyone you are in the facility and flowers, mail, phone calls and visitors will be turned away.
- **To families, friends or others involved in your care:** We may share with your family, your friends, or others involved in your care PHI directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.
- **Disaster relief:** In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition, or death.

Uses and disclosures of protected health information that do require your authorization

Memorial Hospital will not disclose or sell your PHI for marketing purposes. In addition, certain disclosures of 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

When it comes to your health information, you have certain rights. This section explains your rights related to your PHI.

- **The right to inspect and copy your PHI:** You have the right to see or get an electronic or paper copy of your PHI that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect or obtain a copy of your PHI, you must submit your request in writing to the Health Information Management department at Memorial Hospital. If you request a copy of the information, we may charge a reasonable, cost-based fee associated with your request. You have a right to choose what portions of your PHI you want copied and to have information on the cost of copying in advance. In limited circumstances, we may deny your request. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed.
 - **The right to request an amendment of your PHI:** If you believe there is a mistake or missing
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information in your health record, you have the right to request that we correct or add to the record. Your request must be in writing, including a reason for the request, and submit it to the Health Information Department. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine the PHI is: (a) correct and complete; (b) not created by us or is not part of our designated record set; or (c) not permitted to be disclosed. If we deny your request, we will provide a written response including the reason(s) for denial and explain your rights to have the request and denial reviewed. If we approve the request for amendment, we will inform you of the approval, change the PHI, and make reasonable efforts to inform others who need to know about the change.

- **The right to request confidential communications:** You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing to the Health Information Department. We will accommodate all reasonable requests.
 - **The right to request restrictions on uses and disclosures:** You have the right to ask us to limit how we use or share your PHI. You must make your request in writing to the Health Information Department. If you have paid in full for a service and have requested we not share PHI related to that service with a health plan, we must agree to the request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment.
 - **The right to find out what disclosures have been made:** You have the right to get a list of when, to whom, for what purpose, and what content of your PHI has been released for six (6) years prior to the date you ask – this is called an accounting of disclosures. We will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked or authorized us to make). We will provide one accounting a year for free but then may charge a reasonable, cost-based fee if you ask for another one within a 12-month period.
 - **The right to receive notice of a breach:** You have the right to be notified following a breach of your unsecured PHI. We will provide notice to you in the event we learn of any unauthorized use of your PHI that has not been properly secured as required by HIPAA. We will notify you as soon as reasonably possible but no later than sixty (60) days after the breach has been discovered.
 - **The right to a paper copy of this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. To obtain a copy of this Notice, contact the Privacy Officer at 574-737-8765 or info@logansportmemorial.org.
 - **The right to choose someone to act for you:** If you have an advance directive/healthcare representative, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.
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Questions or Complaints About our Privacy Practices

If you have questions about this Notice, you believe your privacy rights may have been violated or disagree with a decision we made about access to your PHI, you may contact the Privacy Officer at 574-737-8765 or at info@logansportmemorial.org. You may also submit an anonymous complaint by contacting our confidential hotline at 877-222-0792 or by visiting www.lighthouse-services.com/logansportmemorial. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

Notice of Nondiscrimination:

Logansport Memorial Hospital complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, disability, or religion. Logansport Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity).

Logansport Memorial Hospital Privacy Officer: (574) 737-8765 • info@logansportmemorial.org

Logansport Memorial Hospital

1101 Michigan Avenue
Logansport, IN 46947

(574) 753-7541
(800) 243-4512

www.logansportmemorial.org



Contact Information

Health Information Management Department at LMH Release of Information

1101 Michigan Avenue, Logansport, IN 46947
(574) 753-1390
logansportmemorial.org/patients-visitors

LMH Privacy Officer

1101 Michigan Avenue, Logansport IN 46947
(574) 737-8765
logansportmemorial.org/patients-visitors

LMH Foundation

1101 Michigan Avenue, Logansport IN 46947
(574) 753-1595
logansportmemorial.org/foundation

Centralized Case Management

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1 (800) 368-1019, (800) 537-7697 (TDD)
www.hhs.gov/ocr/complaints/index.html