



# NOTICE OF PRIVACY PRACTICES FOR PATIENT MEDICAL INFORMATION

Effective: January 2026

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.



Your medical information is private and deserves the highest level of confidentiality. The Health & Hospital Corporation of Marion County and the Marion County Public Health Department (HHC/MCPHD) are committed to safeguarding your information. State and federal laws require us to keep your medical information secure and only use or disclose it under strict legal guidelines. This Privacy Notice explains how we may use and share your information, how you can access it, our responsibilities in protecting it, and how to contact us if you believe your privacy rights have been violated. Under the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2, which provides special protections for substance use disorder (SUD) treatment records, we are required to give you this notice of our legal duties, protect your privacy, ensure appropriate security measures are in place, and follow all the terms of this notice that are currently in effect.

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Your medical information may be used or shared without getting your permission for:

### 1. Treatment

We may use and disclose your medical information, including Part 2 information, with your written consent, to provide, coordinate, or manage your health care and related services. This may include sharing information with other health care providers involved in your care to ensure you receive appropriate treatment and evaluation. In addition, we participate in local, regional, state, and federal Health Information Exchanges (HIEs), which allow patient information to be securely shared electronically with participating hospitals, physicians, and other authorized providers for the purpose of coordinating your health care.

### 2. Payment

We may use your medical information or share it with your health plan or insurance company to help pay for the care you receive. This can include billing you, your insurance provider, or another party responsible for payment. Part 2 SUD information requires your written consent for payment disclosures unless an exception applies. We may also work with government programs like Medicare or Medicaid and provide them with information about your health to confirm coverage. In some cases, we may need to share your information with third parties who help cover certain costs. Additionally, we may contact your health plan before you receive treatment to get prior approval for coverage.

### 3. Health Care Operations

We may use or share your medical information as part of our health care operations to ensure you receive safe, high-quality care. For example, we may review your information to evaluate how effective and efficient our services are or share it with auditors and attorneys for compliance and legal purposes. We may also work with trusted “business associates” or third-party organizations that help us with certain operations. These partners are required by law to follow the same strict privacy and security standards outlined in this Notice.

### 4. Appointment Reminders

We may use and share your medical information to remind you by telephone, text, mail, or email about your health care appointments, prescription refills, or to reschedule missed or cancelled appointments.

### 5. Public Health

As required by law, we may disclose your information to public or legal authorities in charge of preventing or controlling disease, injury, or disability

### 6. Research Purposes

In certain situations, we may use or share your health information for research. For example, researchers may study patients with specific conditions or medications. If a researcher needs access to details like your name, address, or other identifying information, we will ask for your permission first. Any research done without your direct authorization must go through a special approval process that carefully reviews the project to balance research needs with your right to privacy. We may also share limited information with people preparing for a research study.

## USES AND DISCLOSURES REQUIRING AUTHORIZATION

Except in situations described in this Notice or as required by law, we need your written permission before using or sharing your health information. If you give us authorization, we will only use or disclose your information as allowed by that authorization. Disclosure of Part 2 SUD information will require your authorization unless a specific Part 2 exception applies. Some uses or sharing of your health information require your written consent. These include, but are not limited to, certain uses of psychotherapy notes, marketing, and the sale of your health information. If you give us permission, you can change your mind at any time by notifying us in writing. You may write to our HIPAA privacy officer listed in this Notice.

### 1. Fundraising

We may contact you to raise money for HHC and MCPHD unless you tell us in writing not to contact you for this purpose. You may write to our HIPAA privacy officer listed in this Notice if you do not want to be contacted for fundraising.

### 2. Reproductive Health Care Privacy

Your reproductive health information is protected by law. We will not share details about reproductive health services—such as contraception, pregnancy care, or related treatments—without your written permission, unless required by law or for your care.

## USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

(this does not include your Part 2 SUD information)

### 1. Patient Directory

We may include your name, general condition (good, fair, serious, critical) and your location in our patient directory or sign-in sheet at our facility. We may disclose this information to people who ask for you by name unless you have previously informed the site/clinic that you do not want this information maintained and/or released.

### 2. Individuals Involved in Your Care

We may share your health information with a family member, relative, close friend, or anyone you identify and approve, if it relates directly to their involvement in your care or payment for your care. We may also use or disclose your information to notify these individuals about your location, general condition, or your passing. If you do not want certain individuals to receive your information, you have the right to make this request in writing. Under Part 2, your SUD information can only be shared with your explicit written consent, except during a medical emergency or under another Part 2 exception.

### 3. Disaster Relief

When feasible, we will seek your consent before disclosing your medical information to authorized public or private disaster relief organizations. If you are unable to provide consent, we may share necessary information to support relief efforts, including notifying your family or friends of your location, condition, or passing.

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.

## USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION OR OPPORTUNITY TO OBJECT

### 1. Required by Law

Sometimes we are legally required to share your health information. This may happen when federal, state, or local laws require us to report certain information, such as suspected abuse, neglect, domestic violence, or criminal activity. We may also need to respond to a court order, subpoena, or other legal process. In these cases, we will only share the minimum information necessary and take steps to protect your privacy. We may also disclose information to government agencies that monitor compliance with privacy laws.

### 2. Health Oversight Activities

We may disclose medical information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions.

### 3. Law Enforcement Purposes

We may disclose health information to a law enforcement official in circumstances such as in response to a court order; 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.

### 4. Decedents

We may disclose health information relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.

### 5. Donation Purposes

We may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

### 6. Serious Threat to Health or Safety

We may use and disclose medical information about you when 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 prevent the threat.

### 7. Specialized Government Functions

In certain situations, we may share health information for specific government purposes. This can include disclosures about military personnel or veterans, sharing information with correctional facilities when needed, or for national security and intelligence activities, such as protecting the President.

### 8. Inmates and Persons in Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

### 9. Workers Compensation

We may share your health information when necessary to comply with workers’ compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

### 10. De-identified PHI

We may de-identify your health information as permitted by law. We may use or disclose 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 health care/health operations improvement activities.

### 11. Artificial Intelligence (“AI”) Tools

We may utilize machine learning artificial intelligence (“AI Technologies”) to enhance the quality and efficiency of your care. These AI Technologies assist in analyzing health data, supporting clinical decisions, and personalizing treatment plans. For example: We may use AI Technologies to assist with tasks such as medical transcription and summary services to improve the quality of care our patients receive or to provide your doctor with evidence-based insights to support treatment decisions. The use of AI Technologies aids our healthcare professionals but does not replace their expertise and judgment.

## SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER INFORMATION (42 CFR Part 2)

Your records related to diagnosis, treatment, or referral for substance use disorder services are subject to strict confidentiality protections.

Under Part 2, we generally cannot acknowledge that you are a patient in a SUD program without your written consent, nor can we disclose your SUD information to law enforcement—even with a subpoena—unless a court order compliant with Part 2 is issued.

### Your consent must specifically describe:

- Who may receive your information
- The purpose of the disclosure
- What information may be shared
- Your right to revoke
- An expiration date or event

### Redisclosure Warning (Required by Part 2):

Any disclosure we make with your authorization must include the following statement: “This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 CFR Part 2.”

### MINORS AND PERSONAL REPRESENTATIVES (Indiana Law)

Under Indiana law:

- Minors 14 and older may consent to outpatient mental health and SUD treatment.
- Parents may or may not have access depending on circumstances and treatment type.

Part 2 protections apply to minors, meaning parental access may require a minor’s written consent, unless an exception applies.

### SPECIAL RULES FOR MENTAL HEALTH RECORDS (Indiana Law)

You may access your mental health records unless a provider determines disclosure could cause harm or the information was given under a promise of confidentiality; if access is denied, you may request a review.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA and, in many cases, under 42 CFR Part 2:

### 1. Right to Request Restrictions

You have the right to ask us, in writing, to limit how we use or share your health information. In your request, please tell us:

- what information you want to limit,
- whether you want to limit its use, disclosure, or both, and
- who should be restricted from receiving it.

You can also ask us not to share information with your health plan if you paid for a service in full out of pocket, and we must honor that request. For other restrictions, we are not required to agree, but if we do, we will follow your instructions unless the information is needed for emergency care. Restrictions generally last for one year unless you specify otherwise.

### 2. Right to Receive 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. We must agree to your request if it is reasonably easy for us to do so.

### 3. Right to Access, Inspect and Copy

With a few exceptions, you have the right to see and get a copy of your health information, such as medical records, lab reports, and billing details. If we keep electronic health records, you can request your information in electronic format. Please specify what records you want and send your request to:

Marion County Public Health Department  
Attention: Central Records Department  
3838 N. Rural Street, Room 250  
Indianapolis, IN 46205-2930

We will respond within 30 days. If we deny your request, we will explain why in writing and let you know about any additional rights you may have. To make an in-person request for your medical information, refer to the address listed in the Contact Information section of this Privacy Notice.

### 4. Right to Amend

If you believe there is a mistake or missing information in your health record, you can ask us to correct or add to it. Your request must be in writing and include the reason for the change, as well as who should be informed if the change is made. We will respond within 60 days.

We may deny your request if:

- our record is already accurate and complete,
- We did not create the information, or it is not part of our records, or
- The information cannot be legally changed.

If we deny your request, we will explain why and let you know your rights to have the denial reviewed. You can also provide a written statement, which we will add to your record. If we approve your request, we will make the change and notify others who need to know.

### 5. Right to Receive an Accounting of Disclosures

You can ask for a list of times we shared your health information for reasons other than treatment, payment, operations, those authorized by you, disclosures to law enforcement, correctional facilities, or national security agencies. Your request must be in writing and include the start and end dates for the time period you want. We will respond within 60 days.

### 6. Right to Obtain a Paper Copy of the 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 the current Notice, please access via our website or write to: HIPAA Privacy Officer, Health and Hospital Corporation of Marion County, 3838 N. Rural Street, Suite 820, Indianapolis, IN 46205, or call 317-221-2005.

### 7. Right to Complain if Privacy Rights Have Been Violated

You have a right to complain, without fear of retaliation, to HHC/MCPHD and to the U.S. Secretary of Health and Human Services if you believe that your privacy rights have been violated. To file a complaint with our office, please refer to the Contact Information section of this Privacy Notice. To file a complaint with the United States Secretary of Health and Human Services, you may write to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C., 20201. We will not retaliate against you or penalize you for filing a complaint.

### 8. Notification of Breach

In certain circumstances, you have the right to be notified if your health information is disclosed to an unauthorized person(s).

## CHANGES TO THIS NOTICE

We reserve the right to update this Notice and make the revised version apply to all health information we already have, as well as any information we create or receive in the future.

## CONTACT INFORMATION

To contact the HHC/MCPHD for any reason, please send written correspondence to:

HIPAA Privacy Officer  
HIPAA@hhcorp.org  
Health and Hospital Corporation of Marion County  
3838 N. Rural Street, Suite 820, Indianapolis, IN 46205  
317-221-2005