



N O T I C E O F P R I V A C Y P R A C T I C E S

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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 noticia en Español, por favor contacte a la Oficina Privada 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, Medicaid Select, and members residing in institutions operated by the Indiana State Department of Health and the Division of Mental Health and Addictions 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 and the IHCP requirements about the 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, you may change your mind by telling us in writing. The IHCP may 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 mail you a revised copy of this notice to 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 committed to following all state and federal laws that protect your health information. We are required to protect your health information, tell you about your rights to your health information, and to give you this notice explaining our responsibilities and the ways we use and share your health 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. While we cannot describe all cases related to the use of your health information, the following are some common examples of how we use your personal health information:

- 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.
- 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.

Your Health Information Rights

- 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.
- You have the right to request that the IHCP not release your personal health information, release only part of your information, or release it for reasons you request. We are not required to honor your request.
- 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 request a list showing each time we released your personal health information. Your written request must be submitted to the IHCP Privacy Office and state what time period you want to cover. The time period may not go back further than six years and may not include dates before April 14, 2003. This list will not include personal health information that was released to provide treatment to you, to make or obtain payment for services, for health care operations, for national security, or for use by prisons or law enforcement officials. This list will not include information released to you by the IHCP that you requested in writing, or information released to persons who are involved in your care.
- 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 write to the IHCP Privacy Office at the address in the contact information at the end of this notice.
- You have the right to see and get a copy of your health information. You may be charged a fee for the costs of copying, mailing, or for other supplies needed for your request. You do not have the right to see or copy information used for lawsuits, criminal investigations or prosecutions, or notes made by a mental health therapist or psychiatrist. If you ever feel you have not been allowed to see or have copies of your medical information you can file an appeal with the IHCP Privacy Office. If an appeal is filed with the IHCP Privacy Office, an individual who did not participate in the decision to deny the request will review the appeal.
- You have the right to ask that we change health information that you feel is incorrect or incomplete. Your request may be denied if we did not create or write the information, it is not part of the information you can see or copy, or if we decide the personal health information has no errors and is complete.

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 at the end of this notice.

Contact Information or Filing a Complaint

If you have questions or want additional information, you can contact the IHCP using 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 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 Secretary of Health and Human Services at the following address:

**Secretary of Health and Human Services
20 Independence Avenue, SW
Washington, D.C. 20201**

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

Effective April 14, 2003