



InteCare  
Integration...Integrity...Caring

Effective 04/14/2003

## **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.**

### **OUR RESPONSIBILITIES**

InteCare, Inc. takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your health information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **For Treatment.** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, therapists, case managers or other providers in our network who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services.
- ◆ **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service when your insurance coverage so demands. InteCare, Inc. may also serve as the payor of behavioral services delivered to you and will use information related to your care in determining that payment.
- ◆ **For Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run InteCare, Inc., to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also provide your health information to various governmental or accreditation entities to maintain our license and accreditation. Many of InteCare's activities are related to the monitoring, authorization and adjudication of behavioral health services; these require the use of your protected health information. Your health information may also be used to contact you for purposes of surveying your satisfaction with the services you have received through our network.
- ◆ **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- ◆ **For Public Health Purposes.** We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:

- Reporting defective medical devices or problems with medications;
  - Notifying people of recalls of products they may be using; and
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ◆ **About Victims of Abuse.** We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse or neglect when required or authorized by law.
  - ◆ **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
  - ◆ **Judicial Purposes.** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.
  - ◆ **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another. All research projects, however, are subject to a special approval process. This process includes evaluating a proposed research project and its use of health information, balancing research goals with your need for privacy of your health information. InteCare, Inc. requires that all research be submitted to and approved by a recognized Institutional Research Review Board, e.g. IU School of Medicine. Before we use or disclose health information for research, the project will have been approved through this research approval process
  - ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when we believe it is 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 help prevent or lessen the threat or to law enforcement authorities in particular circumstances.
  - ◆ **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law. This includes specific activities of the Secret Service in protecting the President and other key governmental officials.
  - ◆ **Workers' Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
  - ◆ **Third Parties.** We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we maintain about you:

- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to **Kirk Wheeler, Privacy and Compliance Officer, InteCare, Inc., 201 S. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225**. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location.

To request confidential communications, you must make your request in writing to **Kirk Wheeler, Privacy and Compliance Officer, InteCare, Inc., 201 S. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. However, InteCare, Inc. does not produce nor retain primary medical record information and has no physical written records of your care. Any request to inspect your record must recognize its electronic status and be restricted to available reports related to defined data fields in our information system.

- ◆ **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to **Kirk Wheeler, Privacy and Compliance Officer, InteCare, Inc., 201 S. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the health information kept by or for us;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- ◆ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.

To request this list of disclosures, you must submit your request in writing to **Kirk Wheeler, Privacy and Compliance Officer, InteCare, Inc., 201 S. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225.** Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ◆ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our web site at [www. Intecare.org](http://www.Intecare.org)

To obtain a paper copy of this Notice, contact **Kirk Wheeler, Privacy and Compliance Officer, InteCare, Inc., 201 S. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225.**

### **WHO THIS NOTICE APPLIES TO**

This Notice describes InteCare, Inc. practices and those of:

- ◆ Any health care professional authorized to enter information into or consult your medical record.
- ◆ All departments and units of InteCare, Inc.
- ◆ Any member of a volunteer group we allow to help you.
- ◆ All employees, staff and other InteCare, Inc. personnel.
- ◆ All services, departments and activities of Hoosier Behavioral Care, Inc., a wholly owned subsidiary of InteCare, Inc. All of these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or operations purposes described in this Notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with InteCare, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact **Becca Sigafus, QI Director/ Complaint Coordinator at 317 237-5770 or 201 s. Capitol Avenue, Suite 610, Indianapolis, Indiana 46225.** Complaints may be submitted in writing or verbally.

**You will not be penalized for filing a complaint.**

If you have any questions about this Notice, please contact:  
**Kirk Wheeler, Privacy and Compliance Officer,  
InteCare, Inc., 201 S. Capitol Avenue, Suite 610,  
Indianapolis, Indiana 46225.**