



NorthShore Health Centers Notice of Privacy Practices

[Your Information.](#)

[Your Rights.](#)

[Our Responsibilities.](#)

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 Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Provide treatment for substance and alcohol use disorders
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 4 for more information on these uses and disclosures

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Your Rights

When it come to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within 30 days of your request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, using your home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared your information

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will prove you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. You may also complete our *Designation of another Individual to Receive Protected Health Information and Consent for Treatment* form and list individuals whom you would like to be able to obtain information about your health. This form must be renewed every 12 months.
- We will make sure the person has the authority to act for you or obtain any information about you before we take any action.

File a complaint if you feel your rights are violated

- You can and should complain if you feel we have violated your rights by contacting us – our contact information can be found on page 5.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **We will not retaliate against you for filing a complaint.**

Your Choices

For Certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- *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.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Most sharing of substance and alcohol use disorder records

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again by calling us.

Confidentiality of Alcohol and Substance Abuse Records

The confidentiality of alcohol and substance use patient records maintained by us is protected by Federal and State law and regulations. Generally we may not say to a person outside of NorthShore Health Centers that you are a patient receiving alcohol and substance use disorder treatment, unless:

- You consent in writing
- When there is a court order demanding such information
- The information is given to medical personnel when there is a medical emergency
- If you become suicidal or homicidal

Federal law and regulations do not protect any information about a crime committed by you either at NorthShore Health Centers or against any person who works for NorthShore Health Centers or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under Indiana State law to appropriate state or local authorities.

Violation of federal law and regulations regarding this information by NorthShore Health Centers is a crime. Suspected violations may be reported to:

United States Attorney's Office
Hammond Office (Main)
5400 Federal Plaza, Suite 1500
Hammond, IN 46320

Telephone: (219) 937-5500

Email: usainn.webmaster@usdoj.gov

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

To treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and service

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research

Comply with the law

We will share health information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

Work with a medical examiner of funeral director

We can share health information with a coroner, medical examiner, or funeral home director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For limited law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions, such as military and national security services

Respond to lawsuits and legal actions

We can share health information about you in response to a court order or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information or to file a privacy complaint within NorthShore Health Centers, please contact our Privacy Officer. NorthShore Health Center's Privacy Officer can be contacted in any of the following manners:

- By sending a letter to:

NorthShore Health Centers
ATTN: Privacy Officer
P.O. Box 1430
Portage, IN 46368

- By calling: (219)763-8112 Ext. 2401

For more information regarding HIPAA, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: April 2019