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.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION
Every time you visit a hospital, physician, or other healthcare provider, a record of your stay is made containing health information necessary to provide you with quality health care. This record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information for:

• Basis for planning your care and treatment
• Means of communication among the healthcare professionals who contribute to your care
• Legal documents describing the care you received
• Means by which you may or a family member may verify that billed services were provided
• Tool used in educating healthcare professionals
• Source of data for medical research

Source of information for public health officials to use to improve the health of the nation
• Source of data for facility planning and marketing

Tool for the hospital to use to assess and continually work to improve the care provided

Understanding what is in your record and how this information is used will help you to:

Ensure it is accurate
Better understand who, what, when, and why others may access your health information
Make more informed decisions when authorizing disclosure to others

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU
Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

• Right to Inspect and Copy. With some exceptions, you have the right to have a copy of and to inspect your health information. 
• Right to Amend. If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right as long as the information in question is accurate as of the date your request is made.
• Right to an Accounting of Disclosures. You have the right to request an "Accounting of Disclosures." This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.
• 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 example, you may request that we limit the health information we disclose to a family member or friend. We will make every effort to respect your request.
• Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location.

We reserve the right to change this Notice. We reserve the right to make the revised or effective date for the revisions and copies can be obtained by contacting the Facility

HOSPITAL RESPONSIBILITIES
This organization is required to:

Maintain the privacy of your health information
Provide you with a notice as to our duties and privacy practices with respect to our collection and maintain about you
Abide by the terms of this notice
Notify you if we are unable to agree to a requested restriction
Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information not covered by this Notice or the laws that apply to us, including disclosure of protected health information for marketing purposes and disclosures that otherwise would be subject to your written permission. If you provide us with a written request to use or disclose protected health information for purposes not covered by this Notice, we will follow the instructions you give us in any written request you provide us.

• Right to Inspect and Copy
• Right to Amend
• Right to an Accounting of Disclosures
• Right to Request Restrictions
• Right to Request Alternate Communications

We may disclose health information about you if you have the right to request that we not disclosure to your family can be notified about your condition, status and location. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information to funeral directors as to report a death. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. We may disclose health information about you for the reasons covered by your written permission, in the following circumstances:

• Law Enforcement. We may disclose health information when requested by a law enforcement official.
• To respond to a request by a court, administrative or other governmental body. We may disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
• To avert a serious threat to health or safety of others. We may disclose health information about you in response to a threat to health or safety of others.

We may 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 with your written permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE
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• Right to Amend
• Right to an Accounting of Disclosures
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More Information: For more information about your rights, how your health information may be used and disclosed or to make a request, contact our Privacy Officer at (765) 658-2717.

TO REPORT A PROBLEM: If you believe your privacy rights have been violated, or if you disagree with a decision about access to or amendments to your records, you may file a complaint with the Facility’s Privacy Officer or you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may impact the health and recovery of all nursing home residents. In this case, we may not make a disclosure of medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as to report a death. If a coroner or medical examiner needs to identify a deceased person or determine the cause of death, we may disclose health information for these purposes.

Access to Your Health Record: To inspect or receive a copy of your health record, you may call the Facility’s Privacy Officer at (765) 655-2590 to make arrangements to do so during regular business hours (8-4).