

## NOTICE OF PRIVACY PRACTICES

---

This notice describes how monitoring information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your monitoring information is important to us. If you have any questions about this notice, please contact our Compliance Line at 888-883-8433.

---

### ***Our Legal Duty***

We are required by applicable federal and state law to maintain the privacy of your monitoring information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your monitoring information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect July 1, 2018 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all monitoring information that we maintain, including monitoring information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### ***Who Will Follow This Notice?***

This notice describes our practices and those participants listed below in our Alternative to Discipline program. As such, we may share your monitoring information and the monitoring information of others we service with each other as needed for treatment, compliance, mental health care or other items relating to the Alternative to Discipline program.

This notice does not imply any joint venture or any other special association or legal relationship between Indiana Professionals Recovery Program (IPRP) and its staff. This notice is an administrative tool permitted by federal law allowing Indiana Professionals Recovery Program (IPRP), West Virginia Restore (WVR), and its staff to tell you about common privacy practices.

If you are not present, or in the event of your incapacity or an emergency, we will disclose your monitoring information based on our professional judgment of whether the disclosure would be in your best interest.

***By Law or Special Circumstances:***

We may use or disclose your monitoring information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law.
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, to employers, the IN Nurses Association, and any other government agency as required by law regarding work-related illness or injury.
- in response to court and administrative orders and other lawful processes.
- to nursing oversight agencies.
- to law enforcement officials after receiving subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person.
- to coroners, medical examiners, and funeral directors.
- to organ procurement organizations.
- to avert a serious threat to health or safety.
- in connection with certain research activities.
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities.
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

***Restriction:***

You have the right to request that we place certain restrictions on our use or disclosure of your monitoring information. We are not required to agree to these additional restrictions except in limited circumstances described below, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing. You may obtain a form to request additional restrictions on the use or disclosure of your monitoring information on by using the contact information listed at the end of this notice. We will not be bound to the restrictions unless our agreement is signed by you and the appropriate IPRP representative.

***Confidential Communication:***

You have the right to request that we communicate with you about your monitoring information by alternative means or to alternative locations. For example, you might request that we contact you at work or by mail. You must make your request in writing. You may obtain a form to request alternative communications by using the contact information listed at the end of this notice. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation.

**Amendment.**

If you feel that the information, we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing, and it must explain why the information should be amended. You may obtain a form to request an amendment by using the contact information listed at the end of this notice. We may deny your request if we did not create the information you want amended and the individual who provided the information remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, in the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:**

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice obtain this notice in written form.

Along with IPRP, the following participate in our alternative to discipline arrangement:

- Members of our staff and their employees or workforce who provide services or support IPRP.
- IPRP Medical Director and Program Director.
- IPRP Compliance Officer.
- IPRP Nurse Case Manager.
- Affinity Spectrum
- Indiana State Board of Nursing

**Use and Disclosures of Information**

We use and disclose information about you for treatment, mental health care, Indiana Board of Nursing hearings, and Affinity Spectrum.

**For example:**

Treatment: We may use or disclose your monitoring information to a physician or other health care provider to provide treatment to you.

These uses are necessary to make sure that all our participants receive quality care.

**Some examples are:**

- We may remove information that identifies you from the information so others may use it for studies in delivery of alternative to discipline programs without learning who the participants are; and
- We may disclose your information to another provider who has a relationship with you and is subject to the same Privacy rules, for their health care operation purposes.

**On Your Authorization:** You may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your information for any reason except those described in this notice.

**Use and Disclosure of Certain Types of Information**

For certain types of information, we may be required to protect your privacy in ways stricter than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your information:

***Alcohol and Drug Abuse Information***

We may not disclose your information that contains alcohol and drug abuse information except to you, your personal representative or pursuant to an authorization or as may otherwise be allowed by law.

---

***Your Rights Regarding Monitoring Information about You***

**Right to Inspect and Copy:** You have the right to look at or get copies of your information, with limited exceptions. You must make a request in writing to obtain access to your information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a fee for copying and postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

We may deny your request to inspect and copy in extremely limited circumstances as allowed by law. If you are denied access to your information, you may request that the denial be reviewed. Another Licensed health care professional or mental health professional chosen by IPRP will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

***Disclosure Accounting:***

You have the right to receive a list of instances in which we or our business associates disclosed your information for purposes other than treatment, therapy, or monitoring as authorized by you, and for certain other activities, for six (6) years from the date of your request. You must make a request in writing to request a listing of disclosures. You may obtain a form to request the accounting by using the contact information at the end of this notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. Should you be concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your monitoring information or in response to a request you made to amend or restrict the use or disclosure of your monitoring information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services at the following address:

United States Department of Health & Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Avenue S.W.  
Room 509 HHH Building  
Washington, D.C. 20201

***For additional information:***

Telephone: 844.687.7399 ext. 5  
Fax: 219.286.6953

***You may write to us at:***

Compliance and Regulation Officer  
IPRP  
850 Marsh Street  
Suite D  
Valparaiso, IN 46385

We support your right to the privacy of your monitoring information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

***You may also call the Compliance Line at:***  
888.883.8433

**THIS NOTICE IS YOUR COPY TO RETAIN FOR ANY FUTURE QUESTIONS OR CONCERNS REGARDING THE  
USE OF YOUR PROTECTED HEALTH INFORMATION**

Please sign the Acknowledgement to signify your receipt and understanding of this document for our records.

Thank you.

PATIENT SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

**COPY GOES TO CLIENT AND ORIGINAL STAYS ON FILE.**