

**Indiana State Department of Health
Indiana Lead and Healthy Homes Program
Notice of Privacy Practices**

Effective Date: January 1, 2010

Responsibilities of Indiana State Department of Health Laboratories/Blood Lead Program

The Indiana State Department of Health – Indiana Lead and Healthy Homes Program (ILHHP) is required to protect the privacy of your health information that may identify you. This health information includes health care services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information that we maintain. Any changes to this *Notice* will be posted on our agency web site at <http://www.in.gov/isdh/19124.htm>. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency Privacy Officer. Please see contact information later in this *Notice*.

Use and Disclosure of Protected Health Information (PHI) for Payment, Treatment and Healthcare Operations:

The Indiana State Department of Health-Blood Lead Program is an indirect provider of health care; as such, laboratory test results are returned to the authorized person who ordered the tests. Authorized health care providers may use these results for the treatment of the individual.

ILHHP may submit Protected Health Information (PHI), such as name, address, birth date, social security number and/or Medicaid number, and laboratory services performed to the Medicaid office for payment of laboratory testing performed for an individual.

ILHHP may use PHI in the following healthcare operations: review and evaluate the skills, qualifications and performance of staff by review of records; provide training programs for trainees and professional staff; provide required documentation to certifying and licensing agencies.

Use and Disclosure of PHI Where Authorization is Not Required:

Disclosures may be made by ILHHP without patient authorization for the following: as required by law or required for public health activities (example: reporting positive test results for communicable diseases) or required by court order or related to specialized government activities, such as national security.

Your Rights Regarding Your Health Information:

You have the following rights regarding your health information as created and maintained by this agency:

You have a right to request and receive a copy of this privacy notice. 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 see and get a copy of your personal health information that we have. You will be charged a copy fee per page. You may request an electronic copy of your personal health information; however, we may charge a fee for the creation of such a copy. The fee shall not be greater than the labor cost associated with a paper copy. We may deny your request to see and get a copy of your health information under limited circumstances under state laws. If you feel access to your medical information has been wrongly denied you may file an appeal with the Privacy Officer or file a civil lawsuit in the courts in the county where the denial occurred. Prior to filing a lawsuit, a person may contact the Office of the Public Access Counselor for an informal response or to file a formal complaint. If an appeal is filed with the Privacy Officer, an individual who did not participate in the decision to deny 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 the information was not created by us, is not part

of the information you are allowed to review or copy, or if we decide the personal health information is accurate and complete.

You have the right to request that we not release your personal health information, release only part of your information, or release it for reasons you request. We may not be legally required to honor your request. However, we are obligated to honor your request if: the disclosure is to a health plan for payment or health care operations, but not for the purpose of treatment; and the protected health information pertains solely to a health care item or service for which you paid the healthcare provider in full out of pocket.

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we made up to six years before your request. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. All requests for an accounting of disclosure must be made in writing. Please contact the Indiana State Department of Health as described below to receive a form to request an accounting of disclosures from the ILHHP program area.

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 reasonable requests. To request a special way or location for us to contact you about your personal health information, you must call or write to the Privacy Office at the address or phone number in the contact information at the end of this notice.

Complaints

If you believe that we have violated your rights or our health information practices, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services or the Indiana State Attorney General's office.

Privacy Officer
Office of Technology & Compliance
Indiana State Dept. of Health
2 N. Meridian St., 3K
Indianapolis, IN 46204
317-233-7655

Indiana Attorney General
Consumer Protection Division
302 W. Washington St., 5th Floor
Indianapolis, IN 46204
317-232-6330
800-382-5516

US Dept. Health & Human Services
Office for Civil Rights – Region V
233 N. Michigan Ave. – Suite 240
Chicago, IL 60601
312-866-2359

If you file a complaint, we will not take any action against you or change our treatment of you in any way