

South Bend Medical Foundation, Inc.

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.

In 1996 Congress enacted the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), designed, among other things, to protect the privacy of patient medical information. This law requires that SBMF maintain the privacy of protected health information and provide our customers with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" ("PHI") is medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. The effective date of this Privacy Notice is April 14, 2003, this notice was updated December 2009.

SBMF is required to abide by the terms of this Notice. However, SBMF reserves the right to amend or to otherwise change the terms of this Notice and to include any new privacy provisions that are applicable to all PHI we maintain. Our current Notice is always available upon request at any SBMF location and is prominently posted on our website at <http://www.sbfm.org>.

SBMF has always strived to protect the medical information entrusted to us, and has established policies, procedures and physical mechanisms to sustain this trust.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- For Treatment

We may use medical information about you to provide you with medical treatment or services. Since protection of privacy should not interfere with making information available to your treating health care providers, SBMF provides results of your laboratory tests to your attending and consulting physicians and other health care providers treating you. No single laboratory is capable of providing the variety of tests required by modern medicine. Therefore, if the test ordered by your physician is not completely performed in our facility, SBMF will forward it to a duly licensed medical laboratory. The test sample must be accompanied with demographic information about you. Similarly, when the specimens removed by a surgeon are examined by SBMF pathologists and deemed to be unusual or of difficult interpretation, the slides will be submitted to a consulting pathologist, known to have expertise in the subject.

- For Payment

We may use and disclose your PHI so that the treatment and services you receive at SBMF may be billed to, and payment may be collected from, you, an insurance company, or a third party. In addition, in the process of establishing your benefit eligibility and/or coverage for certain procedures, we may contact your third party payor to assess the benefits you are entitled to receive. In most cases, when you enter into a contract with an insurance company to provide you with health insurance coverage, your agreement may require that we disclose sufficient information for the insurance company to honor the claim.

- For Healthcare Operations

We may use and disclose your PHI for purposes of health care operations. These uses and disclosures are necessary to manage SBMF and to make sure that all of the patients receive quality health care. For example, we may use your PHI, as needed, to evaluate the quality of health care you are receiving. Your PHI may also be used to evaluate the services our staff has provided to you. In evaluating the services we provide to our patients, we may combine your PHI with others to get a practical idea of services we may need to offer, tailor, or eliminate.

Furthermore, federal and state regulations and accrediting rules mandate that on a regular basis clinical laboratories should be audited or inspected. The entities conducting the audits and inspections may or may not be governmental entities. The entities that most frequently conduct inspections of our operations are the Indiana State Board of Health and the College of American Pathologists. During the course of those activities, the inspectors or auditors review PHI to assure that the testing performed by SBMF meets government and accrediting specifications.

- Others Involved in Your Health Care or Payment for Your Health Care

We may disclose your PHI to a family member or friend who is involved in your medical treatment or care or to a person who is involved in the financing of your health care. If you are present, you will be given the opportunity to object to all of these disclosures. However, if you are not present, only a disclosure that is in your best interest and directly relevant to the inquiring person's involvement in your health care will be made.

- As Required by Law

We will use and disclose your PHI when required to do so by federal, state, or local law, to the extent that such use and disclosure is limited to the relevant requirements of such law. For instance, the State of Indiana requires notification to the Board of Health whenever a laboratory test indicates that a patient may be carrying an organism that may threaten the health of the community.

Furthermore, HIPAA and Indiana law also require that we disclose information to law enforcement officers in the pursuit of their legal duties in the case of motor vehicle incidents. Similarly, judicial requests or a subpoena must be honored unless a proper objection is raised. If we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested, we may release the PHI.

- Third Parties

We may disclose your PHI to a third party with whom we contract to perform services on our behalf. If we disclose your information to a third party, we will have an agreement by them to safeguard your information.

- Other Potential Disclosures

HIPAA also allows us to make certain other uses and disclosures of your PHI for the public good if we limit the amount of PHI we use or disclose to the minimum amount necessary. Here are some examples of those uses and discloses:

- Public health activities (such as preventing or controlling disease, injury, or disability or reporting child abuse or neglect);
- Preventing a serious threat to your health or safety;
- Health oversight activities for the government to monitor the health care system, government benefit programs, and compliance with program standards and civil rights laws.
- Disclosures to coroners, medical examiners, and funeral directors to carry out their duties;
- Disclosures of the PHI of individuals who are members of the Armed Forces, as required by appropriate military command authorities for activities such as assuring the proper execution of a military mission;
- Disclosures to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law;
- If you are an inmate in a correctional institution, disclosures to the correctional institution or law enforcement officials for limited purposes; and
- Disclosures for workers' compensation or similar programs to the extent necessary to comply with state law.

- Research

SBMF participates with other health care providers in Clinical Trials in our community. If you are a participant, we will make the health information we maintain about you, available only upon your authorization, unless we have received special permission to use your health information from a special regulatory body.

SBMF is constantly evaluating new technologies in order to better serve you. The testing of new health care devices requires us to conduct studies involving patient samples. As a practice, identification information will be removed from patient samples, this way a test result cannot be linked to a given patient. If we use your sample to repeat a test ordered by your physician, as part of a study, and the test result produces information that is relevant to your health, we will report the results to your physician at no charge, allowing your physician to take any appropriate actions.

- Other Uses and Disclosures of Your PHI

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us, will be made only with your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time.

YOUR HEALTH INFORMATION RIGHTS

Upon your request, we will provide copies of your test results and any other medical records we maintain about you to you for your inspection. We will, however, request sufficient proof of your identity. We may request the production of a current driver's license or a combination of identification that would assure us that we are releasing the information to the right person. Under very limited circumstances we may deny you access to your records, but you may be entitled to appeal such a decision. If you have reservations about sharing your PHI with certain individuals or institutions, you have the right to request that we restrict access to your personal information. If we agree to your request for restrictions, we will fulfill your request unless we are prevented from doing so, such as when a disclosure is required by law or instances when not making a disclosure may be detrimental to you or our organization.

You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Should you think that some of your PHI is incorrect, you have the right to request that the information be amended. If as a result of our investigations we also find the information to be in error, we will promptly amend it. However, should we find the information to be correct we will not amend and issue a written explanation to you for your review. If you still think that the information is incorrect, the law provides for the intervention of a third party, chosen by us and who has not participated in our decision not to amend, to review the information.

You have the right to receive an accounting of disclosures of protected health information made by SBMF, within the past six years from the date of your request except for disclosures:

- To carry out treatment, payment and health care operations as provided above;
- To persons involved in your care or for other notification purposes as provided by law;
- For national security or intelligence purposes as provided by law;
- To correctional institutions or law enforcement officials as provided by law; or
- That occurred prior to April 14, 2003

. An accounting of disclosures can be provided to you every twelve months, free of charge, upon your written request.

COMPLAINTS

SBMF is your community laboratory. We appreciate your trust, your business and your cooperation in these efforts. We will not knowingly disclose health information pertaining to you, except as mentioned above. If you are ever aware of any unauthorized uses or disclosures of your health information, please contact us immediately. You also have the right to complain to the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

If you have any questions about this Notice or would like to report concerns about potential fraud and abuse, or concerns about quality or safety, the following options are available:

Call: Chris Saitz
SBMF Compliance Officer
530 North Lafayette Boulevard
South Bend, IN 46601
(547) 234-4176 ext. 1756

E-Mail: csaitz@sbmf.org

Hotline*: (574) 251-1787 or 800-544-0925 ext. 1787

*The hotline can be used to report anonymously if desired. The hotline does not use Caller ID.