



1100 Lincolnway, La Porte IN  
46350  
219-326-2489

**Acknowledgement of Receipt of LRPN Notice of Privacy Practices**

By my signature below, I acknowledge the following: (check which applies)

- I have received the La Porte Regional Physician Network’s Notice of Privacy Practices.
- I have been offered and refuse to receive the La Porte Regional Physician Network’s Notice of Privacy Practices. I understand that I may request a copy of the Notice at any time and that La Porte Regional Physician Network and its medical staff will use and disclose my information as outlined in the Notice of Privacy Practices without my signed acknowledgement of receipt of this Notice.
- Patient refuses to sign – staff initials below.

Signed \_\_\_\_\_ Date\_\_\_\_\_

Relationship to patient if not signed by patient\_\_\_\_\_

Staff initials:\_\_\_\_\_



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**THIS ONE-PAGE SUMMARY BRIEFLY DESCRIBES THE INFORMATION CONTAINED IN THE ATTACHED NOTICE OF PRIVACY PRACTICES. FOR FURTHER DETAILS, PLEASE REVIEW THE ATTACHED NOTICE CAREFULLY AND COMPLETELY.**

LaPorte Regional Physician Network is committed to providing all of our patients quality care. Part of providing quality care involves gathering, using, and sharing information about individual patients in order to:

- ❖ Provide treatment to individual patients;
- ❖ Obtain payment for services provided;
- ❖ Perform necessary business functions of LRPN such as quality enhancement.

LRPN may also use and disclose your information to provide you with appointment reminders or to notify you that you need to schedule an appointment.

Under some circumstances you have the right to agree or object to the disclosure of your information by LRPN. Please let LRPN know if you would prefer to limit LRPN using or disclosing your information for the following purposes:

- ❖ To your family members and others who are involved with your care or payment for your care.
- ❖ For treatment, payment, and health care operations of LRHS.

LRPN is permitted, and at times required by law, to disclose information about you to public health reporting agencies, to government agencies authorized to collect reports of suspected abuse, to avert a serious threat to health or safety, to health oversight agencies, and others. Certain uses and disclosures of your information require your written permission.

You have certain rights regarding the information LRPN maintains about you. These rights include:

- ❖ The right to access, inspect, and request a copy of your information. (There may be a fee for copying your information.)
- ❖ The right to request an amendment or change to your information.
- ❖ The right to receive an accounting of certain disclosures of your information.
- ❖ The right to request a privacy restriction of your information.
- ❖ The right to request confidential or alternate communications.
- ❖ The right to receive a paper copy of this Notice.
- ❖ The right to file a complaint without retaliation.

If you have any questions about the information contained in this Notice, please contact our Privacy Official at 219-326-2389.



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**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.**

**About this Notice of Privacy Practices**

LRPN understands that medical information about you and your health record is personal. Protecting your information is important to LRPN. LRPN gathers, creates, and maintains information about you and the care you receive. LRPN needs this information to provide you with quality care, to communicate with others involved in your care, and to comply with certain legal requirements. This notice applies to all records of your care generated by LRPN and the information about you gathered and maintained by LRPN.

This notice will tell you about the ways in which LRPN may use and disclose your information. LRPN uses your information within our organization and LRPN discloses your information outside of the organization. This notice also describes certain rights that you have and certain obligations LRPN has regarding the use and disclosure of your information.

**Who will follow this notice**

This Notice describes LaPorte Regional Physician Network's practices regarding the use and disclosure of your information and that of our employees, physicians, officers, volunteers, and health care students associated with LaPorte Regional Physician Network. This Notice applies to your information used and disclosed within the LaPorte Regional Physician Network.

**How LRPN may use and disclose information about you for treatment, payment, and health care operations**

The following categories describe some different ways that LRPN may use and disclose information about you. For each category, LRPN will provide at least one example. Not every use and disclosure will be listed in each category and there may be other situations when LRPN may disclose your information.

**For Treatment:** LRPN will use information about you to provide you with medical treatment or services. For example, different departments and offices may share information about you in order to provide you the treatment and services you need. LRPN may also disclose information about you to people outside of the LaPorte Regional Physician Network who may be involved in providing services that are part of your care. For example, LRPN may

provide information about you to a home health agency or pharmacy that are involved in your care.

**For Payment:** LRPN may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, LRPN may use your information to verify your health insurance benefits and to pre-certify your services and LRPN may disclose your information to your insurance company so that they will pay LaPorte Regional Physician Network for the services you received.

**For Health Care Operations:** LRPN may use and disclose information about you to support our business activities. These activities are necessary to run our organization and to provide our patients with quality care. These activities include, but are not limited to, quality review, conducting training programs, accreditation, and conducting or arranging for other business activities. For example, LRPN may use your information to call you from a waiting area or to resolve any internal concerns. LRPN may use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. LRPN may use and disclose your information to conduct patient satisfactions surveys also.

LRPN will share your information with third parties known at “business associates” that perform various activities for us. For example, LRPN uses business associates to perform certain activities for LRPN including some transcription, trash disposal, as well as other services for LRPN. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your information, LRPN will have a written contract that contains terms that require the business associate to safeguard the privacy of your information.

**Appointment reminders:** LRPN may use and disclose information about you to contact you as a reminder that you have an appointment for treatment or medical care or that you may need to schedule an appointment. LRPN may leave a message for you with another person who answers your phone or LRPN may leave a message on your answering machine that contains some of your information.

**Uses and Disclosures Requiring Your Agreement or Opportunity for you to Object**

In the following instances you will be given the opportunity to agree or object to the use or disclosure of all or part of the information about you. If you are not present or able to agree or object to the use or disclosure of information, then a licensed health care professional, using professional judgment, may determine whether the use or disclosure is in your best interest. In this case, only information about you that is relevant to your health care will be disclosed.

**Individuals Involved in Your Care or Payment for Your Care or Whom You Designate:** Whenever possible, LRPN will ask your permission to use and disclose information about you to a family member, friend, or anyone you designate as involved in your medical care or who helps pay for your care.

**Emergencies:** LRPN may use or disclose information about you in an emergency treatment situation and to contact members of your family and/or significant other. As soon as it is reasonable after the emergency treatment situation, LRPN will make a good faith effort to obtain a written acknowledgement of your receipt of this Notice. If LRPN is required by law to treat you, LRPN will make an attempt to obtain your written

acknowledgement of this notice. If LRPN is unable to obtain your written acknowledgement, LRPN will still use and disclose your information to treat you and possibly to contact members of your family and/or significant other.

**Communication Barriers:** LRPN may use and disclose information about you if LRPN has made an attempt to obtain your written acknowledgement of this Notice but are unable due to substantial communication barriers.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

LaPorte Regional Physician Network is permitted to make certain disclosures about you without your authorization and without you having an opportunity to agree or object.

**Workers' Compensation:** LRPN may disclose information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Employers:** LRPN may disclose information to your employer if your employer needs this information to comply with federal and/or state laws to record such illness or injury or to carry out responsibilities for work-place surveillance.

**Public health and patient safety:** LRPN may disclose information about you for public health activities or to ensure your safety. For example, LRPN reports certain communicable diseases to the Indiana State Board of Health as required by law. Other activities generally include disclosures of patient information:

- ❖ To prevent or control disease, injury, or disability
- ❖ To report births and deaths
- ❖ To report actual or suspected child or adult abuse, neglect, or domestic violence
- ❖ To report reactions to medications or problems with products including reports to the FDA
- ❖ To notify people of recalls of products they may be using or may have used
- ❖ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Coroners, Medical Examiners, and Funeral Directors:** LRPN may disclose information about you to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or to determine the cause of death. LRPN may also disclose information about patients of LaPorte Regional Physician Network to funeral directors as necessary to carry out their duties.

**LRPN will disclose information about you when required to do so by federal, state, or local law.**

**Health oversight activities:** LRPN may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**To avert a serious threat to health or safety:** LRPN may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the

health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Lawsuits and Disputes:** LRPN may disclose information about you in response to a subpoena, discovery request, or court or administrative order.

**Law Enforcement:** LRPN may disclose information about you if asked to do so by a law enforcement official as part of law enforcement activities, to help identify or locate a suspect, fugitive, material witness, victim of a crime, or missing person. LRPN may disclose information about a death if LRPN believes the death may be the result of criminal conduct. LRPN may also disclose information regarding criminal conduct at LaPorte Regional Physician Network and in emergency circumstances to report a crime or suspicion that a crime will be committed.

**Protective Services for the President, National Security and Intelligence Activities:** LRPN may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Military and Veterans:** If you are a member of the armed forces, LRPN may disclose information about you as required by military command authorities. LRPN may also disclose information about foreign military personnel to the appropriate foreign military authority.

**Inmates:** The rights listed in this Notice will not apply to inmates of a correctional institution or to persons under the custody of a law enforcement official.

### **Research**

Under certain circumstances, LRPN may use and disclose information about you for research purposes. For example, LRPN may disclose information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established procedures to safeguard the privacy of your information. LRPN may, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave LaPorte Regional Physician Network.

### **Other uses of patient information**

Other uses and disclosures of patient information not covered by this Notice or required by law will be made only with your written permission. If you provide LRPN permission to use or disclose your information, you may revoke that permission, in writing, at any time. If you revoke your permission, LRPN will no longer use or disclose information about you for the reasons covered by your written permission. LRPN is not able to take back any disclosures made prior to you revoking your permission and LRPN is required to retain our records of the care that LRPN provided to you.

## **Your Rights Regarding Your Information**

**You have the following rights regarding the information LRPN maintains about you.**

**Right to access, inspect, and request copy of your information:** You have the right to access, inspect, and request a copy of information that LRPN may have used to make decisions about you.

To access, inspect, and/or request a copy of information about you that may be used to make decisions about you, you must submit your request in writing to the Office Manager of your physician's/nurse practitioner's office. Forms for this purpose are located at your physician's/nurse practitioner's office. If you request a copy of the information, LRPN may charge a fee for the costs of copying, mailing, or other supplies and labor associated with your request.

LRPN may deny your request to access, inspect, and/or receive a copy in certain limited circumstances. For example, a licensed health care professional may determine that it is reasonably likely to endanger the life or physical safety of you or another person if you are granted access, inspection, and/or a copy of the information. If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by LaPorte Regional Physician Network will review your request and the denial. The person conducting the review will not be the same person that denied your request. LRPN will comply with the outcome of the review.

**Right to amend information about you:** If you believe the information LRPN has about you is incorrect or incomplete, you have the right to request a change or amendment to your information. You have the right to request an amendment for as long as LRPN keeps the information about you.

To request a change or amendment to your information, your request must be made in writing and include a reason that supports your request. This written request must be submitted by mail or in person to the Office Manager of your physician's/nurse practitioner's office. Forms for this purpose are located at your physician's/nurse practitioner's office.

LRPN may deny your request for an amendment if it is not in writing or does not include a reason that supports your request. In addition, LRPN may deny your request if you ask us to amend information that:

- ❖ Was not created by us, unless the person or organization that created the information is no longer available to make the amendment
- ❖ Is not part of the information kept by LaPorte Regional Physician Network
- ❖ Is not part of the information which you would be permitted to access, inspect, and request a copy
- ❖ Is accurate and complete

**Right to accounting of disclosures:** You have the right to request an "accounting of disclosures". This is a list of certain disclosures of your information that LaPorte Regional Physician Network made.

To request this list or accounting of disclosures, you must submit your request in writing to the Office Manager of your physician's/nurse practitioner's office. Forms for this purpose are located at your physician's/nurse practitioner's office. Your request must state a time period that does not request information more than six years prior to the date of your

request and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, LRPN may charge you for the costs of providing the list. LRPN will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to request privacy restriction for your information:** You have the right to request a restriction or limitation on the ways LRPN uses or discloses your information for treatment, payment, or health care operations. You also have the right to request a limit on the information LRPN discloses about you to your family, significant others, or others involved in your care or the payment of your care. **LRPN is not required to agree to your request.** If LRPN does agree, LRPN will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must tell LRPN (1) what information you want to limit; (2) whether you want to limit LRPN's use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to request alternate or confidential communications:** You have the right to request that LRPN communicate with you about your care or the payment of your care in a certain way or at a certain location. For example, you can ask that LRPN only contact you at work or by mail. To request alternate communications, you must make your request in writing to the Office Manager of your physician's/nurse practitioner's office. LRPN will not ask you the reason for your request. LRPN will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a paper copy of this notice:** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

**Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with LaPorte Regional Physician Network or with the Secretary of the Department of Health and Human Services. You may file a complaint with LaPorte Regional Physician Network by contacting our Privacy Official at 219-326-2389.

**You will not be penalized for filing a complaint.**

**Further Information About this Notice:**

LaPorte Regional Physician Network is required by law to maintain the privacy of your information and to provide individuals with notice of our legal duties and privacy practices with respect to their information. LRPN is required to abide by the terms of the Notice currently in effect.

LRPN reserves the right to change the terms of this Notice. LRPN reserves the right to make the revised or changed Notice effective for information about you that LRPN already has as well as any information LRPN receives in the future. LRPN will post a copy of the current Notice at points of registration within LaPorte Regional Physician Network. The effective date of The Notice will be in the top right-hand corner of every page.

If you have any questions about the information contained in this Notice, please contact our Privacy Official at 219-326-2404.