



## NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

### Your Information. Your Rights. Our Responsibilities.

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.**

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- To request a copy of your PHI, contact the Medical Information Department at JMH. You will need to complete a *Release of Information Authorization Form*. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request for an amendment must be made in writing, including a reason for the request, and submitted to the Medical Information Department at JMH.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information. To request a restriction, submit your request in writing to the Medical Information Department at JMH. The request should include (1) what information you want to limit; (2) whether you want to limit our use, release, or both; and (3) to whom you want the limits to apply – for example, releases to your spouse.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy of this notice is available on our website at [www.johnsonmemorial.org](http://www.johnsonmemorial.org).

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## Your Rights, cont.

- File a complaint if you feel your rights are violated**
- You can complain if you feel we have violated your rights by contacting the Patient Advocate Office by calling 317-346-3929.
  - You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:**
- Share information with your family, close friends, or others involved in your care
  - Share information with a disaster relief situation
  - Include your information in a hospital directory; and contact you for fundraising efforts
- If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:**
- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes

- In the case of fundraising:**
- We may contact you for fundraising efforts, but you can tell us not to contact you again.
    - If you do not want the hospital to contact you for fundraising efforts, you must notify the Johnson Memorial Hospital Foundation at 1125 W Jefferson Street, Franklin, IN 46131 in writing.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

- Treat you**
- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
  - JMH participates in certain Health Information Exchanges or Organizations (“HIEs” or “HIOs”). Specifically, JMH participates in the Indiana Health Information Exchange (“IHIE”) which helps make your PHI available to other healthcare providers who may need access to it to provide care or treatment to you.
- Run our organization**
- We can use and share your health information to run our organization, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
- Bill for your services**
- We can use and release your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as               <ul style="list-style-type: none"> <li>○ Preventing disease</li> <li>○ Helping with product recalls</li> <li>○ Reporting adverse reactions to medications</li> <li>○ Reporting suspected abuse, neglect, or domestic violence</li> <li>○ Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you:               <ul style="list-style-type: none"> <li>○ For workers’ compensation claims</li> <li>○ For law enforcement purposes or with a law enforcement official</li> <li>○ With health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

### ADDENDUM: CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

**Federal law protects the confidentiality of substance use disorder patient records.** The following supplements the organization’s Notice of Privacy Practices and provides details on our privacy practices required by federal law (42 CFR Part 2). Federal law protects your health information in two ways: 1) The HIPAA Privacy Rule protects your medical records, and 2) 42 CFR Part 2 gives extra protection to information about substance use disorder treatment.

#### **Permissible Uses and Disclosures Without Your Written Consent:**

<b>Medical Emergencies &amp; Serious Threats to Health or Safety</b>	<ul style="list-style-type: none"> <li>• We may use or share your health information with medical personnel to the extent necessary to treat you during a medical emergency, when your consent cannot be obtained.</li> <li>• We may also use or share your health information to lessen a serious and imminent threat to your health and safety or the health and safety of others. Any disclosure would be made to someone able to help prevent that threat only.</li> </ul>
<b>Public Health Authorities</b>	<ul style="list-style-type: none"> <li>• We may disclose your records to the public health authority, however any records or information provided will be de-identified in accordance with 45 CFR.164.514(b), so that the information provided cannot be used to identify you.</li> </ul>
<b>Reporting of Crimes</b>	<ul style="list-style-type: none"> <li>• We may disclose your health information to law enforcement or other agencies if you commit such a crime, on our premises or against our employee(s); only limited details about the incident and involved individuals will be shared.</li> </ul>

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**All Other Uses and Disclosures Requiring Your Written Consent/Authorization:**

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**Substance Use Disorder Counseling**

- Your SUD counseling notes, as defined by 45 CFR § 164.501 and 42 CFR § 2.11, are given extra protections under federal law. These are personal notes your counselors may keep to remember session details; these are not part of your official medical record.
  - Your SUD counseling notes cannot be used or shared without your written consent, except when:
    - The counselor uses them for your treatment
    - The program uses them for training
    - The program needs them in legal defense against your claim
    - Law requires or specifically permits disclosure
  - Written consent must be on a separate, specific form and cannot be combined with other authorizations.
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**Civil, Criminal, Administrative and Legislative Proceedings**

- We will not share your records, or testimony relaying the content of such records, for use in any civil, criminal, administrative or legislative proceedings against you unless you have provided your specific written consent, or it is based on a court order after notice and an opportunity to be heard is provided to you and us as required by 42 U.S. Code § 290dd-2 and 42 CFR Part 2.
  - Any court order authorizing the use of disclosure of your health information must be accompanied by a subpoena or other similar legal document requiring disclosure before your health information is used or disclosed.
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**Criminal Justice Referrals**

- If you were mandated to treatment through the criminal legal system (i.e., probation, parole, drug court), you must provide your written consent permitting us to use or share your health information with elements of the criminal legal system such as probation or parole officers, prosecutors, the court, and other law enforcement. Be advised that your right to revoke consent in these situations may be more limited and should be clearly explained on the consent you sign.
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**All Other Uses and Disclosures Requiring Your Written Consent/Authorization, cont.:**

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**Prescription Drug Monitoring Program**

- With your prior written consent, we may report any substance use disorder medication prescribed or dispensed by the facility to the applicable state prescription drug monitoring program (PDMP) when reporting is required by state law.
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**Future Uses and Disclosures for Treatment, Payment, and Healthcare Operations**

- You may sign a single authorization/consent for all future uses and disclosures of your health information for treatment, payment, and health care operations purposes. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
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**Your Rights Concerning Your Substance Abuse Treatment Records:**

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**Right to Revoke Consent and/or Authorizations**

- You have the right to revoke any consent/authorization you have provided, except to the extent that JMH has already relied upon the authorization or request a reasonable accommodation for an alternative process.
    - During treatment, notify any staff member and they will help you process the revocation.
    - After discharge from treatment, you may revoke any consent(s) that are still valid by contacting the Medical Information Department.
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## **Laws Requiring Greater Limits on Disclosures & Additional State Law Requirements: Substance Abuse Treatment**

**Records:** Substance abuse treatment records will only be disclosed with your written authorization or consent, except as otherwise permitted by law. When applicable, the more restrictive rule will be followed to provide the highest level of privacy protection.

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### **Indiana**

- Mental health records cannot be released for legal proceedings without written consent from the patient or their legal representative. To access these records, a person must provide a valid authorization or seek court approval, such as in cases related to Indiana Code 16-39-2-6(a)(10).
  - In Indiana, a patient's Individualized Mental Health Safety Plan is confidential and can only be shared with consent, except with authorized healthcare providers if treatment intervention reveals a risk of harm. In such situations, consent is not required.
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## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will notify you without unreasonable delay but no later than 60 days after the breach has been discovered.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
  - For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).
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## **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in physical locations where we deliver care, and on our website [www.johnsonmemorial.org](http://www.johnsonmemorial.org).

## **Notice of Nondiscrimination:**

Johnson Memorial Health respects the rights and dignity of every person. In keeping with federal civil rights laws, we do not discriminate or treat anyone differently based on race, color, religion, national origin, ancestry, age, disability, sex, gender identity, sexual orientation, marital or family status, military service, political beliefs, or parental status.

**Accessible Communication and Language Support:** To ensure that everyone can access and understand our services, JMH provides free aids and services to:

- People with disabilities to communicate effectively, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, or other formats as needed).
- People whose primary language is not English (limited English proficiency), such as qualified interpreters and information written in other languages.

If you believe that Johnson Memorial Health has failed to provide these services or discriminate in another way on the basis of race, color, religion, national origin, ancestry, age, disability, sex, gender identity, sexual orientation, marital or family status, military service, political beliefs, or parental status in admission to, participation in, or receive of the services under any of its programs or activities, you can file a grievance with the Patient Advocate Office at 317-346-3929; or you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone at 1-800-368-1019 or electronically through the Complaint Portal <https://ocrportal.hhs.gov/ocr>.

This notice applies to Johnson Memorial Hospital (collectively referred to as JMH), including all departments and units of the hospital and the Johnson Memorial Health Physician Network. This includes any medical staff members, employees, volunteers, and health care professionals authorized to enter information into your health/medical records. This notice also covers other health care providers that come to JMH's facilities to care for patients (such as physicians, physician assistants, nurse practitioners, and other health care providers not employed by JMH), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information.