



**Noble**  
Dream it. Live it.™

# Notice of Privacy Practices

*This Notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.*

If you have any questions about this notice please contact the Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219. The number is 317-375-2712.

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

This Notice describes our practices and that of:

- Any health care professional authorized to enter information into your file.
- All Noble departments and units.
- Any member of a volunteer group we allow to help you at Noble.
- All Noble employees, staff and other personnel.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for service provision, treatment and payment of Noble operations for purposes described in this Notice.

## **Our Pledge Regarding Health Information**

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at Noble. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Noble. Other Health Care Rehabilitation Facilities may have different policies or notices regarding use and disclosure of your health information.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you and
- Follow the terms of the Notice that is currently in effect.

## **How We Are Required By Law to Disclose Health Information About You**

**As Required By Law** We will disclose health information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We will use and disclose health information about you when we have a “Duty to Report” under state or federal law, because we believe that it is 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.

**Public Health Risks** We will disclose health information about you for public health reporting required by federal or state law. These activities generally include:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- To notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** We will disclose health information as required by law 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.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we will disclose health information about you when properly ordered to do so by a court.

**Law Enforcement** We will release health information if asked to do so by a law enforcement official and if permitted by law:

- In response to a court order;
- If required by state or federal law;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim or a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct while enrolled in Noble services;
- And in emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.

**Protective Services for the President and Others.** We will disclose health information about you to authorized persons or foreign heads of state to conduct special investigations.

## **How We May Use & Disclose Health Information About You**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

**For Treatment** We may use health information about you to provide you with medical treatment of services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other Noble personnel who are involved in the provision of services to you. Different Noble departments also may share health information about you in order to coordinate the different things you need. We may also disclose health information about you to people outside of Noble, such as other health care providers involved in providing medical treatment to you and to people who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your plan of care.

**For Payment** We may use and disclose health information about you so that the treatment and services you receive at Noble, or other service providers from whom you receive treatment or services, may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give you health plan information about treatment or services you received from Noble so your health plan will pay us or reimburse you for your treatment or services. We may also tell your health plan about a treatment or services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations** We may use and disclose health information about you for Noble operations or to another service provider or health plan, if you have a relationship with that service provider or health plan. These uses and disclosures are necessary to run Noble and make sure that all of the individuals we serve receive quality services. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also combine health information about many individuals to decide what additional services Noble should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students and other personnel for review and learning purposes. We may also combine the health information we have with health information from other Rehabilitation Facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific individuals are.

**Appointment Reminders** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services at Noble or other services at Noble.

**Treatment Alternatives** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Fundraising Activities** We may use health information about you to contact you in an effort to raise money for Noble and its operations. We may disclose health information to a foundation related to Noble so that the foundation may contact you in raising money for Noble. We would only release contact information such as your name, address and phone number and the dates you received treatment or services at Noble. If you do not want Noble to contact you for fundraising efforts, you must notify the Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219, in writing.

**Facility Directory** We may include certain limited information about you in a facility directory while you are served by Noble. This information may include your name, location and services received.

**Individuals Involved in Your Care or Payment for Your Care** We may release certain limited information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research** Under certain circumstances, we may share and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with individuals' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for individuals with specific health needs, so long as the health information they review does not leave Noble. We may ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your Noble services.

## Special Situations

**Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release medical information about individuals served by Noble to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## Your Rights Regarding Health Information About You

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy** You have the right to inspect and copy health information about you that may be used to make decisions about your services. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.



We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Noble 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.

**Right to Amend** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Noble.

To request an amendment, your request must be made in writing and submitted to the Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219, 317-375-2712. In addition, you must provide a reason that supports your request.

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

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Noble;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures we made of health information about you. To request this list or an accounting of disclosures, you must submit your request in writing to Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219. Your request must state a time period that may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We 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 Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment or service you received.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both; and
3. To whom you want the limits to apply; for example, disclosures to your spouse.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, you must make your request in writing to Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219. We will not ask you the reason for your request. We 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. You may ask us to give you a copy of this Notice at any time. Even if you agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on our website at [www.mynoblelife.org](http://www.mynoblelife.org). To obtain a paper copy of this Notice, contact the Noble Privacy Officer at 317-375-2712.

## **Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each of our facilities. In addition, each time you register for Noble services, we will offer you a copy of the current Notice in effect.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Noble or with the Secretary of the Department of Health and Human Services. To file a complaint with Noble, contact the Noble Privacy Officer, 7701 E. 21st Street, Indianapolis, IN 46219 or call 317-375-2712. All complaints must be submitted in writing.

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

## **Other Uses of Health Information**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke that permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.