



Notice of Privacy Practices

Effective Date: 1/23/2025

This notice describes how protected personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

As part of providing services to you, we will collect information about your care. We need this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all the records of your care generated at Iris Family Support Center, including those in hard copy form, Web-based Systems and in Electronic Health Record Systems.

We are required by law to:

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

If you have any questions about this notice, please contact the person who coordinates your services, their supervisor, the program administrator or the CEO.

Main Office: Iris Family Support Center, 500 West Main Street, Fort Wayne IN 46802

The terms of this notice apply to all records containing your identifiable health information that are created or retained by Iris Family Support Center. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all your records Iris Family Support Center has created or maintained in the past and for any of your records that we may create or maintain in the future. We will post a copy of our current notice in each of our facilities in a prominent location. You may request a copy of our most current notice during any visit or by phone. The effective date of our notice will be posted in the upper left-hand corner of the notice.

Who Will Follow This Notice:

This notice describes the privacy practices of the entities that are part of Iris Family Support Center, including:

- Any professional authorized to enter information into your records
- Any members of a volunteer group that assists you while you receive services
- All employees, staff and other personnel



Please realize that other professional not associated with Iris Family Support Center may use different notices or policies regarding protected information created in their offices.

How We May Use and Disclose Information About you:

The following categories describe different ways that we use and disclose 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 the ways we are permitted to use and disclose information will fall within one of the categories listed below.

For Your Care and Services

We may use health information about you to provide, coordinate or manage the services, support, and healthcare you receive from us and other providers. We may disclose health information about you to your medical care providers, your funding agency case manager, your SCAN, Inc. direct support staff, other agency staff or other people who are involved in supporting you or providing care. For example, your direct care staff may need to share information about your services with your psychiatrist or with your case manager.

For Payment

We may use and disclose information about you so that services may be billed to and payment may be collected from you, an insurance company or other entity providing funding for your care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to provide the state funding source with information about the services we provide so that we can be reimbursed for those services.

For Health Care/Service Operations

We may use and disclose information about you to run our program and to make sure you receive quality services, or to decide if we should change or modify our services. For example, we may disclose health information about you to train our staff. We may also use information for accreditation or licensing activities.

Release of Information to Family/Advocates

We may release your health information to an advocate or family member that is helping you pay for your care or who assists in taking care of you. In addition, we may disclose health information about you to an entity that is assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have specific objections or instructions regarding these communications, you may discuss them with us by contacting your service coordinator.

Research

We may use and disclose health information about you for research purposes in certain limited circumstances. All

research projects are subject to a special approval process. Before we use or disclose health information for research,



the project will have been approved through the research approval process. However, we may 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 our premises. We will always ask for your specific permission if the researcher requests to have access to your name, address or other information that reveals who you are or who will be involved in your care. Your participation in research projects is voluntary.

As Required by Law

We will disclose information about you when required to do so by federal, state or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.

To Avert a Serious Threat to Health or Safety

We 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 of another person. Any disclosure, however, would only be to those able to help prevent the threat.

Military and Veterans

If you are a member of the armed forces, we may release information about you as required by military command authorities.

Workers' Compensation

We may release information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

Public Health Activities

We may disclose information about you for public health activities. These activities generally include:

- The prevention or control of disease, injury or disability
- Reports of child abuse or neglect
- Notification that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notifications to the appropriate authorities if we believe that you have been the victim of abuse, neglect or domestic violence

Health Oversight Activities

We may disclose 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 appropriate oversight of 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, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or, other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

If asked to do so by a local, state or federal law enforcement official we may release health information:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime in certain limited circumstances, if we are to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at any facility where you are receiving treatment
- In emergency circumstances to report a crime (including the location or victim(s) of the crime, the description, identity or location of the perpetrator)

Coroners, Medical Examiners and Funeral Directors

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information to funeral directors as necessary to carry out their duties.

National Security and Intelligence, Protective Services for the President and Others

We may release information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Correctional Programs

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with additional supports
- to protect your health and safety or the health and safety of others
- for the safety and security of the correctional institution

Your Rights Regarding your Protected Personal Information

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



Right to Inspect and Copy

You have the right to inspect and receive a copy of your record that may be used to make decisions about your care, including your records and billing records.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to your program director. If you need assistance, it will be provided to you. We may charge a reasonable, cost-based fee for copying records.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to information, you may request that the denial be reviewed. The CEO 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 the information we have about you is incorrect or incomplete, you may ask us to amend the information. You must make your request for an amendment in writing and submit it to your program administrator. In addition, you must provide a reason that supports your request. If you need assistance to put your request in writing, it will be provided to you.

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 information kept in your file
- We believe is accurate and complete

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record whether the amendment is accepted or not.

Right to an Accounting of Disclosures

We will keep a record of disclosures made on or after April 13, 2003, other than disclosures for treatment, billing, services, or health care operations. You have the right to request an "accounting of disclosures."

Right to Request Restrictions

You have the right to request a restriction or limitation on the 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 information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend.



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 with emergency treatment.

To request restrictions, we encourage you to make your request in writing to your program administrator. If you need assistance, it will be provided to you. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply

Right to Request Confidential Communications

You have the right to request that we communicate with you about your services in a certain way or at a certain location. For example, you can ask us to contact you only at work or only by mail. You must make your request to obtain confidential communications in writing to your program administrator. You must specify how or where you wish to be contacted. If you need assistance, it will be provided to you. We will not ask you the reason for your request. We will accommodate all reasonable requests.

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 have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact a member of your service planning team or contact the main office.

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 information we already have about you as well as any information we receive in the future. The effective date will appear on the first page.

Complaints

If you believe your privacy rights have been violated, you may file an internal complaint via the grievance process at Iris Family Support Center. (See grievance procedures) which will initiate an Unusual Occurrence Report.

You may also file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to:

200 Independence Ave. SW, Washington, DC 20201.

All complaints must be submitted in writing. If you need assistance, it will be provided to you.



You will not be penalized or retaliated against for filing a complaint.

Other Users of Protected Personal Information

Other uses and disclosures of medical 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 information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization.

You understand 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 that care that we provided to you.