

Privacy Policy

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.

Effective Date: 4/6/2021

Responsibilities of Indiana State Department of Health

The Indiana State Department of Health is required by law to protect the privacy of your health information that may identify you. This health information includes health care services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your protected health information through this Notice of Privacy Practices. This Notice describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this Notice. This agency is required to abide by the terms of the Notice currently in effect. We do, however, reserve the right to change our privacy practices and the terms of this Notice, and to make the new Notice provisions effective for all health information that we maintain. We also are required by law to notify you of any breach of your unsecured protected health information.

Copies of any revised Notices will be available to you upon request. If at any time, you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures, and practices, you may contact our agency Privacy Officer. Please see the contact information later in this Notice.

Use and Disclosure of Protected Health Information (PHI) for Payment, Treatment and Healthcare Operations:

1. The Indiana State Department of Health is using your information as part of its public health emergency response activities.
2. The Indiana State Department of Health may use PHI for healthcare operations including, without limitation, in the examples below:
 - a. Documenting and tracking COVID-19 vaccinations throughout Indiana.
 - b. Providing training programs for students, trainees, and professional staff.
3. The Indiana State Department of Health may use PHI for treatment purposes including, without limitation, in the examples below:
 - a. Administering or assisting with the administration of vaccinations.
 - b. Administering or assisting with the administration of SARS-CoV-2 vaccinations.
4. The Indiana State Department of Health may use PHI for payment purposes including, without limitation, in the examples below:
 - a. Billing for payment or reimbursement for administration of SARS-CoV-2 vaccinations.
5. Certain PHI related to communicable diseases is confidential under Indiana law and any use or disclosure of that information is more restricted as required by law.



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6. We are not allowed to disclose your health records for marketing purposes unless you give us permission first.
7. Other uses and disclosures may be made only with your written authorization. You may revoke that authorization at any time in writing, except where the disclosure you authorized already happened or if the authorization was made as a condition of obtaining insurance coverage.

Use and Disclosure of PHI Where Authorization is Not Required:

Disclosures of PHI may be made by the Indiana State Department of Health without patient authorization when those disclosures are:

1. Required by law;
2. Required for public health activities (example: reporting positive test results for communicable diseases);
3. Pursuant to a court order; or
4. Related to specialized government activities, such as national security.

Your Rights Regarding Your Health Information:

You have the following rights regarding your health information as created and maintained by this agency:

1. You have a right to request and receive a copy of this privacy notice. You have the right to request a paper copy of this notice at any time, even if you agree to receive it electronically (by e-mail).
2. Requests to view medical records should be made to your health care provider, for example, your local health department or physician. The Indiana State Department of Health is an indirect treatment provider. Any requests made directly to the Indiana State Department of Health will be referred to the Indiana State Department of Health Privacy Officer.
3. You have the right to see and get a copy of your personal health information that we have. You will be charged a copy fee per page. You may request an electronic copy of your personal health information; however, we may charge a fee for the creation of such a copy. The fee shall not be greater than the labor cost associated with a paper copy. We may deny your request to see and get a copy of your health information under limited circumstances under state law.
4. You have the right to ask that we change health information that you feel is incorrect or incomplete. Your request may be denied if the information was not created by us, is not part of the information you are allowed to review or copy, or if we decide the personal health information is accurate and complete.
5. You have the right to request that we not release your personal health information, release only part of your information, or release it for reasons you request. We may not be legally required to honor your request. However, we are obligated to honor your request if:
 - a. The disclosure is to a health plan for payment or health care operations, but not for the purpose of treatment; and
 - a. The protected health information pertains solely to a health care item or service for which you paid the healthcare provider in full out of pocket.



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6. You have the right to request and receive a written list of certain disclosures of your health information. You may ask for disclosures we made up to six years before your request, but not prior to the effective

date of this Notice. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. All requests for an accounting of disclosures must be made in writing. Please contact the Indiana State Department of Health Privacy Officer as described below to receive a form to request an accounting of disclosures from the Indiana State Department of Health Laboratories program, the Preparedness Response program, or any other program.

7. You have the right to request that we contact you about your personal health matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by e-mail. We will review and accommodate reasonable requests. To request a special method for us to contact you about your personal health information, you must call or write to the Privacy Officer at the address or phone number in the contact information at the end of this notice.

Complaints

If you believe that we have violated your privacy rights or our health information practices, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services or the Indiana State Attorney General's office. Any person who files a complaint will not be retaliated against for filing a complaint.

Privacy Officer
Office of Legal Affairs
Indiana State Dept. of Health
2 N. Meridian St.,
Indianapolis, IN 46204
317-233-7655

US Dept. Health & Human Services
Office for Civil Rights – Region V
233 N. Michigan Ave. – Suite 240
Chicago, IL 60601
312-866-2359

Indiana Attorney General
Consumer Protection Division
302 W. Washington St., 5th Floor
Indianapolis, IN 46204
317-232-6330
800-382-5516



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PATIENT CONSENT FOR COVID-19 VACCINATION

Explanation of Vaccination:

Vaccination for SARS COVID-19 is an intramuscular injection. Intramuscular injections are administered at a 90 degree angle to the skin, preferably into the deltoid muscle of the upper arm. Risks associated with this vaccination include mild side effects, such as fever, injection site pain, headache, muscle aches and fatigue, and a small percentage may still be vulnerable even after receiving the vaccine. This vaccine may require two (2) doses to work, and you may need to return for the second dose within the recommended time frame. This vaccine is presently available under an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA).

PATIENT'S CONSENT

I, the undersigned, certify that I am at least eighteen (18) years of age, or the legal representative of the individual receiving the vaccine, I have been informed about the vaccine purpose, procedure, and risks, and I have elected to receive it or authorize the individual to receive it. I understand this vaccination may be subject to reporting to a health information exchange or an immunization registry, who may share my or the individual's vaccination information with others, and to my or the individual's health care providers, for treatment purposes or as otherwise permitted by law. I have had the opportunity to have all my questions addressed before receiving the vaccine. I voluntarily consent and agree to receive the vaccination for COVID-19 or consent for the individual as the legal representative.

