



7403 Cline Ave. • Schererville, Indiana 46375 • 219.322.8614 • Fax 219.322.8436 • www.campagnaacademy.org

NOTICE OF PRIVACY PRACTICES
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.

If you have any questions about this notice, please contact
Director Agency Integrity
(219) 322-8614 ext. 328

WHO WILL FOLLOW THIS NOTICE.

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Campagna Academy.
- Any member of a volunteer group we allow to help you at Campagna Academy.
- All employees, staff and other personnel of Campagna Academy.
- All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or Campagna Academy operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Campagna Academy. 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 Campagna Academy. Other Providers may have different policies or notices regarding use and disclosure of your medical information.

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

- **Health Oversight Activities.** We will disclose medical 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 medical information about you when properly ordered to do so by a court.
- **Law Enforcement.** We will release medical 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 of 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 at a Campagna Academy facility; 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical 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 the categories.

- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for Campagna Academy and its operations. We may disclose medical information to a foundation related to Campagna Academy so that the foundation may contact you in raising money for Campagna Academy. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Campagna Academy. If you do not want Campagna Academy to contact you for fundraising efforts, you must notify the Director of Agency Integrity, in writing.
- **Facility Directory.** We may include certain limited information about you in a facility directory while you are at a Campagna Academy's facility. This information may include your name, location, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you at the facility and generally know how you are doing.
- **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 medical 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 use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of people who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with individuals' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for people with specific medical needs, so long as the medical information they review does not leave Campagna Academy. 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 care at the hospital.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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 medical information kept by or for the hospital;
 - 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 medical information about you.
- To request this list or accounting of disclosures, you must submit your request in writing to Director of Agency Integrity. Your request must state a time period which 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, 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 medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session you had.

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 Director of Agency Integrity. 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 medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. 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.

**CAMPAGNA ACADEMY
NOTICE OF PRIVACY PRACTICES**

Revised 9/20/07 File Copy

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OTHER USES OF MEDICAL 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 medical 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 medical 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.

Personal Representatives. In most cases, the rights and decisions of Client's receiving services from Campagna Academy will be exercised by an adult who is responsible for making decisions in your best interest. In those case that adult, known as you Personal Representative, will generally have the authority to make the decisions and determinations described in this Notice on your behalf.

By signing Notice I am acknowledging that I have been given Campagna Academy's Notice of Privacy Practices

Youth's Signature
Date _____

Witness's Signature
Date _____

Signature of the Youth's Personal Representative
Date _____

Witness's Signature
Date _____

Reason Given by Youth for Refusing to Sign this Notice

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