



Notice of Privacy Practices

This notice explains how IHTC, Innovative Hematology, Inc., and/or Indiana BloodWoRx, LLC., may use and share your medical information. It explains your rights and some of our responsibilities. It also explains how you can get access to your medical information. Please read it carefully.

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. Ask us in person, by phone or by email how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request or sooner through your patient portal account if you request an electronic copy of your health information. We may charge a fee based on the format and the amount of information you request.
- If we deny your request for certain records, we will tell you why in writing within 10 business days and whether you can ask for a review of the denial.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is wrong or not complete. Ask us in person, by phone or by email how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 10 business days.

Ask us to keep our communication with you confidential (private)

- You can ask us to contact you by phone, email or send mail to a different address.
- We will agree 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, but we will share the information if needed or required to
 - treat your health conditions
 - pay your medical bills
 - run our center, or
 - follow the law

- If you pay for your care without using insurance, you can tell us not to share information about your care with your insurance company. We will agree unless a law requires us to share that information.
- We will only use and share your information as described in this notice, unless you tell us we can use it for other reasons 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.

Get a list of those with whom we've shared information

- You can ask for a list of the people and groups we've shared your information with for up to 6 years before the date you ask. This list will include:
 - who we shared it with and
 - why.
- We are required by law to keep your health information private and secure.
- We will let you know right away if there is a chance someone has gotten access to your information.
 - You can ask for a list of every time we have shared your information with the wrong person.

Get a copy of this privacy notice

- We must follow the duties and privacy practices in this notice and give you a copy of it.
- You can ask for a paper copy of this notice at any time. We will give you a paper copy right away.
- There is an up-to-date copy available at the check-in window.
- You can download a copy of the notice at www.innovativehematology.org

Choose someone to make health care decisions for you

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

File a complaint if you feel we violated your privacy

- You can complain if you feel we have violated your rights. Contact us here:

Privacy Officer
8326 Naab Road
Indianapolis, IN 46260
317-871-0011 x1243

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to:

200 Independence Avenue, S.W.
Washington, D.C. 20201
Call: 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/
We will not take action 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 in person, by phone or email. 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 if there is a disaster
- Include your information in a hospital directory

If you are not able to tell us your choice, we may go ahead and share your information if we believe it is in your best interest. We may also share your information if there is a serious and immediate threat to your 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. You can tell us not to contact you again.

How do we usually use or share your health information?

- We usually use or share your health information, including your mental health information, in these ways to:
 - **Treat you.** We can use your health information and share it with other professionals who are treating you.
 - Example: A provider treating you for an injury asks another provider about your overall health condition.
 - **Run our organization.** We can use and share your health information needed to run our practice, improve your care, and contact you when needed.
 - Example: We use health information about you to manage your treatment and services.
 - **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other groups.
- Example: We give information about you to your health insurance plan so it will pay for your services. Otherwise, we will only share your health information for other purposes if we get your written consent or when the law allows or requires us to share.

How else can we use or share your health information?

We are allowed or required to share your information in ways that are for the public good, like public health or 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.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse (bad) reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research. Before we share medical information for research, the research will go through an approval process. This process will look at the project based on the needs of the research project and your needs for keeping your medical information private.

Sometimes, a person who is planning to do research may need medical information about patients to get started. We may share your medical information with someone in this situation, but your information would not leave the IHTC, Innovative Hematology, Inc., and/or Indiana BloodWoRx, LLC.

If you enroll in any research studies, information about you may be gathered for research purposes. This information may be included in your electronic medical record.

Obey the Law

We will share information about you if state or federal laws require it. The Department of Health and Human

Services may ask to see your health information to make sure we are following federal privacy law. In this case, we would share your information with them.

Respond to organ and tissue donation requests

We can share health information about you with organ donation organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when you die.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official (police officer)
- With health agencies for activities authorized by law
- The military
- National security
- The President's protective services

Respond to lawsuits and legal actions

We can share health information about you if we receive a court order or a subpoena (an order to appear in court or provide medical records).

Food and Drug Administration (FDA)

The Food and Drug Administration (FDA) is in charge of making sure certain health care products, such as medicine, work the way they are supposed to and are safe. They may require us to share your information as they monitor these products. We would share your information with the FDA in these cases:

- To report an adverse (bad) event or reaction from a medicine or product
- To report a problem or defect with a medicine or product
- To track medicine or product
- To help with medicine or product recalls
- To make repairs to a product or to replace it
- To monitor the safety of a medicine or product after it has been released to buy

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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, at the clinic check-in window and on our website. We will mail a copy to you upon request.

Revised May 9, 2023; June 1, 2024