

## **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.

**Effective Date of Notice:** February 1, 2026

### **A. Our Commitment To Safeguard Your Health Information:**

219 Health Network is dedicated to maintaining the privacy of your protected health information. Protected health information in any form about your past, present or future health condition, the health care provided to you, or the past, present or future payment for your health care, and includes identifiers that do or could be used to identify you.

219 Health Network is required to maintain the privacy of your protected health information and to provide you with a copy of this Notice of Privacy Practices ("Notice"). This Notice describes our health information privacy practices, and other health care providers with whom we participate in an organized system of health care in order to conduct quality improvement, payment or operational activities.

219 Health Network reserves the right to change its privacy practices and the terms of this Notice at any time. In the event we materially change a privacy practice, the change will be effective for all information already maintained about you, and the revised Notice will be promptly posted. You may also request a copy of the Notice currently in effect from the Powers/219 Health Privacy Officer at 219-703-1177 or you may obtain a copy of the Notice from our website at [www.219health.org](http://www.219health.org).

If you have any questions about the content of this Notice, please contact the Powers/219 Health Privacy Officer at 219-703-1177.

### **B. This Notice Applies To The Following Entities:**

All healthcare providers participating in the 219 Health Network Affiliated Covered Entity (referred herein as "Powers Health ACE" and "Powers Health" as 219 Health Network utilizes these facilities), including hospitals, physician practices, pharmacies, outpatient centers and other healthcare providers under Community Foundation of Northwest Indiana common ownership or control who have designated themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA). Health care providers who participate in the Powers Health ACE will share your protected health information with each other as necessary to carry out treatment, payment or health care operational activities. A copy of the current list of the participant members of the Powers Health ACE is available by request from the Powers/219 Health Privacy Office.

Other entities that agree to abide by the privacy practices of 219 Health Network include all medical staff, all departments of the Hospitals; all employees, staff or volunteers with whom health information is shared to provide you health care services; third parties with whom we may share your health information to assist us in performing a service or function on behalf of our Organization; and the Board of Directors of Powers/219 Health for purposes of quality management.

### **C. How Your Protected Health Information May Be Used or Disclosed:**

We have the right to use or disclose your protected health information for treatment, payment or health care operational activities, and under certain circumstances, the law may require us to disclose your protected health information. We may disclose your protected health information to a third party (business associates) to perform a function or service on behalf of the Organization, but before doing so, we will have a written agreement in place that extends the same privacy protection to your health information that we must apply. Business associates have a statutory obligation to comply with the terms of such agreements. Listed below are descriptions and examples of uses or disclosures we may make of your protected health information.

1. **Disclosures Related To Treatment, Payment Or Operational Activities:**

*Treatment.* Your protected health information may be used or disclosed to provide or manage your health care and related services, coordinate or manage your health care with a third party, consult with other health care providers, or refer you from one health care provider to another. For example, if you have diabetes and suffer a broken leg, your doctor may refer you to another physician who specializes in treating patients with diabetes, or your doctor may coordinate your health care with a dietitian who will use your protected health information to provide an appropriate meal plan for you. We routinely disclose your protected health information to any future health care providers upon verification of the request for your information.

*Payment.* Your protected health information may be used or disclosed to obtain reimbursement for health care services provided to you. For example, your protected health information may be used to contact your health insurance company to determine if your insurance company will cover or pay for your treatment; or your protected health information may be released to an ambulance service so that the ambulance service can obtain reimbursement for transporting you.

*Health Care Operations.* Your protected health information may be used for disclosed for operation purposes. These uses and disclosures are important to ensure that you are provided health care services in an efficient and cost-effective manner. For example, your protected health information may be used to determine additional services you may need; to evaluate the care you received; to evaluate the competence or qualifications of a health care professional; in supervised student training programs to improve their skills; to conduct or arrange for medical review or legal services; or for business planning and development.

*Appointment Reminders and Other Messages.* Your protected health information may be used to remind you of an appointment or to contact you about a cancellation, to schedule a test or to contact you in an emergency. To do so, we may leave a message at your home or an alternate telephone number you have provided. In most circumstances, the message we leave will be limited to a telephone number for you to call us back. Under certain circumstances, however, in order to inform you of the purpose of our call, we may leave more detailed information.

*Treatment Alternatives.* Your protected health information may be used to provide you with information about treatment alternatives.

*Health-Related Benefits and Services.* Your protected health information may be used to provide you information about other health-related benefits or services that may be of interest to you.

*Fundraising.* Certain information about you may be disclosed to a third party or a foundation related to our Organization which may contact you to raise funds on our behalf. The only information we will disclose about you for fundraising purposes will be: (i) demographic information (such as your name, address and telephone number); and (ii) the dates you received health care treatment or services from us. If you do not want to be contacted about fundraising activities, please contact the Powers/219 Health Privacy Officer at 219-703-1177.

*Marketing.* Your protected health information may be used to tell you about a health-related product or service that is provided by our Organization. For example, we may communicate with you about a product or service related to treatment you are receiving; to coordinate your care and treatment; or to recommend alternative treatment, health care providers or alternate setting where you can receive health care. If our organization receives any financial remuneration your written authorization is required.

*Health Information Exchanges.* We may participate in various regional, state and/or federal Health Information Exchanges ("HIEs") to make certain patient information available electronically to other participants in the HIE for purposes of treatment, payment and/or health care operations. Participants must confirm they will comply with all applicable federal and state privacy and security laws. If you do not want your health information to be available on the HIEs, you can opt out by contacting the Health

Information Management department at the contact below. If you opt-out, it will apply to all information from all participants in the HIE, even in an emergency.

*Minimum Necessary.* When using or disclosing protected health information, we will limit the use, disclosure or request to a limited data set to the extent practicable or, if needed, to the minimum amount of protected health information necessary to accomplish its intended purpose(s). A limited data set is protected health information that excludes your direct identifiers (listed in 45 CFR §164.514(e)(2)) or those of your relatives, employers or household members. The minimum necessary standard will not apply in the following situations:

1. Disclosures to or requests by healthcare provider for treatment;
2. Uses or disclosures made to you;
3. Uses or disclosures made pursuant to your authorization;
4. Disclosures made to the Secretary of the  
U.S. Department of Health and Human Services;
5. Uses or disclosures that are required by law; and
6. Uses or disclosures that are required for our compliance with legal regulations.

**2. You May Agree Or Object To The Following Uses And Disclosures Of Your Protected Health Information:**

*Patient Directory.* If you are admitted as a patient, your name and location will be maintained in a patient directory. This information will be disclosed to anyone who asks for you by name. When you are admitted, you will be given the opportunity to agree, decline or restrict the use of this information about you. If at the time of your admission you are unable to communicate with us (because you are incapacitated or because of an emergency), we will rely upon our professional judgment and include your information in our patient directory, but will give you the opportunity to agree, decline or restrict the use of this information as soon as you are able to do so.

We will also give you an opportunity to agree to decline to include information about your religious affiliation in the patient directory. If you agree to include this information, it will only be disclosed to a member of the clergy.

*Release of Protected Health Information To A Family Member, Friend Or Other Persons Involved In Your Care and Treatment Or For Notification Purposes.* Protected health information about you may be disclosed to a family member, relative, close personal friend or any other person identified by you, only to the extent the health information is relevant to that person's involvement with your care or payment for your health care.

Your protected health information may also be used or disclosed to notify or assist in notifying a family member, personal representative or any other person responsible for your care of your location or general condition.

*Disaster Relief.* We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts for the purpose of notifying or assisting in notifying a family member, a personal representative or another person of your location and general condition.

**3. Other Uses Or Disclosures Of Your Protected Health Information:**

*Required by Law.* Your protected health information may be disclosed when the use or disclosure is required by law.

*Public Health Activities.* Your protected health information may be disclosed for public health activities. For example, your protected health information may be disclosed to prevent or control disease, injury or disability; report child abuse or neglect; maintain vital records, such as births and deaths;

notify a person regarding potential exposure to a communicable disease; notify a person regarding a potential risk for spreading or contracting a disease or condition; notify an appropriate government agency about the abuse or neglect of an adult individual (including domestic violence); or to the federal Food and Drug Administration (FDA) to report adverse events with medications; track regulated products, report product recalls, defects or replacements.

*Abuse, Neglect, And Domestic Violence.* If we reasonably believe you are a victim of abuse, neglect or domestic violence, to the extent the law requires, protected health information about you may be disclosed to an agency authorized by law to receive such reports.

*Health Oversight Activities.* Your protected health information may be disclosed to a health oversight agency to perform oversight activities authorized by law or for appropriate oversight of the health care system; for example, audits, investigations, inspections and licensure activities.

*Judicial and Administrative Proceedings.* We may disclose your protected health information in the course of any judicial or administrative proceeding. For example, we may disclose your protected health information in response to a court or administrative order, or in response to a discovery request, subpoena or other lawful process.

*Law Enforcement.* Your protected health information may be disclosed to report certain types of wounds or other physical injuries; a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; provide certain information about the victim of a crime; about a death due to criminal conduct; about criminal conduct at one of our facilities; and in emergency circumstances, to report a crime, the location of a crime, to identify the victim of a crime, or the identity, description or location of the person who committed the crime.

*Coroners, Medical Examiners and Funeral Directors.* Your protected health information may be disclosed to facilitate the duties of coroners, medical examiners and funeral directors.

*Organ and Tissue Donation.* Your protected health information may be disclosed to an organization to facilitate organ or tissue donation and transplantation.

*Research.* Your protected health information may be used or disclosed to a researcher if an institutional review board has reviewed and approved a researcher's proposal and has established protocols to ensure the privacy of your health information.

*To Avert A Serious Threat To Health Or Safety.* Your protected health information may be disclosed to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, to prevent or control disease; maintain vital records, such as births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person regarding potential exposure to a communicable disease; notify people of recalls of products they may be using; in response to a warrant, summons, court order, subpoena or similar legal process; indemnify/locate a suspect, material witness, fugitive or missing person; or in an emergency, to report a crime or the description, identity or location of the perpetrator.

*Military and Veterans.* If you are a member of the armed forces, your protected health information may be disclosed to an appropriate military command authority to assure proper execution of a military mission.

*National Security and Intelligence Activities.* Your protected health information may be disclosed to federal officials for intelligence and national security activities authorized by law; to protect the President, other officials or foreign heads of state; or to conduct an investigation.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, your protected health information may be disclosed to the correctional institution or a law enforcement official as necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

*Workers' Compensation.* Your protected health information may be disclosed for workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

**D. Your Rights Related To Your Protected Health Information:**

*Right to Inspect And Copy.* You have the right to inspect and obtain a copy of information used contained in the Designated Record Set for a period of seven (7) years as required by state law. You may be charged a fee for the cost of copying, mailing, labor and supplies associated with your request. To inspect and copy the Designated Record Set, you must submit your request in writing to the Office listed on page one (1) of this Notice. "Designated Record Set" includes the medical records and billing records about individuals maintained by or for the Organization that is used in whole or in part to make decisions about an individual's healthcare.

In the event we have your protected health information in an electronic health record (EHR), then we may be required to provide your protected health information to you in electronic format.

The requested information will be provided to you as soon as reasonably possible, but no later than 60 days after your request. We may deny your request to inspect or copy in certain limited circumstances; however, you may request a review of the denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional.

*Right to Amend.* You have the right to request us to amend your protected health information in a Designated Record Set for a period of seven (7) years as required by state law. Your request must be in writing and you must provide a reason that supports your request. Your request must be submitted to the Office listed on page one (1) of this Notice.

We will act on your request as soon as reasonably possible, but no later than 60 days after your request. We may deny your request if the information or record you want amended was not created by us; is not part of the Designated Record Set kept by us; is not part of the Designated Record Set which you would be permitted to inspect or copy; or if the information contained in the Designated Record Set is accurate and complete.

*Right To An Accounting of Disclosures.* You have the right to request a list of those instances where your protected health care information has been disclosed by us other than disclosures: i) for treatment, payment or operational activities; ii) to you or as authorized by you; iii) for the patient directory or to persons involved in your care or treatment; iv) for national security or intelligence activities; v) to correctional institutions or law enforcement officials; vi) incident to a disclosure we are required to make; or vii) made prior to April 14, 2003. To obtain an accounting of disclosures, you must submit your request in writing to the Office listed on page one (1) of this Notice. If you request more than one accounting within a 12-month period, we will charge a reasonable, cost-based fee for each accounting after the first one.

*Right to Request Restrictions.* You have the right to request a restriction of the use or disclosure of your health information for i) treatment, payment or operation activities; and ii) to individuals involved in your care of the payment for your care, such as family members or friends. You must make your request in writing to the Office listed on page one (1) of this Notice. Your request must describe in a clear and concise fashion: i) the information you wish restricted; ii) whether you are requesting a limit on the use of your health information for treatment, payment or operational activities, or whether you are requesting a limit on the disclosure of your information to family members or friends, or both; and iii) to whom you want the limits to apply.

We are not required to agree to your request for restrictions unless the request is to a health plan to restrict the disclosure for purposes of carrying out payment or healthcare operations (and is not for purposes of carrying out treatment) and the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we are bound by the agreement, except when otherwise required by law, in emergencies or when the information is necessary to treat you.

*Right To Request Confidential Communications.* You have the right to request that we communicate with you about your health and health-related issues in a particular manner or at a certain location. For instance, you may ask to be contacted by mail rather than by telephone, or at home rather than work. In order to request a type of confidential communication, you must submit a request in writing to the Office listed on page one (1) of this Notice. Your request must specify the alternate method of contact you are requesting or the location where you wish to be contacted. You do not need to give a reason for your request. We will accommodate reasonable requests.

*Right To A Paper Copy Of This Notice.* You are entitled to receive a paper copy of this Notice at any time by contacting the Office listed on page one (1) of this Notice. You may also obtain a copy from the website of 219 Health.

*Right To File A Complaint.* If you are concerned that your privacy rights may have been violated, you may file a complaint with the Office listed on page one (1) of this Notice or the Secretary of the Department of Health and Human Services' Office of Civil Rights. Their contact information is: HHS Secretary US Department of Health & Human Services-OCR 200 Independence Avenue, SW Washington, DC 20201 email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov). You will not be retaliated against for filing a complaint.

*Right To Receive Notice of Breach.* We are required to notify you if your protected health information has been breached. This notification must occur by regular mail no later than 60 days after we discover the breach. If a breach involves more than 500 residents of the State of Indiana, we must also notify the Secretary of the Department of Health and Human Services and prominent local media outlets of the breach. A breach occurs when there has been an unauthorized use or disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), that compromises the privacy or security of protected health information if it poses a significant risk for financial, reputational, or other harm to the individual. The notice must:

1. contain a brief description of what happened, including the date of breach and the date of discovery;
2. the steps an individual should take to protect themselves from potential harm resulting from the breach;
3. A brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

Not every impermissible use or disclosure of health information constitutes a reportable breach. The determination of whether an impermissible breach is reportable hinges on whether there is a significant risk of harm to the individual as a result of impermissible activity. We are not required to give notice upon the occurrence of any of the following:

1. Any unintentional acquisition, access or use of protected health information by our employee or person acting under the authority of Organization or one of Organization's business associates, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted by HIPAA.
2. Any inadvertent disclosure by a person who is authorized to access protected health information at our Organization or a business associate of Organization to another person authorized to access protected health information within Organization or the same business associate, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by HIPAA.
3. A disclosure of protected health information where Organization or a business associate of Organization has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

**E. Other Uses of Protected Health Information:**

*Authorization.* Most uses and disclosures of psychotherapy notes, uses and disclosures of your protected health information for marketing purposes where we receive financial remuneration and disclosures that constitute the sale of protected health information require your written authorization. Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. You may revoke an authorization for the use or disclosure of your protected health information in writing at any time. Your request should be made in writing to the Office listed on page one (1) of this Notice. If you revoke the authorization, your protected health information will no longer be used or disclosed for the reasons covered by your written authorization; however, the revocation will not apply to any disclosures already made with your authorization.

*Highly Confidential Information.* Federal and state law requires special privacy protections for certain highly confidential information, including any part of your protected health information that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disability services; (3) about alcohol and drug use prevention, treatment and referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about venereal disease; (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; or (9) about sexual assault. Before we share your highly confidential information for a purpose other than those permitted by law, we must obtain your written permission.

*Substance Use Disorder records.* If you have received treatment for a substance use disorder from a specialized program (a “Part 2 Program”) and those records are in our possession, these records are protected by Federal Law (42 CFR Part 2) in addition to HIPAA. We may use your Part 2 records as permitted by HIPAA for treatment, payment or operations unless stricter rules apply or by your written consent. We will not disclose your Part 2 related records in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court. If we intend to use SUD information for fundraising communications, you will have the right to opt out before receiving such communications.

*Redisclosure.* Information disclosed under the HIPAA Privacy Rule may be redisclosed by the recipient and no longer protected by the HIPAA Privacy Rule.

**F. Changes to this Notice:**

If we make material change to this notice, we will provide a revised notice on our website [www.219health.org](http://www.219health.org).

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**Powers/219 Health and Associated Entities Contact Information**  
**[www.powershealth.org/www.219health.org](http://www.powershealth.org/www.219health.org)**

To Inspect or Copy Your Medical Records:	Health Information Management	219-392-7164
To Revoke an Authorization:	Health Information Management	219-392-7164
To Request To Amend Your Health Information:	Health Information Management	219-392-7164
To Request An Accounting of Disclosures:	Health Information Management	219-392-7164
To Restrict Our Use Of Your Health Information:	Health Information Management	219-392-7164
To Request A Confidential Communication:	Health Information Management	219-392-7164
To Request a Paper Copy Of This Notice:	Privacy Officer	219-703-1177
To File A Complaint About Our Privacy Practices:	901 MacArthur Blvd. Munster, IN 46321	

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