

# *Patient* HANDBOOK





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## COLOR-CODED WRIST BANDS


For your safety, hospitals use wristbands as a communication tool so all staff can provide the best possible care. Color-coded wristbands protect you because they indicate who you are and any special needs or restrictions related to your care.

**Allergy**  **RED** wristbands notify staff of the patient's allergies such as medications, foods, dust, grass, or pets.

**DNR**  **PURPLE** wristbands alert staff to check the patient's chart for end-of-life directives to be honored in the event of cardiac arrest.

**Fall Risk**  **YELLOW** wristbands inform staff that the patient needs help walking or getting up to help prevent falls.

**Latex Allergy**  **GREEN** wristbands tell staff that the patient has allergies to latex, so non-latex supplies will be used.

**Limb Alert**  **PINK** bands mean that staff should avoid using the patient's marked limb for blood draws, IV insertions, and other medical procedures.



## **YOUR HOSPITAL TEAM**

When you are in the hospital, many people are involved in your care. If you want to speak with a member of your hospital team, or need additional services, please contact your nurse.

## **MEDICAL STAFF**

The physician who admits you to the hospital is responsible for directing your care while you are here. Please consult your physician when you have questions about your illness and/or treatments.

## **NURSING STAFF**

To help ensure that you receive extraordinary care, you are assigned to a registered nurse (R.N.) who oversees and helps coordinate your care. You are encouraged to take an active role in planning your care, such as helping your physician and R.N. establish goals for your care and recovery. Any questions or concerns you may have during your stay can always be directed to one of your nurses.

## **CARE COORDINATORS**

During your hospital stay, a care coordinator will be available to you and your family. Care coordinators are R.N.s who are responsible for ensuring effective communication between your physician(s), other health care providers, health care insurance companies and other outside agencies from which you may need services. Care coordinators work with the entire health care team to assist you in reaching your optimal level of functioning with a comprehensive discharge plan that is efficient, appropriate and timely. Care coordinators will also contact you once you are home to ensure that your plan of care was appropriate. Your care coordinator also can assist you with questions about payment of medical services or financial assistance.

## **CHAPLAINCY SERVICES/ PASTORAL CARE**

A chaplain is always available to assist you, whatever your religious preference. The chaplaincy department is happy to contact a representative of your own denomination or faith. A representative of your faith is always welcome to visit you while you are a patient here.

## **NUTRITION AND DIETETICS**

Our staff of nutrition experts and registered dietitians actively collaborate with other staff members, such as physicians, nurses, pharmacy personnel, therapists and social workers to ensure superior patient care. They also serve patients by providing nutrition education and nutrition assessments. If you feel working with a dietitian would be beneficial as part of your medical care, please contact your nurse.

With our room service dining program, At Your Service, you can choose from a variety of delicious, made-to-order fare that is prepared especially for you and delivered when you are ready to eat. Room service staff will provide menus and instructions to access this service.

## **SOCIAL WORKERS**

Medical social workers are available to help you and your family members deal with the social, emotional and financial challenges that often accompany illness. They can help you and your family develop a discharge plan and help you obtain community services. In addition, social workers are designated to serve as patient advocates if requested. A patient advocate is a person whose job is to speak on a patient's behalf and help patients get any information or services they need. You may request a visit from a social worker by asking your nurse, care coordinator or physician.

## **VOLUNTEERS**

Volunteers add that special touch by lending their support in many different areas of our hospital and are available to answer questions or provide assistance.

## **OTHER PERSONNEL**

During your stay you may be visited by other health care professionals, including staff from the laboratory and radiology departments, and physical or occupational therapists. In addition, the Hendricks Regional Health family includes many behind-the-scenes workers, such as accountants, engineers, secretaries and food service workers who all contribute to your well being.



## FEEDBACK

We want to provide the best possible service to our patients. You can help us do that by telling us what we are doing right and what may need improvement. Patients in the hospital are randomly selected to take a short survey administered by a Guest Services Ambassador. Answers are kept private. If you are not selected, but would like to complete a paper survey or submit a positive comment, *please call (317) 745-3497 before 8 p.m.*

If you have immediate concerns about your care, please ask to speak to the director or charge nurse on your unit. We are committed to resolving your concerns and providing you with the best patient care experience possible.

If you receive outpatient services or visit a Hendricks Regional Health physician in the office, your feedback is also helpful. Contact the department or office manager with your comments.

## SMOKING POLICY

Hendricks Regional Health campuses are smoke-free facilities. We believe it is critical to stop the use of cigarettes and tobacco products to speed recovery and promote long-term health. Therefore:

- There will be no use of tobacco products within any building owned or managed by Hendricks Regional Health.
- Visitors, outpatients and medical personnel who are not employed by Hendricks Regional Health may utilize tobacco products only while in their vehicles.
- Inpatients, outpatients and observation patients admitted to a hospital unit are not permitted to use tobacco products.

## ADVANCE DIRECTIVES

In compliance with the Patient Self Determination Act, adult (at least 18 years) inpatients will be asked upon admission if they have any advance directives concerning their health care and medical treatment. Ask your nurse if you would like to speak to someone about creating an advance directive.

## FIRE DRILLS

For your protection, the hospital routinely conducts fire drills and disaster drills. These will be announced via the overhead paging system three times with the location of the drill. They will be announced as "Code Yellow Drill" for fire and "Code Red Drill" for disaster. If a drill occurs while you are here, remain in your room and do not become alarmed.

## PERSONAL ITEMS

Money, jewelry and other similar valuables can be deposited for safekeeping. Articles of clothing, blankets, purses or other personal property brought with you, but not required in the hospital, should be taken home. Money, jewelry (watches, rings, bracelets, etc.), and similar property (such as eyeglasses, hearing aids and dentures), unless deposited for safekeeping, and all other personal property including but not limited to clothing, blankets, radios and purses are kept at your own risk, and the Hospital is not liable in the event of loss or damage. ***NO HOSPITAL EMPLOYEE HAS THE AUTHORITY TO WAIVE THIS RULE.***

## PATIENT SAFETY

Hendricks Regional Health is dedicated to providing safe and appropriate care. As a patient, it is your right and responsibility to work with your health care team and to ask questions whenever necessary. By openly sharing your thoughts and concerns with the doctors and nurses caring for you, we can better provide you with a successful care plan and recovery.

## SAFE CARE TIPS DURING YOUR HOSPITAL STAY

- While you are in bed, keep the bedrails near your head in the up position. Also, always keep the bed in the lowest position to the floor with the brake on.
- Feel free to keep a dim light on at night.
- Wear non-skid footwear to help prevent falling. If you don't have a pair from home, ask your nurse to provide them.
- Press the call light button on your bed controls to ask for help if you feel weak or dizzy when getting out of bed.
- Don't be embarrassed to ask for help in the bathroom. Our nursing staff is happy to help. A call button/cord is available in every patient restroom if you need it.
- Our staff will request to safety check your personal items such as electrical equipment or toys.
- Let nursing staff know if you see a spill on the floor.
- Please let nursing staff know if you leave the unit.

## HELP PREVENT ERRORS IN YOUR CARE

Research shows that patients who take part in decisions about their own health care are more likely to get better faster. We encourage you to ask your medical team if you have any questions or concerns about your care, including medical forms, procedures, tests or medications.

## FOR QUESTIONS OR CONCERNS

If you have concerns about your care, talk to your nurse or the unit supervisor, or **contact the patient safety officer at (317) 718-6718.**



## **YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT**

Providing quality care requires the cooperation of you, your health care provider and the hospital staff. Hendricks Regional Health wants you to know that, as a patient in our hospital, you have certain rights and responsibilities.

### **YOUR RIGHTS AS A PATIENT**

1. You have the right to considerate and respectful care.
2. You have the right to participate in your care, including developing and implementing a care plan.
3. You have the right to appropriate medical treatment regardless of age, gender, sexual orientation, race, religion, national origin, handicap, disability or the source of payment for our care. 3. You have the right to a reasonable response to your request for services in a reasonable timeframe.
4. You have the right to have medical information provided to you in terms you can understand which may include access to an interpreter should a language or communication barrier exist.
5. You have the right to discuss with your health care provider any treatment, procedure or operation planned for you so that you may understand the purpose, probable result, alternatives and risks involved before giving permission.
6. You have the right to obtain from your health care provider complete and current information concerning your diagnosis, treatment and possible outcome in understandable terms. When it is not possible or medically advisable to give such information to you, the information will be made available to an appropriate person on your behalf.
7. You have the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of your refusal.
8. You have the right to appoint a healthcare representative, healthcare power of attorney or surrogate decision-maker regarding your care.
9. You have the right to exercise advanced directives regarding your care to the extent permitted by law. If you or your family need help making difficult end-of-life decisions, staff is available to help you.
10. You have the right to personal and informational privacy and confidentiality concerning your medical care program, financial information and treatment. A copy of the Notice of Privacy Practices is available upon request.
11. You have the right to have a family member or representative of your choice and your personal health care provider notified of your admission to the hospital.
12. You have the right to expect care in a safe setting and clean environment.
13. You have the right to receive care free from all forms of abuse and/or harassment.
14. You have the right to access information in your clinical record to the extent permitted by law.
15. You have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
16. You have the right to be fully informed if your health care provider proposes to engage in any unusual, experimental or research-based care or treatment. You have the right to refuse to consent to or participate in such care without coercion or retaliation by staff.
17. You have the right to obtain information as to any relationship of the hospital to other healthcare providers and educational institutions participating in your care. You have the right to obtain the name, position and professional relationships of all individuals treating you. You have the right to request that students not provide your care.
18. You have the right to discuss with your health care provider or request a second opinion from another member of the medical staff regarding the reason for a proposed change in your care. You also have the right to request an ethics consultation to address actual or potential issues that may arise.
19. You have the right to expect an explanation concerning the need for a transfer within the hospital or to another facility as well as coordination, which provides continuity of care following the transfer.
20. You have the right to understand the source of payment for services provided and any limitations this may place on your care.
21. You have the right to see your itemized hospital bill, have it explained to you; and to inquire about financial assistance in paying your bill or filing insurance forms.
22. You have the right to be visited, should you so desire, by anyone you or your representative chooses. You may deny visitors at any time. We may restrict or limit visitation for reasonable or clinical reasons. You or your representative may inquire about restrictions to visiting.
23. You have the right to have pain treated as effectively as possible. As a patient, you can expect information about pain and pain relief measures and a concerned staff committed to pain prevention and treatment.
24. Your family has the right of informed consent for donation of organs and tissues.
25. You have the right to be informed about outcomes care, including those outcomes that differ significantly from anticipated outcomes.
26. You have the right to know what care you should seek after discharge from the hospital.
27. You have the right to express a complaint or grievance and to expect timely follow up.

28. You have the right to know what hospital rules and regulations apply to your conduct as a patient.
29. You have the right to leave the hospital against your health care provider's advice to the extent permitted by law. If you refuse treatment or leave the hospital against your health care provider's advice, the hospital and your health care provider will not be responsible for any harm that this action may cause you or others.

The health care providers at the Hospital care for the sick and injured. They recognize that to be effective, the effort must be a partnership of the patient and the healthcare team working together for a common goal. As a patient you will be expected, within the limits of your abilities, to assume a share of the responsibility for your healthcare.

## YOUR RESPONSIBILITIES AS A PATIENT

1. You have the responsibility to provide complete and accurate information about present complaints, past illnesses, hospitalizations, surgeries, prescribed and over-the-counter medications, past allergic reactions, changes in your condition and other matters relating to your health to the best of your ability in order for care to be coordinated in a safe manner.
2. You have the responsibility to cooperate with all hospital personnel caring for you and to ask questions if you do not understand any instructions, course of action or expectations.
3. You have the responsibility to help your doctors, nurses and other hospital personnel by following their instructions concerning treatment and safety.
4. You have the responsibility to be considerate of other patients and staff, and to see that your visitors are considerate as well, particularly in regard to noise, the number of visitors and the compliance with the smoke-free environment.
5. You have the responsibility to be respectful of others, of other people's property and that of the hospital.
6. You have the responsibility to discuss pain relief options, assist in determining a plan for the management of pain and ask for pain relief when your pain first begins, help your caregivers measure the extent of your pain and to tell your doctor and nurses if your pain continues.
7. You have the responsibility for following hospital rules and regulations.
8. You assume the responsibility for your actions if you refuse treatment or do not follow instructions.
9. You have the responsibility to be prompt in your payment of hospital bills, to provide the information necessary for insurance processing, and to be prompt about asking questions you have

concerning the bill.

10. After you leave the hospital, you have the responsibility to maintain the treatment recommended by your doctor and to notify him or her of any changes.
11. You have the responsibility to share any values, spiritual beliefs, or advanced directive that are important to your care and well being.
12. You have the responsibility of informing the hospital as soon as possible if you believe any of your rights have been or may be violated. You are encouraged to bring such concerns to the attention of your doctor or the nursing management on your unit, or you may **call hospital administration at (317) 745-3786.**

These rights and responsibilities apply to the guardian and/or parent of children and neonates and to the patient's family, designated healthcare representative or healthcare power of attorney. If you have concerns about your care, you may file a complaint by phone or in writing with the Indiana State Department of Health (ISDH) or Hendricks Regional Health:

Indiana State Department of Health  
 (317) 233-1325  
 2 N. Meridian  
 Indianapolis, IN 46204

or

Hendricks Regional Health, Safety/Risk Manager  
 (317) 745-3835  
 1000 E. Main Street  
 Danville, IN 46122

***At your admission you received the most current Patient Rights which has been expanded.***



## **JOINT 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.

### **OUR RESPONSIBILITIES**

Hendricks Regional Health takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

### **HENDRICKS REGIONAL HEALTH ORGANIZED HEALTH CARE ARRANGEMENT**

Physicians who are not employees of Hendricks Regional Health, but who may provide treatment to you, including physicians in the emergency department, on-call physicians, attending physicians, radiologists, pathologists, anesthesiologists, medical directors, radiation oncologists and surgeons, may use and disclose your health information to carry out treatment, payment and health care operations in accordance with this Notice. In addition, physician assistants, surgical technicians, nurse practitioners and others who work with these physicians at this facility may also use your health information.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your health information. 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.

#### **FOR TREATMENT**

We may use health information about you to provide you with treatment; health care or other related services. We may disclose your health information to doctors, nurses, aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment; health care or other related services. We may release your health information to your

health insurance company to obtain approval for a specific procedure or treatment. We may release your health information to a hospital or extended health care facility if you are transferred from our facility to another.

#### **FOR PAYMENT**

We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service.

#### **FOR HEALTH CARE OPERATIONS**

We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run Hendricks Regional Health, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. This would include follow-up contact via phone or by written communication to check on your status after a hospital stay, surgery or test. We may also provide your health information to accreditation entities to maintain our accreditation.

#### **AS REQUIRED BY LAW**

We will disclose your health information when required to do so by federal, state or local law. Hendricks Regional Health may disclose your health information when required by law for such incidents as suspected abuse, workman's compensation or by a court order.

#### **FOR PUBLIC HEALTH PURPOSES**

We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting defective medical devices or problems with medications;
- Notifying people of recalls of products they may be using; and
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Reporting of confirmed cases of cancer to the Indiana State Cancer Registry.



## **ABOUT VICTIMS OF ABUSE**

We may disclose your health information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

## **HEALTH OVERSIGHT ACTIVITIES**

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.

## **JUDICIAL PURPOSES**

We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.

## **LAW ENFORCEMENT**

We may release health information if asked to do so by a law enforcement official, if such disclosure is:

- Required by law;
- 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 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 Hendricks Regional Health; or
- 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.

## **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

In certain circumstances, we may disclose health 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 health information about individuals to funeral directors as necessary to carry out their duties.

## **ORGAN AND TISSUE DONATION**

We may disclose your health 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.

## **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **MILITARY AND VETERANS**

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

## **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS**

We may disclose your health information to authorized federal officials so they can provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

## **CUSTODIAL SITUATIONS**

If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.

## **WORKERS' COMPENSATION**

We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

## **TREATMENT ALTERNATIVES, APPOINTMENT REMINDERS AND HEALTH-RELATED BENEFITS**

We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. Additionally, we may use and disclose your health information to provide appointment reminders. If you do not wish us to contact you about treatment alternatives, health-related benefits, or appointment reminders, you must notify us in writing, and state, which of those activities you wish to be excluded from.

## **FUNDRAISING ACTIVITIES**

On rare occasions, we may use your health information to contact you in an effort to raise money for Hendricks Regional Health. We may disclose health information to a foundation related to Hendricks Regional Health so that the foundation may contact you to raise money for Hendricks Regional Health. In these cases, we would release only contact information, such as your name, address and phone number and the dates you were here. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.

## **FACILITY DIRECTORY**

We may include certain limited information about you in our directory. This information may include your name, location in the Hospital, 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 minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory please notify us at the time of admission.

## **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release health information about you to a family member, other relative, or any other person identified by you who are involved in your health care. We may also give information to someone who helps pay for your care. We may contact your family, friends, personal representative or other person responsible for your health care your condition and inform them that you are at the Hospital.

## **THIRD PARTIES**

We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

## **INCIDENTAL USES AND DISCLOSURES**

We will make every physical and technical effort to safeguard your health information. However, there may be occasions where others may inadvertently see or overhear your health information.

## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke all or part of that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health 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 under the authorization, and that we are required to retain our records of the care that we provided to you.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care. We will accommodate all reasonable requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are not obligated by state or federal law to agree with all requests. All requests for restrictions must be made in writing and submitted to the address found at the end of the Notice. 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.

## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. All requests for confidential communications must be made in writing and submitted to the address found at the end of the Notice. 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.

## **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, submit your request in writing to the address found at the end of the Notice. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

## **RIGHT TO AMEND**

You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us. All requests for amendment must be made in writing and submitted to the address found at the end of the Notice. In addition, you must provide a reason that supports your request. 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 health information kept by or for us;
- 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 a list of certain disclosures that we have made of your health information. All requests for this list of disclosures must be submitted in writing to the address found at the end of the Notice. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, 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 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. You may obtain a copy of this Notice at our web site at [hendricks.org](http://hendricks.org). All requests for a paper copy of this Notice must be submitted to the address found at the end of the Notice.

## **WHO THIS NOTICE APPLIES TO**

This Notice describes Hendricks Regional Health and those of:

- Any health care professional authorized to enter information into or consult your medical record.
- All departments and units of Hendricks Regional Health.
- Any member of a volunteer group we allow to help you.
- All employees, staff and other Hendricks Regional Health personnel.
- All entities of Hendricks Regional Health and its medical staff will comply with the terms of this privacy notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or operations purposes described in this Notice.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, we will provide you a copy of the current Notice in effect upon request.



## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by phone or in writing with the Secretary of the Department of Health and Human Services or with Hendricks Regional Health. You will not be penalized for filing a complaint.

Department of Health and Human Services  
(312) 353-5160  
233 N. Michigan Ave., Suite 1300  
Chicago, IL 60601

or

Hendricks Regional Health,  
Health Information Management  
(317) 745-3474  
1000 E. Main Street  
Danville, IN 46122

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