Indiana University Health Plans*

Notice of Privacy Practices

Effective date – March 25, 2025

*Indiana University Health Plans has been acquired by Elevance Health, the parent company of Anthem Blue Cross and Blue Shield in Indiana, including IU Health Plans Commercial employer-sponsored and Medicare Advantage businesses. Elevance Health will maintain the Indiana University Health Plans name throughout the 2025 calendar year with announcement of a new name for 2026 that reflects its ownership by Elevance Health.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IU Health Plans is required by law to maintain the privacy of protected health information. IU Health Plans believes your health information is personal and is committed to maintaining its confidentiality. This Notice describes our legal duties and privacy practices with respect to your protected health information.

"Protected health information" is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to healthcare services. It also includes information about payment for healthcare you have received, including payment for medical services under health insurance plans and employer-sponsored health plans such as a healthcare flexible spending account (FSA) and/or a health reimbursement arrangement (HRA) plan.

This Notice of Privacy Practices describes how IU Health Plans may use and disclose your protected health information to carry out treatment, for payment, for healthcare operations and for other purposes permitted or required by law. This Notice also describes certain rights that you have with regard to your protected health information. IU Health Plans is required to abide by the terms of this Notice of Privacy Practices.

The terms of this Notice may change at any time. The new Notice will apply to all protected health information acquired about you. Upon your request, IU Health Plans will provide you with any historical Notice of Privacy Practices or you may obtain the most current copy by calling the phone number on you ID card.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

Your protected health information may be used and disclosed by IU Health Plans, its staff and others outside of its offices who are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operations of IU Health Plans. The following list, by way of example rather than limitation, explains certain uses and disclosures of your protected health information that IU Health Plans is permitted to make.

TREATMENT

IU Health Plans will use and disclose your protected health information to coordinate or manage your healthcare and any related services. For example, IU Health Plans may disclose your protected health information to a home health agency that provides care to you.

IU Health Plans will also disclose health information to physicians or other healthcare providers who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT

IU Health Plans may use and disclose your protected health information as necessary to take care of your account and benefits or to pay claims for healthcare. For example, to make payment to a provider for the healthcare services you receive.

HEALTHCARE OPERATIONS

IU Health Plans may use or disclose your protected health information for certain administrative, financial, legal and quality improvement activities that are necessary to run our business. IU Health Plans may share your protected health information with "business associates," or third-party organizations that perform services on behalf of IU Health Plans. IU Health Plans has written contracts with our business associates to protect the privacy of your protected health information, and these business associates are required by law to comply with the same privacy and security requirements that apply to IU Health Plans.

IU Health Plans may use and disclose your protected health information to tell you about appointments and other matters related to your care, to respond to a customer service inquiry from you, to pay claims for services provided to you, to review provider performance, or in connection with fraud and abuse detection and compliance programs. We may contact you by mail, telephone, text or email. IU Health Plans may leave voice messages at the telephone number you provide, and we may respond to your emails.

IU Health Plans may use and disclose protected health information to tell you about possible treatment options, disease management programs, health-related benefits, new services or alternatives that may be relevant to your healthcare. For example, IU Health Plans might inform health plan enrollees of health- related products or services available.

HEALTH INFORMATION EXCHANGE

IU Health Plans may share information that we obtain or create about you with healthcare providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non- primary care physician or hospital, if they participate in the HIE as well. Your hospital or healthcare provider may also participate in HIEs, including HIEs that allow your provider to share your information directly through our electronic medical record system. You may choose to opt out of HIEs by contacting the Health Information Management department at IU Health Plans.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

Unless you indicate otherwise, IU Health Plans may disclose to a relative, a close friend or any other person you identify, the portion of your protected health information which directly relates to that person's involvement in your healthcare or payment for your healthcare. If you are unable to agree or object to such a disclosure, IU Health Plans may disclose such information as necessary for your healthcare or payment for your healthcare, if, based on our professional judgment, IU Health Plans determines that it is in your best interest. Finally, IU Health Plans may disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts.

GROUP HEALTH PLAN SPONSORS

IU Health Plans may disclose your protected health information to a sponsor of a self-funded group health plan—such as an employer or other entity—that is providing a healthcare program to you, for plan administration purposes (e.g., claims management, appeal decisions, medical review). Additionally, if your company's group health plan contracts with IU Health Plans to provide coverage for its employees, then we may provide your company with summary health information for premium billing purposes, modifying or terminating the plan, or to perform enrollment and disenrollment activities.

GENETIC INFORMATION

IU Health Plans is prohibited from using or disclosing genetic information for health plan insurance coverage underwriting purposes and employment purposes. Underwriting involves whether our health plan gives you coverage and the price of the coverage.

RESEARCH

IU Health Plan may use and disclose your protected health information for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

IU Health Plans may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public. However, any disclosure would only be to someone who is able to help prevent the threat.

ORGAN AND TISSUE DONATION

IU Health Plan may release protected 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.

WORKERS' COMPENSATION

IU Health Plans may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

PUBLIC HEALTH RISKS AND PATIENT SAFETY ISSUES

IU Health Plans may disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to receive the information.

COMMUNICABLE DISEASES

IU Health Plans may disclose or use your protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to comply with state-mandatory disease reporting, such as cancer registries.

ABUSE OR NEGLECT

IU Health Plan may disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if IU Health Plan believes a health plan member has been the victim of abuse, neglect or domestic violence under certain circumstances. IU Health Plan will only make this disclosure when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

IU Health Plans may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health insurance system, government benefit programs and compliance with civil rights laws.

LEGAL PROCEEDINGS

IU Health Plans may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or, in certain conditions, in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT

IU Health Plans may disclose protected health information for certain law-enforcement purposes as authorized or required by law.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

IU Health Plan may release protected health information to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

MILITARY ACTIVITY AND NATIONAL SECURITY

IU Health Plans may use or disclose the protected health information of individuals who are armed forces personnel for activities deemed necessary by appropriate military-command authorities when we are authorized by law to do so, including disclosures to foreign military authorities when permitted by law. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, IU Health Plans may release protected health information about you to the correctional institution or law enforcement official.

REQUIRED BY LAW

IU Health Plans may use or disclose your protected health information to the extent that such use or disclosure is permitted or required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

As described above, IU Health Plans will use your protected health information and disclose it outside of IU Health Plans for treatment, payment, healthcare operations, and when permitted or required by law. Other uses and disclosures of your protected health information not covered by this Notice will be made only with your authorization. IU Health Plans will not sell your protected health information nor disclose it to third parties for marketing purposes. In addition, certain disclosures of your psychotherapy notes, mental health records, and drug and alcohol abuse treatment records may require your prior written authorization.

We may receive SUD information from Providers or programs regulated by federal law (42 CFR Part 2). All disclosures of SUD information must comply with all applicable Federal and State privacy laws. We are allowed to Use and Disclose SUD information for certain Treatment, Payment, and Health Care Operations activities. You have the right to consent to Disclosure of SUD information in certain circumstances. You can revoke this consent in writing at any time.

REPRODUCTIVE HEALTH CARE INFORMATION.

We are not allowed under federal law to disclose Reproductive Health Care (RHC) PHI in certain circumstances. RHC PHI includes but is not limited to information related to the reproductive health of an individual such as information pertaining to birth control, pregnancy, pregnancy termination, or other matters related to the reproductive health system. We cannot Use or Disclose RHC PHI when the information would be used to impose a criminal or civil penalty or identify or investigate a person for obtaining, providing, or facilitating RHC when the services were lawful under the circumstances it was provided and for certain other disclosures an attestation of compliance may be required.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The records of your medical and claims information are the property of IU Health Plans. You have the following rights, however, regarding protected health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain an electronic or paper copy of your protected health information that may be used to make decisions about your care and benefits. This includes medical, billing and claims records, but does not include psychotherapy notes. To request a copy of your protected health information, contact the Health Information Management department at IU Health Plans. If you request a copy of the information, IU Health Plans may charge a reasonable fee.

IU Health Plans may deny your request to inspect and copy in some limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. A licensed healthcare professional chosen by IU Health Plans will review your request and the denial. The person conducting the review will not be the person who denied your request. IU Health Plans will comply with the outcome of the review.

RIGHT TO AMEND

You have a right to request an amendment of the protected health information that IU Health Plans has in our records. Your request for an amendment must be made in writing, including a reason for the request, and submitted to the Health Information Management department at IU Health Plans. If we accept your request, we will tell you we agree and will amend your records, which is generally by the addition of a supplemental addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. IU Health Plans may deny a request for an amendment. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights. IU Health Plans may deny an amendment request if it: is not in writing and does not include a reason to support the request for amendment; was not created by IU Health Plans (provided, however, IU Health Plans will still review amendment requests if the person or entity that created the medical information is no longer available to respond to your request); is not part of the designated record set kept by IU Health Plans; is not part of the information which you would be permitted to inspect and copy; or is determined by us to be accurate and complete.

RIGHT TO RECEIVE NOTIFICATION

An individual will receive a notification if his or her unsecured protected health information is breached.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures we have made of your protected health information. This list will not include every disclosure made, including those disclosures made for treatment, payment, healthcare operations or disclosures you authorized in writing. To request an accounting of disclosures, include the specific time period desired and submit your request in writing to the Health Information Management department at IU Health Plans. IU Health Plans will not list disclosures made earlier than six years before your request. The first accounting of disclosure to you in any 12-month period is free. Additional accounting of disclosures requested by the same individual within the 12-month period may cost a fee; you will be notified in advance of any cost involved so that you may choose to withdraw or modify your request before incurring a cost.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction on the ways your protected health information is used or disclosed to carry out treatment, payment or healthcare operations. To request a restriction, submit your request in writing to the Health Information Management department at IU Health Plans. The request should include what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply—for example, disclosures to your spouse. IU Health Plans is not required to agree to your request. If we do agree, we will comply with your restriction unless the information is needed to provide emergency medical treatment.

IU Health Plans will agree to restrict disclosures of your health information to your health insurance plan for payment and healthcare operations purposes (not for treatment) if the disclosure pertains solely to a healthcare item or service for which you paid in full.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that IU Health Plans communicate with you about healthcare matters in a certain way or at a certain location. For example, you can request that you are only contacted at work or at a specific address. Such requests should be made in writing to the Health Information Management department at IU Health Plans and should specify how or where you wish to be contacted. IU Health Plans will accommodate all reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be by contacting the phone number on your ID card

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this Notice or allowed by law will be made only with your written permission. If you provide permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, IU Health Plans will no longer use or disclose protected health information about you for the reasons covered by your written authorization. IU Health Plans is unable to take back any disclosures it may have already made with your permission.

USE OF UNSECURE ELECTRONIC COMMUNICATIONS

If you choose to communicate with us or any of your IU Health Plans providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. Before using any unsecure electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/ misdirected messages, shared accounts, messages forwarded to others or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in an emergency.

When you visit and use our websites or use certain of our online services, we may collect and share other digital data and personal information not covered by this Notice of Privacy Practices, including through the use of cookies and other similar website tracking technologies (such as, for example, your internet protocol address automatically assigned to your computer by your internet service provider, device operating system, device information, browser type and language, and referring URLs). This collection and sharing is governed by our IU Health Plans website privacy policy and not this Notice. You should review the terms contained on our website privacy policy for detailed information on the type of cookies and other technologies we use, what information we collect, the reasons why we use these technologies, as well as the terms associated with using our websites and online services.

CHANGES TO THIS PRIVACY NOTICE

IU Health Plans reserves the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. The revised Notice of Privacy Practices will be mailed to you. In addition, at any time you may request a copy of the Notice currently in effect.

QUESTIONS OR COMPLAINTS

If you believe IU Health Plans has violated your privacy rights, you may file a complaint with us. Please send any complaint to privacy.office@elevancehealth.com. You may also file a complaint with the secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have questions about this Notice of Privacy Practices, contact the telephone number on your ID card.

NOTICE OF NONDISCRIMINATION

We follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently based on race, color, national origin, sex, age, or disability. If you have disabilities, we offer free aids and services. If your main language isn't English, we offer help for free through interpreters and other written languages. Call the Member Services number on your ID card for help (TTY/TDD:711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint one of these ways:

- Write to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279.
- File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201.
- Call 800-368-1019 (TDD: 800-537-7697).
- Go online and fill out a complaint form.

CONTACT INFORMATION

Health Information Management Department at IU Health DG 412
1701 N. Senate Blvd.
Indianapolis, IN 46202
T 317.962.8670
iuhealth.org/patients/medical-records

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
T 800.368.1019
TDD 800.537.7697
hhs.gov/ocr