

NOTICE OF PRIVACY PRACTICES OF THE ISMA PHYSICIAN ASSISTANCE PROGRAM

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH JENNIFER JACKSON-HARR BY PHONE AT 317-454-7725 OR BY E-MAIL AT JJACKSONHARR@ISMANET.ORG IF YOU HAVE ANY QUESTIONS.

FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

What is covered under this this Notice: information and records that identify an individual as having/had a substance use disorder and which contains substance use disorder information for the purpose of treating a substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment (“Protected Information”).

I. USES AND DISCLOSURES

The ISMA PAP may use and disclose your Protected Information under the following circumstances without your permission:

- In a medical emergency in which your consent cannot be obtained, such as your incapacity or inability of the ISMA PAP to reach you. This may include assisting emergency personnel in determining any substances you may have ingested in the event you are found nonresponsive.
- To conduct scientific research. This may include disclosure to academic institutions for research on physician wellness and patient safety.
- To conduct a management audit, financial audit, or program evaluation. This may include disclosure during audits by governmental agencies, to independent auditors for accounting purposes, and to outside advisors for program improvement.
- To a public health authority, only after such information has been deidentified. This may include disclosure of aggregated program data to public health authorities, if requested by such authorities.
- Upon a specific court order by a court of competent jurisdiction compelling disclosure.
- To report or prevent a crime or threat of a crime committed on the ISMA PAP premises or against ISMA PAP personnel.
- To report suspected child abuse or neglect, as required by state law.

The ISMA PAP may use and disclose your Protected Information under the following circumstances with your consent:

- To report your compliance and noncompliance with the ISMA PAP program to your employer and your professional licensing board.
- For treatment, payment, and healthcare operations. This may include disclosure to other physicians or healthcare entities to facilitate your treatment.
- To prevent multiple enrollments. This may include disclosure to a central registry or to any withdrawal management or maintenance treatment program not more than 200 miles away to prevent your simultaneous enrollment in multiple treatment programs.
- To elements of the criminal justice system who referred you to the ISMA PAP. This may include reporting your enrollment or compliance to a court, probation officer, or law enforcement agency as part of a court order or diversion program.

Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

The ISMA PAP may use and disclose records for its own fundraising purposes only if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

ISMA PAP will make uses and disclosures of your Protected Information not described in this Notice only with your written consent. You may revoke written consent at any time, except to the extent the ISMA PAP has acted in reliance upon it. You may revoke your consent by submitting your request in writing to the Program Coordinator, Jennifer Jackson-Harr, at jjacksonharr@ismanet.org, or you may request reasonable accommodations for an alternate revocation process by contacting the person or office designated at the end of this notice.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

II. PATIENT RIGHTS

You have the right to request restrictions of our uses and disclosures of your Protected Information for purposes of treatment, payment, and healthcare operations, for which you have previously provided written consent, including the right to request that we restrict disclosures to your health plan for services for which you have paid in full. To request a restriction, please send an e-mail containing your participant number, the identity of any documents you wish to restrict from disclosure, the identity of any recipients to which you wish to restrict disclosure, and the desired duration of the restriction to the Program Coordinator at jjacksonharr@ismanet.org. The ISMA PAP is not required to agree to any requests other than restrictions you request on disclosures of your Protected Information to your health plan for those services for which you have paid in full. If the ISMA PAP agrees to any restrictions the ISMA PAP shall not be prohibited from disclosing your Protected Information to facilitate your emergency medical care or comply with federal law.

You have the right to an accounting of ISMA PAP's disclosures of your records for treatment, payment and health care operations for the past 3 years if ISMA PAP made such disclosures through an electronic health record. You have the right to an accounting of all other disclosures ISMA PAP made with your consent for the past 3 years. To request an accounting of disclosures, please send an e-mail containing your participant number and the desired disclosure period to the Program Coordinator at jjacksonharr@ismanet.org.

You have the right to a list of disclosures by an intermediary for the past 3 years. Such requests shall be made in writing to the intermediary at the contact information listed on the consent form.

You have the right to obtain a paper or electronic copy of this notice. To request a copy, please send an e-mail to the Program Coordinator at jjacksonharr@ismanet.org.

You have the right to discuss this notice with the contact person or office designated at the end of this notice.

You have the right not to receive fundraising communications from the ISMA PAP. To opt out of fundraising communications, please send an e-mail containing your participant number and a request not to receive fundraising communications to the Program Coordinator at jjacksonharr@ismanet.org.

III. PROGRAM DUTIES

The ISMA PAP is required by law to maintain the privacy of records, to provide participants with notice of its legal duties and privacy practices with respect to records, and to notify affected participants following a breach of unsecured records.

The ISMA PAP is required to abide by the terms of this notice. The ISMA PAP reserves the right to change the terms of this notice and to make the new notice provisions effective for all records it maintains, regardless of when those records were created or received. The ISMA PAP will provide participants with a copy of the revised notice upon request and by posting on its website and at its office.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the ISMA PAP by email at ebartel@ismanet.org or by phone at 317-454-7710. You may also file a complaint with the Secretary of Health and Human Services by mail at the following address:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

or by accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. The ISMA PAP will not retaliate against you for filing a complaint.

V. CONTACT

For further information regarding this notice, please contact the ISMA General Counsel, Evan Bartel, either by email at ebartel@ismanet.org or by phone at 317-454-7710.

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