REHABILITATION HOSPITAL OF INDIANA
NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

IMPORTANT INFORMATION ON YOUR PRIVACY RIGHTS

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.
If you have any questions about this notice, please contact the Privacy Officer at **(317) 329-2198**

OUR COMMITMENT TO YOUR PRIVACY

RHI respects your privacy and is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices (NPP) explains how we may use and disclose your protected health information (PHI) and describes your rights under federal law. The examples provided in this notice are meant to help you understand how your information may be used or shared for treatment, payment, healthcare operations, and other purposes permitted or required by law. All uses and disclosures of health information will fall within one of the categories described in this notice, and may occur in writing, orally, or electronically.

Protected Health Information (PHI)

PHI includes any information that identifies you and relates to your health, the health care services you receive, or payment for those services.

OUR LEGAL DUTIES

Maintain the Privacy of Your Health Information

We are legally required to maintain the privacy and confidentiality of your health information and to follow the duties and privacy practices described in this notice.

Provide This Notice

We must give you this notice describing our legal duties, privacy practices, and your rights regarding your health information.

Abide by the Terms

We are required to abide by the terms currently in effect. However, we may change our privacy practices and the terms of this notice at any time, as permitted by law or to reflect regulatory changes.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We may use or disclose your Protected Health Information ("PHI") for treatment, payment, and health care operations without your written authorization, as permitted by federal and state law. These core activities are described below.

Treatment

We may use or disclose your health information to provide, coordinate, or manage your health care and related services. This includes sharing information with doctors, nurses, technicians, therapists, medical students, and other health care professionals involved in your treatment.

Information Blocking regulations promote the access, exchange, and use of electronic health information to support continuity of care. Your health information may be shared through our electronic health record (EHR) with other providers, laboratories, and radiology groups involved in diagnosing, testing, treating, or coordinating services.

We may also disclose your health information to individuals or organizations involved in your care after you leave RHI, such as family members, clergy, or other service providers involved in your follow-up care, when permitted by law.

For example, a doctor treating you for an injury asks another doctor about your overall health condition.

Payment

We may use or disclose your health information to bill for services, obtain payment, and determine benefits or coverage. This includes sharing information with your health plan or other payers to verify eligibility or process claims.

For example, we may send your insurance company information about your treatment so they can pay for the services you received.

Health Care Operations

We may use or disclose your health information for operational purposes, such as quality improvement, audits, training, compliance activities, and peer review. Some of these activities may be confidential and protected under applicable law. We may share your health information with members of our workforce and others involved in these functions when necessary to support the safety, quality, and efficient operation of our hospital.

Artificial Intelligence (AI)
We use artificial intelligence (AI) to support patient care and hospital operations. AI may assist staff with medical documentation and other clinical and administrative functions. AI supports, but does not replace, the professional judgement of our healthcare providers and staff. Patient information processed using AI is protected in accordance with federal and state privacy and security laws.

OTHER PERMITTED USES AND DISCLOSURES
In addition to using or disclosing your health information for treatment, payment, and health care operations, RHI may use or disclose information without your written authorization when permitted or required by law.

Business Associates
We may share your health information with third party vendors who perform services on our behalf, such as billing or data management services, provided they agree to safeguard your information under a Business Associate Agreement.

Health Oversight Activities
We may disclose your health information to government agencies for oversight activities authorized by law, such as audits, investigations, inspections, licensure, and monitoring of health care systems, government programs, or compliance with civil rights laws.

Patient Assessment
During your stay, your progress will be evaluated regularly. This information collected becomes part of your medical record. RHI uses the Inpatient Rehabilitation Facility–Patient Assessment Instrument (IRF-PAI) to help assess your clinical status. You have the right to be informed about the purpose of this data collection, to refuse to answer assessment questions, and to review or request changes to the assessment.

Required by Law
We may disclose your health information when required to do so by federal, state, or local law. This includes complying with statutes, regulations, court orders, or other legal requirements. We may also share information with the Department of Health and Human Services if it requests records to verify our compliance with federal privacy laws.

Lawsuits and Disputes
We may disclose your health information in connection with legal proceedings. This may include responding to a court or administrative order, or in certain circumstances responding to a subpoena or other legal request, when permitted by law.

Law Enforcement
We may disclose your health information to law enforcement officials as permitted or required by law. This may include disclosures to comply with a court order, warrant, subpoena, or similar legal process; to identify or locate a suspect, fugitive, witness, or missing person; or to provide information about a crime or suspected crime.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or official as necessary for your health and safety, the health and safety of others, or for the safety and security of the correctional institution.

Research
Under certain circumstances, we may use or disclose your health information for research purposes, subject to a special approval process or your explicit authorization when required, particularly when sensitive health information is involved.

Organ and Tissue Donation
We may disclose health information to organ procurement organizations to facilitate organ or tissue donation and transplantation if you are an eligible donor.

Coroners, Medical Examiners, and Funeral Directors
We may disclose health information to coroners, medical examiners, or funeral directors as needed to identify a deceased person, determine cause of death, or enable them to carry out their duties.

Disclosures of a Deceased Person's Health Information
We may disclose your health information to the executor, administrator, or another person who is legally authorized to act on behalf of your estate after your death. These disclosures will be made only when required by a court order or when the authorized individual provides proper legal documentation, such as letters of testamentary, letters of administration, or other court-issued documents confirming their authority.

Specific Government Functions
We may disclose your health information for certain specialized government functions as permitted by law. This includes disclosures for military and veterans' activities, national security, and intelligence purposes, and to authorized federal officials for protective services, including the protection of the President and other authorized individuals.

Appointment Reminders Health-Related Benefits
We may use your health information to contact you with appointment reminders or to provide information about treatment options or health-related services that may be of interest to you.

Organized Health Care Arrangement
We participate in an Organized Health Care Arrangement (OHCA). Within this arrangement, we and other participating providers may share your health information as needed for treatment, payment, and health care operations.

Some physicians who provide care at our facility are independent practitioners and are not our employees. These physicians may access your health information to support your treatment. They may also maintain their own privacy practices and provide their own Notices of Privacy Practices for information created in their offices or clinics.

Workers' Compensation
We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illness.

Public Health and Safety
We may disclose your health information to public health authorities or other authorized officials for public health and safety purposes. These activities may include preventing or controlling disease, reporting adverse events or product recalls, reporting suspected abuse, neglect, or domestic violence, and helping to prevent or reduce a serious threat to anyone's health or safety.

ADDITIONAL PROTECTIONS FOR CERTAIN TYPES OF INFORMATION
Some types of health information receive additional protection under federal and state law, including:

- Behavioral and Mental Health Records
- Alcohol and Substance Use Disorder Treatment Records
- HIV/AIDS Information

These laws may limit or restrict how this information can be used or disclosed, even for treatment, payment, or health care operations, and in some cases, may require your written authorization before it can be shared. We will comply with all applicable federal and state laws when using or disclosing this information.

Substance Use Disorder (SUD) Records
RHI is not a substance use disorder treatment program under 42 CFR Part 2. However, if we receive records that are subject to Part 2, we will protect and redisclose those records in accordance with applicable law.

Restrictions on Use in Legal Proceedings
Substance Use Disorder records protected under 42 CFR Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or specific legal authorization. If you do not provide written consent, your records may only be disclosed as permitted or required by federal law.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

In the case of fundraising:

RHI may disclose limited demographic information to the RHI Foundation, so the foundation may contact you about philanthropic support for the hospital and its operations. The information we may share includes your name, address, phone number, and the dates you received treatment or services at RHI.

You may opt out of receiving these communications at any time. If any fundraising communications use information protected under 42 CFR Part 2, you have the right to opt out before receiving those communications. Your request must be submitted in writing to: RHI Foundation 4141 Shore Drive Indianapolis, IN 46254.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Right to Access Your Medical Record
You may request to view or obtain an electronic or paper copy of your medical record and other health information we maintain about you. Your request must be submitted in writing.
We will provide a copy or summary of your information, typically within 30 days. A reasonable, cost-based fee may apply.

Right to Amend Your Medical Record
If you believe information in your record is incorrect or incomplete, you have the right to request an amendment. Your request must be submitted in writing.
We may deny your request if the information:

- Was not created by us (unless the original source is no longer available),
- Is not part of the health information maintained by RHI,
- Is not information you are permitted to inspect or copy, or
- Is already accurate and complete.

If we deny your request, we will provide a written explanation within 60 days.

Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters in a specific way. For example, you can ask that we only contact you at work or at a specific address.
Your request must be submitted in writing and must specify how and where you wish to be contacted. We will accommodate all reasonable requests.

Right to Request Restrictions
You have the right to request a limit on certain uses and disclosures of your health information.
Your request must be submitted in writing.
We are not required to agree to your request but will do our best to accommodate reasonable requests.

If you pay for a service or item out-of-pocket in full, you may request that we not share that information with your health insurer for payment or operational purposes. We will honor this request unless we are legally required to disclose the information.

Right to an Accounting of Disclosures
You have the right to request a list of disclosures we have made of your health information for the past 6 years.

This list will exclude disclosures related to treatment, payment, health care operations, and certain other exceptions (such as disclosures you asked us to make). You may receive one free accounting per year; additional requests within 12 months may incur a reasonable, cost-based fee.

Right to Choose Someone to Act For You

If you have designated someone as your medical power of attorney or if a legal guardian has been appointed, that person may exercise your rights and make decisions regarding your health information. We will verify their authority before taking action.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice, even if you previously agreed to receive it electronically. We will provide you with a paper copy promptly.

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, RHI will no longer use or disclose protected health information about you for the reasons covered by your written authorization. RHI is unable to take back any disclosures it may have already made with your permission.

Right to Receive Notice of a Breach

If a breach (impermissible use or disclosure) occurs that compromises the privacy or security of your unsecured protected health information, we will notify you in a timely manner, consistent with federal and state breach notification regulations.

Changes to the Terms of This Notice

We reserve the right to change the terms of this notice and our privacy practices at any time, as permitted by law and regulation. Any material changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

You Have a Right to File a Complaint If You Feel Your Privacy Has Been Violated

If you have questions about this notice, or if you believe your privacy rights have been violated, please call or submit your complaint in writing to the Privacy Officer at (317) 329-2198, 4141 Shore Drive, Indianapolis, IN 46254.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

How to Submit Requests or Contact Us

Send written requests to:
Rehabilitation Hospital of Indiana, Health Information Management
4141 Shore Drive, Indianapolis, IN 46254
For questions, you may call: (317) 329-2077