

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 Pledge Regarding Medical Information

Your medical information is private and deserves the highest level of confidentiality. Eskenazi Health is committed to protecting medical information about our patients. Federal and state laws require us to keep your medical information secure and only use or disclose it under strict legal guidelines. This Notice of Privacy Practice (Notice) explains how we may use and share your information, how you can access it, our responsibilities in protecting it, and how to contact us if you believe your privacy rights have been violated. Under both Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2, which provides special protections for substance use disorder (SUD) treatment records, we are required to give you this notice of our legal duties, protect your privacy, ensure appropriate security measures are in place, and follow all the terms of this notice that are currently in effect.

Who Will Follow This Notice

The Notice applies to all Eskenazi Health sites, locations, departments, units, and programs, as well as, any medical staff members, employees and staff whether contracted or employed, students, volunteers, contractors and other personnel working with Eskenazi Health. This Notice also applies to records of your care generated by Eskenazi Health. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This Notice describes how Eskenazi Health may use and disclose the Protected Health Information (PHI) in this record. PHI means any health information that Eskenazi Health uses to make decisions about you and that identifies you or for which there is a reason to believe the information can be used to identify you. In this Notice, we call this information PHI.

How We May Use and Disclose Medical Information About You

Uses and Disclosure of PHI that Do Not Require Your Authorization

Although we cannot list every use or disclosure within a category, the following list, by way of example rather than limitation, explains certain uses and disclosures of your PHI that Eskenazi Health is permitted to make without your authorization. If your health information contains certain information regarding mental health or substance use disorder treatment or certain dangerous communicable diseases, we are required by Federal and State laws to extend additional confidentiality protections prior to certain disclosures of that information. If we share your health information as allowed under HIPAA to someone who is not required to follow the same privacy laws as we do, your health information may no longer be protected by HIPAA and may be subject to redisclosure by the recipient.

1. For Treatment

We may use your PHI to provide you with treatment. We may disclose your PHI to doctors, nurses, technicians, clinicians, medical students, hospitals, and other health facilities to provide, coordinate, consult, or manage your healthcare and any related service. We may also disclose your PHI to people outside of Eskenazi Health such as other health care providers involved in providing medical treatment to you and to people who may be involved in your care. For example, your PHI may be disclosed to a home health agency that provides care to you or with a specialist to whom you have been referred. Eskenazi Health also participates in certain health information exchanges or organizations (HIEs or HIOs). Specifically, we participate in the Indiana Health Information Exchange (IHIE) and Indiana Network for Patient Care (INPC), which help to make your PHI available to other health care providers who may need access to it in order to coordinate and provide care or treat you. Eskenazi Health also will share your information for treatment purposes through interoperability platforms and frameworks that include, but are not limited to, Epic CareEverywhere, Epic Carequality, and the Trusted Exchange Framework and Common Agreement (TEFCA).

2. For Payment

We may use or disclose your PHI with others to bill and collect payment for the services and items we provide to you, such as Medicare/Medicaid, insurance companies, health plan and their agents, and billing vendors. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services. We may use or disclose your PHI to a Medicare contractor to prove that payment made on your behalf was justified. Further, we may disclose your PHI to a health insurance plan before it approves or pays for recommended healthcare services so that it may make a determination of

eligibility or coverage for insurance benefits. We will not disclose PHI to a private insurance plan when you pay for the services out-of-pocket.

3. For Health Care Operations

We may use/disclose your PHI in the course of doing Eskenazi Health business to provide education, improve the quality of our care, and conduct population-health activities. For example, we may use your PHI to evaluate the quality and efficiency of services provided by our staff or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana Department of Health or other third party organizations we have contracted with to perform a service on our behalf (business associates), such as billing or transcription services. Whenever possible we will use medical information that does not identify you.

4. Communicating With You

We may use and share your PHI to contact you about treatment, care, or payment. For example, we may use your cell phone and email information to send you appointment reminders or to remind you that it is time for an annual checkup. We may also reach out to you for feedback about a recent visit or to see if you are feeling better. Additionally, we may use and share health information to tell you about health-related benefits or services that may be of interest to you (such as a skin cancer screening event) or to tell you about treatment alternatives that might be of interest. You may write to the Eskenazi Health Privacy Officer listed at the end of this Notice if you do not want to be contacted for this purpose. Messages may be sent by phone, using automated dialing and/or pre-recorded messages, text, mail, email, MyChart, our patient portal, or other means based on information you have on file with us. We may also use the phone number you provided to leave a voice message.

5. Eskenazi Health Directory

Eskenazi Health may include limited information about you in the hospital directory while you are a patient. This information may include your name, location in our facilities and your general condition (e.g., good, fair, serious, or critical). This directory information may be released to people who ask for you by name. You may choose to be a "No Information" patient and, if you do not want this information shared. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name.

6. Eskenazi Health will not sell your PHI.

7. Substance Use Disorder Treatment Information

Records that are disclosed to Eskenazi Health, any of its 42 CFR Part (substance use disorder) programs or business associate pursuant to the patient's written consent for treatment, payment, and health care operations (TPO) may be further disclosed by Eskenazi Health, the 42 CFR Part 2 program (Part 2 Program), or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure. If we receive or obtain from you a single written consent to use and disclose your SUD records for purposes of treatment, payment or health care operations, we may use and disclose your SUD records for all future treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your written consent or the order of a court. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the SUD treatment record is used or disclosed.

8. Organized Health Care Arrangement (OHCA)

We may use and disclose medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCA) to maximize community health care efficiencies and minimize treatment barriers for physicians and related staff. OHCA include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. The OHCA may use and disclose your health information to provide treatment, payment or health care operations for the affiliated members and includes activities such as integrated information system management, health information exchange, financial and billing services, insurance, quality

improvement, and risk management activities. A complete list of the OHCAs we participate in is available at www.EskanaziHealth.edu.

Uses and Disclosures Requiring an Opportunity to Object

1. Eskenazi Health Directory

Eskenazi Health may include limited information about you in the hospital directory while you are a patient. This information may include your name, location in our facilities and your general condition (e.g., good, fair, serious, or critical). This directory information may be released to people who ask for you by name. You may choose to be a "No Information" patient and, if you do not want this information shared. Also, your religious affiliation may be given to a member of the clergy even if they do not ask for you by name.

2. To Family, Friends, and Others Identified by You as Involved in Your Care

We may share with these people information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Uses and Disclosures that Are Required or Permitted by Law

Your permission is not required for the following disclosures:

1. As Required by Law

We may use and 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. For example, we may disclose your PHI when a law requires that we report information about suspected abuse, neglect or domestic violence or relating to suspected criminal activity; for FDA regulated products or activities; or 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 an order, subpoena, discovery request or other lawful process. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

2. Public Health Activities

We may disclose PHI when we are required to collect information about disease or injury or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.

3. Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions.

4. Disclosures for Law Enforcement Purposes

It is possible that your image may be recorded by federal or local law enforcement body cameras used in the course of their duties at our facilities. However, the law only allows us to access/use/disclose your PHI without your authorization in certain situations, including but not limited to:

- If a crime is committed at an Eskenazi Health facility
- In response to a court, grand jury or administrative warrant, order, or subpoena
- To identify or locate a missing person, material witness, suspect or fugitive
- About an actual or suspected victim of a crime if, under certain limited circumstances, we are unable to obtain that person's agreement
- To avert a serious threat or event or to warn a victim or victims of intended harm
- To report a death if we suspect the death may have resulted from criminal conduct
- If required by state or federal law

5. To Coroners, Medical Examiners and Funeral Directors

We may disclose your PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. We may also disclose medical information to funeral directors so they can carry out their duties.

6. Organ and Tissue Donation

Eskenazi Health 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.

7. Research

In certain circumstances, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI or will be involved in your care. Any research conducted without your expressed permission must be approved by the Eskenazi Health Research Committee and authorized and supervised by an institutional review board. The institutional review board is a specially selected and trained committee that balances the potential benefit of the research against individual patients' needs for privacy of their medical information.

8. To Avert a Threat to Health or Safety

We may use or disclose your PHI if we believe that it is necessary to prevent or avoid a serious and imminent threat to the health or safety of an individual or the public. Any disclosure, however, would only be made to someone able to help prevent or lessen the threat of harm.

9. Special Government Functions

We may disclose the PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the president.

10. Inmates, Persons in Custody

We will disclose PHI of persons in the care and custody of a correctional institution or law enforcement to provide the individual in custody with health care, for the health and safety of others, or for the health, safety, and good order of the correctional facility. An inmate of a correctional institution does not have all the rights listed in this Notice.

11. Workers' Compensation

We can share health information about you with your employer or your employer's workers' compensation insurance carrier when you file a workers' compensation claim.

12. De-identified PHI

We may de-identify your health information as permitted by law. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development of artificial intelligence tools, and health care/health operations improvement activities.

13. Artificial Intelligence (AI) Tools

We may utilize artificial intelligence (AI) tools to enhance the quality and efficiency of your care. These AI tools assist in analyzing health data, supporting clinical decisions, and personalizing treatment plans. For example: We may use AI solutions to assist with tasks such as medical transcription and summary services to improve the quality of care our patients receive or to provide your doctor with evidence-based insights to support treatment decisions. The use of AI aids our healthcare professionals but does not replace their expertise and judgment.

14. Disaster Relief

We may use or disclose your PHI to authorized public or private entities to assist with disaster relief efforts or to notify family and friends of your location, condition, or death in the event of a disaster.

15. Fundraising

We or the Eskenazi Health Foundation may contact you to raise money for Eskenazi Health and its operations unless you tell us in writing not to contact you for this purpose. If we intend to use or disclose substance use disorder treatment records to fundraise for the benefit of the Part 2 program, we will first provide you with a clear and conspicuous opportunity to elect not to receive the fundraising communications. You may write to the Eskenazi Health Privacy Officer listed at the end of this Notice if you do not want to be contacted for fundraising.

Other Uses of PHI

Other uses and disclosures not covered by this Notice or the laws that apply to Eskenazi Health will be made only with your written permission or authorization. Examples of use and disclosures that require your written permission include, but are not necessarily limited to, certain uses or disclosures of psychotherapy notes and marketing. If you provide permission to use or disclose your medical information, you may revoke it at any time by notifying, in writing, the Eskenazi Health's Privacy Officer listed at the end of this Notice. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission. We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as physical and drug testing for an employer or insurance company, or if treatment provided is research-related and authorization is required for the use of health information for research purposes.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI.

1. Right to Request Restrictions

You have the right to ask that we limit how we use or disclose your PHI. For Part 2 Program records, you have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations. You must make your request in writing. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to Eskenazi Health personnel and facilities as defined in this Notice. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

2. Right to Receive Confidential Communications

You have the right to request that we communicate your PHI in a particular way (e.g., to your cell phone) or at a certain place, such as your workplace. You must request confidential communication in writing to the Eskenazi Health Privacy Officer listed at the end of this Notice.

3. Right to Access, Inspect and Copy

Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. You may complete an Eskenazi Health Authorization to Release/Obtain Information form or write a letter including the type of information requested, the dates of service, the purpose of the request, and whether you wish to review or want photocopies of the requested information. Direct the authorization or request to: Eskenazi Health, Attention: Health Information Management (HIM), 720 Eskenazi Ave., Indianapolis, IN 46202. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance. If electronic health records are maintained by Eskenazi Health, you may request your PHI in electronic format. You may also access your records electronically via MyChart.

4. Right to Amend

If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving 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. We may also deny your request if we determine that the PHI is: 1) correct and complete; 2) not created by us and/or not part of our records or; 3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI, inform you and tell others who need to know about the change in the PHI. Direct your request for amendment to the Eskenazi Health Privacy officer listed at the end of this Notice.

5. Right to an Accounting of Disclosures

You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. This is called an accounting of disclosures. Your request can relate to disclosures going as far back as six years for medical records and three (3) years for Part 2 records. The list will not include any disclosures made for national security purposes; for treatment, payment, or health care operations purposes; through a facility

directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests. If you consent to disclosure of your 42 CFR Part 2 SUD records using a general designation (for example, 'to my treating providers'), the records may be shared through an intermediary—an entity that facilitates disclosures to multiple providers who have a treating relationship with you. You have the right to request a list of disclosures made by such intermediaries within the past three years. Direct your request for an accounting of disclosures to the Eskenazi Health Privacy Officer listed at the end of this Notice.

6. Rights With Respect to Your Insurance

Even if you have insurance, you have the right to pay for services yourself and avoid having any information about these services sent to your insurance company. Also, any genetic information may not be used by your insurance company to make premium rates and coverage decisions about you. Eskenazi Health will not share the results of any genetic testing with your insurance company.

7. Right to a Paper Copy of This Notice

You have the right to receive a paper or electronic copy of our Notice of Privacy Practices. You may request a paper copy of this Notice at any time by contacting the Eskenazi Health Privacy Officer listed at the end of this Notice. You may also obtain a copy of this Notice on our website at www.eskenazihealth.edu.

8. Notification of PHI Disclosure

In certain circumstances, you have the right to be notified if your PHI is disclosed to an unauthorized person(s).

Changes to this Notice

Eskenazi Health reserves the right to change this Notice and to make the revised or changed Notice effective for all medical information that we had at that time, as well as any information we may create or receive in the future. If we change our privacy practices, we will update this Notice. The new Notice will be available in our facilities and on our website, and you can always obtain a copy as described above.

If You Should Have a Complaint

If you believe that we have violated your privacy rights, you may file a complaint with Eskenazi Health or with the United States Secretary of Health and Human Services. To file a complaint with Eskenazi Health, please write to: HIPAA Privacy Officer, Eskenazi Health, 720 Eskenazi Ave., Indianapolis, IN 46202, or call the Eskenazi Health Office of Patient Experience at 317.880.8333. Your complaint must contain a detailed explanation of the reason(s) for your complaint. To file a complaint with the United States Secretary of Health and Human Services, you may write to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C., 20201. You will not be penalized or retaliated against for filing a complaint.

NOTICE OF PRIVACY PRACTICES

OF ESKENAZI HEALTH'S 42 CFR PART 2 PROGRAMS

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 ESKENAZI HEALTH PRIVACY OFFICER LISTED AT THE END OF THIS NOTICE IF YOU HAVE ANY QUESTIONS.

In this Notice, your health information means your substance use disorder patient record. In addition to the privacy protections afforded to all medical records under HIPAA, the confidentiality of substance use disorder records, which includes alcohol and drug abuse, are protected by 42 CFR Part 2, the Federal Confidentiality of Substance Use Disorder Patient Records law. This Notice is being provided as a part of our commitment to the privacy of 42 CFR Part 2 SUD records, and the protections herein are in addition to the HIPAA Notice of Privacy Practices above. This notice applies to all Sandra Eskenazi Mental Health Centers and Eskenazi Health Centers with 42 CFR Part Programs ("Part 2 Program").

PERMITTED OR REQUIRED USES AND DISCLOSURES WITHOUT WRITTEN CONSENT

1. **Eskenazi Health SUD Personnel.** We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is: (i) Within the Part 2 Program; or (ii) Between the Part 2 Program and Eskenazi Health. For example, our staff, including doctors, nurses, and clinicians, will use your PHI to provide your treatment care. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.
2. **Qualified Service Organization ("QSO").** We may disclose your PHI to a QSO that is contracted by us to perform services on our behalf which may involve receipt, use or disclose of your SUD information. All of our QSO must agree to: (i) Protect the privacy of your SUD information; (ii) Use and disclose the information only for the purposes for which the QSO was engaged; (iii) Be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.
3. **Crimes on Premises.** We may disclose to law enforcement officers information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.
4. **Reports of Suspected Child Abuse and Neglect.** We may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.
5. **Individuals Involved in Your Care.** Depending upon your age, mental capacity, and location of services, we may be permitted to make certain disclosures to your guardian or personal representative, for payment purposes, and they may be permitted to consent to disclosure of your information.
6. **Court Order.** We may disclose information about you in response to a court order that complies with the requirements of the Part 2 regulations.
7. **Emergency Situations.** We may disclose information to medical personnel for the purpose of treating you in a bona fide emergency.

8. **Research.** We may use and disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board.
9. **Audit and Evaluation Activities.** We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.
10. **Reporting of Death.** We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.
11. **Secretary of Health and Human Services.** We are required to disclose SUD information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with 42 CFR Part 2.

USES AND DISCLOSURES FOR WHICH WRITTEN CONSENT IS REQUIRED

1. Other than as stated above, we will not use or disclose your PHI other than with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose SUD Counseling notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization.
2. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
3. A Part 2 program may use or disclose records to fundraise for the benefit of the Part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.
4. A patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
5. We will only use and disclose your protected information as described in this Notice, or with your written consent.
6. You may revoke your consent at any time, except to the extent that we have acted in reliance upon it.
7. You may revoke consent by submitting a request in writing to Patient Access Services staff at the registration desk of any Eskenazi Health Part 2 Program location, or you may request reasonable accommodation for an alternative revocation process by contacting the Eskenazi Health Privacy Officer listed at the end of this Notice.
8. 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.
9. Records, or testimony relaying the content of such records, will 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 that is compliant with 42 CFR Part 2. Any court order authorizing use or disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure before the SUD treatment record is used or disclosed.

Contact information for the Eskenazi Health Privacy Officer: Eskenazi Health Privacy Officer, 720 Eskenazi Avenue, 5th Fl. FOB, Indianapolis, Indiana 46202 or 317-880-4819.

Effective Date: February 16, 2026

We encourage your feedback and will not retaliate against you in any way for filing a complaint.

ATTENTION: If you speak another language, free language assistance is available. Eskenazi Health provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, please call 1.317.880.8333.

ATENCIÓN: Si habla español, tiene a su disposición, sin costo alguno, intérpretes médicos que le asistirán de forma presencial o virtual para que se comunique eficazmente con nuestro personal, así como acceso a información escrita en su idioma. Los pacientes que lo necesiten también tienen acceso a servicios auxiliares gratuitos, como interpretación en lengua de señas e información en formatos accesibles. Si desea consultar más detalles, llame al 1-317-880-8333 o hable con el profesional médico que le atiende.

ATANSYON: Si w pale yon lòt lang, gen èd gratis ki disponib pou domèn lang. Sistèm swen sante Eskenazi Health lan bay moun ki gen andikap yo modifikasyon rezonab ansanm ak èd e sèvis siplemantè apwopriye gratis pou yo ka kominike byen avèk nou. Si w bezwen modifikasyon rezonab, èd e sèvis siplemantè ki apwopriye, oswa sèvis èd nan domèn lang, tanpri rele nan 1-317-880-8333.