

**BOARD
of
TRUSTEES**



President
James M. Young
Appointed by:
School Board
8/1/23
to
7/31/27

Vice President
Tiffany D. Cherry
Appointed by:
County Council
1/1/24
to
12/31/27

Secretary
George L. Heubel
Appointed by:
County
Commissioners
8/8/23
to
8/8/27

Member
Stacy D. Killion
Appointed by:
School Board
9/1/25
to
8/31/29

Member
Tom W. Bogigian
Appointed by:
County Council
1/7/25
to
12/31/28

Member
Kelly J. Ford
Appointed by:
County
Commissioners
8/13/24
to
8/13/28

Member
Janet Brosmer
Appointed by:
School Board
9/1/25
to
8/31/29

**REGULAR MEETING
VIGO COUNTY PUBLIC LIBRARY
2200 N 13th Street
Terre Haute, IN 47804
Tuesday, March 17, 2026, 5:30 PM**

A G E N D A

1. **Call to Order and Roll Call of Members**
2. **Public Input on Action Items**
3. **Consideration of Minutes of *February 17, 2026, Regular Meeting*** 2
4. **Treasurer's Report**
 - a) Monthly Financial Statement 5
 - b) Claims and Payroll 6
 - c) Special Claims
 - d) Gift Fund Report 22
5. **Reports to the Library Board**
 - a) Technical Services Manager ~ Lauren Elyea
6. **Director's Report** 23
7. **Old Business**
8. **New Business**
 - a) HIPAA and HITECH Privacy and Security Policy 32
 - b) HIPAA Notice of Privacy Practices 44
 - c) VCPL Plan Document Amendment 50
9. **Suggestions from the Staff, Board or Public for Action or Study**
10. **Next Regular Meeting:** Tuesday, April 21, 2026, at 5:30 p.m., Main Library.
11. **Adjournment**

At the regular meeting of the Vigo County Public Library Board at the Vigo County Public Library 12 Points Branch, 2200 North 13th Street, Terre Haute, at 5:30pm on the 17th day of February 2026, the following people were present:

Library Board Members Present: James M. Young, President; Tiffany D. Cherry, Vice President; Tom W. Bogigian; Janet Brosmer; and Kelly J. Ford.

Library Board Members Absent: George L. Heubel, Secretary; and Stacy D. Killion.

Library Staff: Jordan Orwig, Gretchen Ricketts, Crystal Ward, Brandy Bridgewater, Jeanette Bouchie, Heather Rayl, and Lauren Elyea.

Others: N/A

PUBLIC INPUT ON ACTION ITEMS

None.

CONSIDERATION OF REGULAR MEETING MINUTES

A motion to approve the minutes as written for January 20, 2026, Regular meeting, made by Brosmer, seconded by Cherry, passed.

CONSIDERATION OF BOARD OF FINANCE MEETING MINUTES

A motion to approve the minutes as written for January 20, 2026, Board of Finance meeting, made by Ford, seconded by Bogigian, passed.

TREASURERS REPORT

Monthly Cash Statement

Mrs. Bridgewater presented the Cash Statement for period ending January 2026 (copy attached to official minutes).

Claims and Payroll

Mrs. Bridgewater presented the Month End Claims dated January 30, 2025, in the amount of \$140,516.96 (Library Operating, \$140,444.19; Gift Funds, \$72.77; Grants, \$0). Library Operating Claims dated February 17, 2026, in the amount of \$91,158.80 (Library Operating Fund, \$90,974.29; Gift Fund, \$184.51; Grants, \$0; PLAC Fund 800, \$0). (Copy of Cash Statement, Month End Claims, Board Claims, and Payroll Summaries attached to official minutes.)

Special Claims

None.

Gift Fund Report

Mrs. Bridgewater presented the Gift Fund report for January 31, 2026, for \$49,736.63.

Approval of Treasurer's Report

A motion to approve the Treasurer's Report, made by Bogigian, seconded by Brosmer, passed.

REPORTS TO THE LIBRARY BOARD

12 Points Branch Manager Crystal Ward provided an overview of the first year of operations. She reported that 32,263 visitors entered the library over the past year. In addition to its human guests, the library also received visits from several neighborhood stray cats, a customer's bearded dragon, and a mysterious "creepy clown" left at the counter—an item staff members are still unsure who brought in.

The library recorded 319 individuals using the clean-up space since opening in early 2025. Ms. Ward also shared photos of customer enjoying the splash pad and kitchen facilities, as well as images of the food items they helped distribute in partnership with help from local organizations.

DIRECTOR'S REPORT

Mr. Orwig provided comments regarding his written report and informed the board that the Indiana State Library Annual Report has been delayed due to the agency changing vendors. The report is not yet available; however, once it is released, an extended due date will be provided. He noted that much of the required information has already been compiled, and staff will begin entering the data as soon as the report is ready. The completed report will be presented to the board for review prior to submission to the ISL.

Mr. Orwig reported that the Federal Communications Commission has eliminated funding for the reduced-rate hotspot lending program. Despite this, VCPL will continue offering this service through T-Mobile

Additionally, Mr. Orwig updated the board that the community members planning to lease the lobby in March for a wedding reception have secured security for the event. The attorney has finalized an agreement, which was sent to the couple for review and approval.

A motion to approve the Director's Report made by Ford, seconded by Cherry, passed. (Copy of Director's Report attached to official minutes.)

OLD BUSINESS

None

NEW BUSINESS

State Board of Accounts 2025 Annual Report

A motion for permission to advertise and accept the State Board of Accounts 2025 Annual Report Cash and Investments statement, made by Brosmer, seconded by Cherry, passed. (A copy of the cash and investments combined statement is attached to the official minutes.)

Resolution for Cancellation of Old Outstanding Checks

A motion to accept the Resolution for Cancellation of Old Outstanding Checks, made by Bogigian, seconded by Ford, passed. (Copy of Resolution for Cancellation of Old Outstanding Checks attached to official minutes.)

SUGGESTIONS FROM THE BOARD, STAFF, OR PUBLIC FOR ACTION OR STUDY

None.

NEXT MEETING

Regular Meeting, Tuesday, March 17, 2026, at 5:30pm, at the 12 Points Branch.

ADJOURNMENT

President Young adjourned the meeting at 6:10pm.

James M. Young, President

Tiffany D. Cherry, Vice President

ABSENT

ABSENT

George L. Heubel, Secretary

Stacy D. Killion, Board Member

Tom W. Bogigian, Board Member

Kelly J. Ford, Board Member

Janet Brosmer, Board Member

Cash Statement
 Vigo County Public Library
 February 2026

Account Title Number	Beginning MTD Balance YTD Balance	MTD Debits YTD Debits	MTD Credits YTD Credits	Ending Balance	MTD Change YTD Change
Cash Library Operating Fund 100-01-1010	4,737,937.54 5,739,054.69	144,172.08 287,377.65	632,276.16 1,776,598.88	4,249,833.46	(488,104.08) (1,489,221.23)
Cash Gift Fund 200-00-1010	49,736.63 53,734.79	278.78 1,072.59	1,961.07 6,753.04	48,054.34	(1,682.29) (5,680.45)
Cash Rainy Day Fund 201-00-1010	1,748,249.16 1,748,249.16	0.00 0.00	0.00 0.00	1,748,249.16	0.00 0.00
Cash-NEA Big Read 283-00-1010	(9,394.80) 0.00	0.00 0.00	0.00 9,394.80	(9,394.80)	0.00 (9,394.80)
Cash Public Library Access Car 800-00-1010	70.00 140.00	70.00 140.00	0.00 140.00	140.00	70.00 0.00
Cash-Payroll Withholdings 803-00-1010	1,448.01 14,271.58	87,380.61 213,123.86	87,863.28 226,430.10	965.34	(482.67) (13,306.24)

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
*36528	MATTOX*AMBER	100	Check	100.00	57199	12 POINTS-BOOK FOLDING PROGRAM F
*36610	COURTESY CLEANING CENTEF	100	Check	199.26	57200	LAUNDERING OF WEST TABLECLOTHS
*36637	HANCOCK COUNTY PUBLIC LIB	100	Check	6.99	57201	ILL REIMBURSEMENT
36545	LIBRARY IDEAS LLC	100	Check	291.04	57202	CIRC PRINT MATERIAL
36509	SARATOGA RESTAURANT	100	Check	350.00	57203	SET UP FEE FOR LIQUOR LIABILITY
36521	TRAF-SYS, INC	100	Check	7,468.00	57204	PEOPLE COUNTING SENSORS AND SOF
					Total Count:	6
					Total Amount:	8,415.29
36542	ADP INC - AUTOPAY II	100	ACH	1,808.50	13542	PAYROLL SERVICES
36576	ADP INC - AUTOPAY II	100	ACH	764.50	13543	PAYROLL SERVICES
36529	AMAZON.COM LLC	100	ACH	509.85	13544	FACILITIES SUPPLIES
36530	AMAZON.COM LLC	100	ACH	69.00	13545	DVD/VIDEO MATERIAL
36531	AMAZON.COM LLC	100	ACH	138.00	13546	DVD/VIDEO MATERIAL
36539	AMAZON.COM LLC	100	ACH	75.34	13547	PROGRAM SUPPLIES/SRP EXPERIENCE
36559	AMAZON.COM LLC	100	ACH	28.02	13548	CIRC PRINT MATERIAL
36560	AMAZON.COM LLC	100	ACH	6	13549	CIRC PRINT MATERIAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
36561	AMAZON.COM LLC	100	ACH	26.97	13550	DVD/VIDEO MATERIAL
36564	AMAZON.COM LLC	100	ACH	43.75	13551	CIRC PRINT MATERIAL
36565	AMAZON.COM LLC	100	ACH	106.01	13552	MAINTENANCE AND JANITORIAL SUPPL
36566	AMAZON.COM LLC	100	ACH	26.35	13553	CIRC PRINT MATERIAL
36567	AMAZON.COM LLC	100	ACH	93.72	13554	OFFICE AND COMPUTER SUPPLIES
36568	AMAZON.COM LLC	100	ACH	219.96	13555	DVD/VIDEO MATERIAL
36580	AMAZON.COM LLC	100	ACH	146.56	13556	RED CARPET NIGHT PARTY SUPPLIES
36581	AMAZON.COM LLC	100	ACH	35.99	13557	TONER FOR TS PRINTER
36586	AMAZON.COM LLC	100 200	ACH	1,179.99	13558	EMBROIDERY MACHINE
36587	AMAZON.COM LLC	100	ACH	22.88	13559	END OF FEBRUARY PROGRAMMING SU
36588	AMAZON.COM LLC	100	ACH	27.41	13560	DVD/VIDEO MATERIAL
36598	AMAZON.COM LLC	100	ACH	34.99	13561	DVD/VIDEO MATERIAL
36599	AMAZON.COM LLC	100	ACH	16.99	13562	PROGRAM SUPPLIES/SRP EXPERIENCE
36600	AMAZON.COM LLC	100	ACH	148.35	13563	OFFICE SUPPLIES
				7		
36601	AMAZON.COM LLC		ACH	64.00	13564	DVD/VIDEO MATERIAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>	
		100					
36607	AMAZON.COM LLC	100	ACH	7.75	13565	DVD/VIDEO MATERIAL	
		100					
36611	AMAZON.COM LLC	100	ACH	49.42	13566	DVD/VIDEO MATERIAL	
		100					
36613	AMAZON.COM LLC	100	ACH	27.50	13567	EXTRA SD CARD FOR BIG CAMERA	
		100					
36614	AMAZON.COM LLC	100	ACH	322.82	13568	2ND BATTERY FOR LARGE CAMERA	
		100					
36617	AMAZON.COM LLC	100	ACH	149.97	13569	DVD/VIDEO MATERIAL	
		100					
36626	AMAZON.COM LLC	100	ACH	48.99	13570	DVD/VIDEO MATERIAL	
		100					
36627	AMAZON.COM LLC	100	ACH	14.28	13571	CIRC PRINT MATERIAL	
		100					
36629	AMAZON.COM LLC	100	ACH	24.99	13572	CIRC PRINT MATERIAL	
		100					
36630	AMAZON.COM LLC	100	ACH	5.99	13573	PLASTIC SQUEEGEE	
		100					
36631	AMAZON.COM LLC	100	ACH	11.99	13574	CIRC PRINT MAT AND DVD/VIDEO MAT	
		100					
36638	AMAZON.COM LLC	100	ACH	13.80	13575	CIRC PRINT MAT AND DVD/VIDEO MATE	
		100					
36639	AMAZON.COM LLC	100	ACH	143.22	13576	CIRC PRINT MAT AND DVD/VIDEO MAT	
		100					
36547	BLACKSTONE PUBLISHING	100	ACH	148.46	13577	AUDIO RECORDED BOOKS	
		100					
36520	BOOK DEPOT	100	ACH	2,793.96	13578	SR SIGNUP PRIZES BOOKS	
		100					
*36533	DENNY*SYDNEY	100	ACH	8	7.26	13579	MILEAGE REIMBURSEMENT
		100					

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
36535	E-Z CLEAN INC	100	ACH	304.24	13580	JANITORIAL SUPPLIES
36546	GALE/CENGAGE LEARNING	100	ACH	41.98	13581	CIRC PRINT MATERIAL
36592	GALE/CENGAGE LEARNING	100	ACH	810.48	13582	CIRC PRINT MATERIAL
*36597	GLOBAL INDUSTRIAL COMPAN'	100	ACH	403.15	13583	BOOK CASE FOR SPC MGR OFFICE
36543	INGRAM LIBRARY SERVICES	100 200	ACH	4,720.33	13584	CIRC PRINT MATERIAL
36591	INGRAM LIBRARY SERVICES	100 200	ACH	3,983.50	13585	CIRC PRINT MATERIAL
*36574	LABELLA*CAREY	100	ACH	24.00	13586	REIMBURSEMENT FOR PARKING FEE
*36575	LABELLA*CAREY	100	ACH	71.93	13587	MILEAGE REIMBURSEMENT
36544	MIDWEST TAPE	100	ACH	1,077.07	13588	DVD/VIDEO MATERIAL
36590	MIDWEST TAPE	100	ACH	1,183.78	13589	DVD/VIDEO MATERIAL
36582	OTIS ELEVATOR COMPANY	100	ACH	4,303.20	13590	ELEVATOR SERVICE CONTRACT- MAIN
36571	RICOH USA INC	100	ACH	136.86	13591	COPIER LEASE
36572	RICOH USA INC	100	ACH	3,564.84	13592	COPIER LEASE
36605	RICOH USA INC	100	ACH	1,613.66	13593	COPIER LEASE
36584	WALMART	100	ACH	42.26	13594	HEALTHY SOUPS

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
*36550	WARREN*ZOE	100	ACH	2.45	13595	MILEAGE REIMBURSEMENT
						Total Count: 54 Total Amount: 31,659.89
36537	SHERWIN-WILLIAMS	100	E-pay	308.70	12557	PAINT AND PRIMER FOR PR
*36538	DUKE ENERGY *	100	E-pay	1,177.73	12558	12 POINTS ELECTRIC SERVICE
36563	JOINK LLC	100	E-pay	150.00	12566	MONTHLY CLOUD BACKUP
36569	SHERWIN-WILLIAMS	100	E-pay	48.67	12567	PAINT SUPPLIES
36570	SHERWIN-WILLIAMS	100	E-pay	393.63	12568	PRIMER AND TWO PART EPOXY PAINT I
36573	OFFICE DEPOT	100	E-pay	1,009.19	12569	OFFICE SUPPLIES
36577	ENVISIONWARE	100	E-pay	1,207.50	12570	WEST MOBILE PRINT RENEWAL
36578	CROWN ELECTRIC, INC	100	E-pay	415.00	12571	OUTLET FOR MAGLOCK @ 12 POINTS
*36579	CITY OF TERRE HAUTE SEWAG	100	E-pay	28.21	12572	12 POINTS SEWAGE BILLING
36583	SHERWIN-WILLIAMS	100	E-pay	13.59	12573	DENATURED ALCOHOL
36368	SAM'S CLUB DIRECT	100 200	E-pay	261.14	12574	PROGRAM SUPPLIES
*36603	INDIANA AMERICAN WATER CC	100	E-pay	289.13	12575	MAIN WATER SERVICE
*36604	INDIANA AMERICAN WATER CC	100	E-pay	10 10.07	12576	MAIN IRRIGATION SERVICE

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
36606	T-MOBILE USA, INC.	100	<i>E-pay</i>	1,422.16	12577	MAIN HOTSPOT DATA
*36615	VISA CARD SERVICES	100 200	<i>E-pay</i>	4,697.73	12579	VARIOUS SUPPLIES, TRAVEL, REGISTR.
36628	ULINE	100	<i>E-pay</i>	488.62	12580	CHAIR FOR TECH TEAM DESK
36635	FASTENAL COMPANY	100	<i>E-pay</i>	0.47	12581	CAMERA SCREWS AND WASHERS
*36636	REPUBLIC SERVICES OF WEST	100	<i>E-pay</i>	494.14	12582	MAIN TRASH SERVICE
*36540	MIDLAND PAPER COMPANY INC	100	<i>E-pay</i>	709.00	12583	LARGE FORMAT SUPPLIES
*36541	MIDLAND PAPER COMPANY INC	100	<i>E-pay</i>	143.17	12584	LARGE FORMAT SUPPLIES

Total Count: **20**
Total Amount: **13,267.85**

<i>Library Operating Fund 100:</i>	51,566.47	Grand Total Count: 80 Grand Total Amount: 53,343.03
<i>Gift Fund 200:</i>	1,776.56	
<i>Rainy Day Fund 201:</i>	0.00	
<i>NEA Big Read Grant Fund 283:</i>	0.00	
<i>Public Library Access Card Fund 800:</i>	0.00	

Executive Director
Jordan Orwig

VISA -FEBRUARY- MONTHLY TOTAL			PAY 02/27/2026	
DATE	PO#	VENDOR	DESCRIPTION	AMOUNT
DENNIS SHEPARD		XXXX XXXX XXXX 6317		
1/28/2026	260162	TECHSOUP GLOBAL	MONTHLY CLOUD SOLUTIONS LICENSE	306.00
1/29/2026	260081	MAILCHIMP	MONTHLY RENEWAL	135.00
1/31/2026	260167	GOOGLE	GOOGLE WORKSPACE	84.00
2/2/2026	260321	AUDIOBLOCKS	STORYBLOCKS SUBSCRIPTION	385.20
2/6/2026	260080	ONLINE LABELS	STICKERS FOR AMERICA 250 BOOKS	69.86
2/17/2026	260079	FACEBOOK	POST BOOSTS COM SURVEY AND FAIRY BALL	172.15
2/19/2026	260292	TECHSOUP GLOBAL	MONTHLY CLOUD SOLUTIONS LICENSE	20.00
DENNIS TOTAL				1172.21
BRANDY BRIDGEWATER		XXXX XXXX XXXX 7644		
1/23/2026	260099	BAMBU LAB	FILAMENT AND REPLACEMENT PARTS	222.89
1/28/2026	260130	MIDWEST COLLABORATIVE LIBRARY SERVICES	REGISTRATION FOR WORKSHOP- H MACKELBURGER	80.00
1/29/2026	260142	MIDWEST COLLABORATIVE LIBRARY SERVICES	WORKSHOP REGISTRATION- L HACKERT	100.00
1/29/2026	260152	WABASH VALLEY HUMAN RESOURCES ASSOCIATION	2026 DUES- R BOYLL	269.60
1/29/2026	260151	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	2026 MEMBERSHIP- R BOYLL	299.00
1/29/2026	260149	MICHAELS	FRIENDS GRANT- CRICUT MAKER	449.00
2/1/2026	260077	ICONIC DIGITAL MARKETING	MONTHLY RENEWAL	355.50
2/3/2026	260120	FAMILY DOLLAR	BINGO SNACKS, PRIZES, AND GIFT CARDS	95.67
2/5/2026	260163	SOCIETY OF INDIANA ARCHIVISTS	MEMBERSHIP RENEWAL	30.00
2/10/2026	260230	ARCHIVAL METHODS	PHOTO SLEEVES	189.79
2/12/2026	260181	PAPA JOHNS PIZZA	PIZZA FOR ESL	80.00
2/12/2026	260243	WABASH VALLEY HUMAN RESOURCES ASSOCIATION	LUNCH MEETING REGISTRATION- L GENTRY	20.00
2/16/2026	260266	FEDERAL EXPRESS	CUSTOMS DUTY ON PRUSA RESEARCH ORDER	19.35
2/16/2026	260269	PDF-XCHANGE CO. LTD	PDF XCHANGE EDITOR PLUS	188.70
2/16/2026	260240	COSUGI	ANNUAL MEMBERSHIP	150.00
2/19/2026	260294	FACEBOOK	FRIENDS SALES FACEBOOK AD BOOSTS	25.34
2/20/2026	260304	TRUE LEAF MARKET	BR SEED SUPPLIES	223.84
BRANDY TOTAL				2798.68
HEATHER RAYL		XXXX XXXX XXXX 6325		

2/9/2026	260260	CANVA	CANVA LICENSE BILL	14.60
HEATHER TOTAL				14.60
JEANETTE BOUCHIE XXXX XXXX XXXX 6801				
2/19/2026	260298	LIBRARY JOURNAL	HAVING HARD CONVERSATIONS COURSE	269.00
JEANETTE TOTAL				269.00
JORDAN ORWIG XXXX XXXX XXXX 0293				
2/3/2026	260191	COURT STREET GARAGE	PARKING FEE FOR STATEHOUSE DAY	24.00
2/20/2026	260317	AMERICAN LIBRARY ASSOCIATION	PLA/ALA MEMBERSHIPS- J ORWIG	215.00
2/20/2026	260316	PANERA BREAD	BREAKFAST FOR DIRECTORS MEETING	62.06
JORDAN TOTAL				301.06
VIGO CO PUBLIC LIBRARY XXXX XXXX XXXX 4648				
1/27/2026	260121	NAMECHEAP	DOMAIN RENEWALS	142.18
VIGO TOTAL				142.18
GRAND TOTAL				4697.73

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
36780	ARTS ILLIANA	100	Check	1,900.00	57205	TABLESCAPES DINNER REGISTRATION
		283				
*36757	COMELLERI*GABRIELLE	100	Check	45.00	57206	COOKING CLASS 12 POINTS
*36693	COURTESY CLEANING CENTEF	100	Check	244.08	57207	LAUNDERING OF MAIN TABLECLOTHS A
36752	FREITAG-WEINHARDT INC	100	Check	37,798.70	57208	VAV INSPECTIONS AND REPAIR
36644	JACOB-DIETZ, INC.	100	Check	360.00	57209	ANNUAL FIRE SPRINKLER INSPECTION
36692	LIBRARY IDEAS LLC	100	Check	340.28	57210	AUDIO RECORDED BOOKS
36697	SPENCER EVENING WORLD	100	Check	107.88	57211	NEWSPAPERS
					Total Count:	7
					Total Amount:	40,795.94
36664	ADP INC - AUTOPAY II	100	ACH	895.90	13597	PAYROLL SERVICES
36643	AMAZON.COM LLC	100	ACH	61.52	13598	DVD/VIDEO MATERIAL
36646	AMAZON.COM LLC	100	ACH	24.95	13599	CIRC PRINT MAT AND DVD/VIDEO MAT
36665	AMAZON.COM LLC	100	ACH	23.77	13600	PROGRAM SUPPLIES/SRP EXPERIENCE
36666	AMAZON.COM LLC	100	ACH	140.40	13601	CIRC PRINT MATERIAL AND REF MATEF
36667	AMAZON.COM LLC	100	ACH	188.93	13602	DVD/VIDEO MATERIAL
36668	AMAZON.COM LLC	100	ACH	24.99	13603	CIRC PRINT MAT AND DVD/VIDEO MAT
				14		

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
36669	AMAZON.COM LLC	100	ACH	23.57	13604	DVD/VIDEO MATERIAL AND CIRC PRINT
36670	AMAZON.COM LLC	100	ACH	83.96	13605	DANNY'S STORYTIME SUMMER FOOD P
36671	AMAZON.COM LLC	100	ACH	13.94	13606	AMERICA250 SUPPLIES
36672	AMAZON.COM LLC	100	ACH	240.11	13607	CHAIR FOR RIE
36673	AMAZON.COM LLC	100	ACH	22.00	13608	CIRC PRINT MAT AND DVD/VIDEO MATE
36674	AMAZON.COM LLC	100	ACH	19.86	13609	CIRC PRINT MAT AND DVD/VIDEO MATE
36675	AMAZON.COM LLC	100	ACH	98.56	13610	PROGRAM/OFFICE SUPPLIES
36676	AMAZON.COM LLC	100 200	ACH	58.14	13611	PROGRAM SUPPLIES/HONMOON/EARTH
36677	AMAZON.COM LLC	100	ACH	195.92	13612	CIRC PRINT MAT AND DVD/VIDEO MAT
36678	AMAZON.COM LLC	200	ACH	33.98	13613	PROGRAM SUPPLIES/HONMOON PARTY
36679	AMAZON.COM LLC	100	ACH	37.84	13614	DVD/VIDEO MATERIAL
36680	AMAZON.COM LLC	100	ACH	186.55	13615	BR SEED SUPPLIES
36681	AMAZON.COM LLC	100	ACH	144.32	13616	PROGRAM SUPPLIES/EARTH DAY
36710	AMAZON.COM LLC	100	ACH	51.32	13617	DVD/VIDEO MATERIAL
36711	AMAZON.COM LLC	100	ACH	28.68	13618	CIRC PRINT MATERIAL

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
36712	AMAZON.COM LLC	100	ACH	143.39	13619	GUILLOTINE PAPER CUTTER
36722	AMAZON.COM LLC	100	ACH	14.95	13620	CIRC PRINT MATERIAL
36727	AMAZON.COM LLC	100	ACH	29.99	13621	DVD/VIDEO MATERIAL
36728	AMAZON.COM LLC	100	ACH	69.00	13622	DVD/VIDEO MATERIAL
36730	AMAZON.COM LLC	100	ACH	31.98	13623	DVD/VIDEO MATERIAL AND CIRC PRINT
36731	AMAZON.COM LLC	100	ACH	32.14	13624	DVD/VIDEO MATERIAL
36732	AMAZON.COM LLC	100	ACH	58.39	13625	DANI STORYTIME BOOKS FOR SPRING
36733	AMAZON.COM LLC	100	ACH	127.92	13626	CIRC PRINT MATERIAL
36734	AMAZON.COM LLC	100	ACH	14.99	13627	CIRC PRINT MATERIAL
36735	AMAZON.COM LLC	100	ACH	55.93	13628	STUFFY STORYTIME-JANET/DANI
36736	AMAZON.COM LLC	100	ACH	29.95	13629	CIRC PRINT MAT AND DVD/VIDEO MAT
36737	AMAZON.COM LLC	100	ACH	93.53	13630	PROGRAM SUPPLIES/CHARGING STATI
36740	AMAZON.COM LLC	100	ACH	289.95	13631	DVD/VIDEO MATERIAL
36744	AMAZON.COM LLC	100	ACH	77.98	13632	CIRC NON PRINT MATERIAL
36747	AMAZON.COM LLC	100	ACH	123.28	13633	OFFICE SUPPLIES

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
36748	AMAZON.COM LLC	100	ACH	6.84	13634	OFFICE SUPPLIES
36749	AMAZON.COM LLC	100	ACH	39.89	13635	DVD/VIDEO MATERIAL
36753	AMAZON.COM LLC	100	ACH	59.98	13636	DVD/VIDEO MATERIAL
36765	AMAZON.COM LLC	100	ACH	5.00	13637	DVD/VIDEO MATERIAL
36767	AMAZON.COM LLC	100	ACH	36.98	13638	PROGRAM SUPPLIES/EARTH DAY
36769	AMAZON.COM LLC	100	ACH	188.33	13639	GREASE GUNS AND HOLDERS, PALLET
36770	AMAZON.COM LLC	100	ACH	44.46	13640	CIRC NON PRINT MATERIAL
36771	AMAZON.COM LLC	100	ACH	25.98	13641	BR & SR SUPPLIES
36777	AMAZON.COM LLC	100	ACH	120.34	13642	DVD/VIDEO MATERIAL AND CIRC NON P
36778	AMAZON.COM LLC	100	ACH	33.90	13643	CIRC PRINT MATERIAL
*36682	APEX WATER AND PROCESS IN	100	ACH	885.43	13644	ANNUAL MAINTENANCE AGREEMENT
36726	BLACKSTONE PUBLISHING	100	ACH	152.96	13645	AUDIO REC BOOKS
*36645	BOUCHIE*JEANETTE	100	ACH	5.00	13646	REIMBURSEMENT FOR PARKING FEE- C
*36684	CULLIGAN WATER CONDITIONI	100	ACH	28.00	13647	WEST COOLER RENTAL
36706	E-Z CLEAN INC	100	ACH	1,052.68	13648	JANITORIAL SUPPLIES

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
*36685	EBSCO INFORMATION SERVICE	100	ACH	69.85	13649	MAGAZINES
36683	GALE/CENGAGE LEARNING	100	ACH	194.92	13650	CIRC PRINT MATERIAL
36686	INGRAM LIBRARY SERVICES	100	ACH	3,858.91	13651	CIRC PRINT MAT AND AUD REC BOOKS
36725	INGRAM LIBRARY SERVICES	100	ACH	3,352.85	13652	CIRC PRINT MATERIAL
36766	KIRBY RISK CORPORATION	100	ACH	667.43	13653	SENSOR, RACEWAY AND ACCESSORIES
36768	KIRBY RISK CORPORATION	100	ACH	15.10	13654	3 WAY SWITCHES
36687	MIDWEST TAPE	100	ACH	7,609.48	13655	HOOPLA MARCH INVOICE
36688	MIDWEST TAPE	100	ACH	389.48	13656	DVD/VIDEO MATERIAL
36724	MIDWEST TAPE	100	ACH	1,235.83	13657	DVD/VIDEO MATERIAL
36762	NEW AVENUES	100	ACH	166.24	13658	ALA CARTE ADMIN FEE
36705	OVERDRIVE	100	ACH	15,500.00	13659	OVERDRIVE MONTHLY DEPOSIT
36709	PAYPAL INC	100	ACH	19.95	13660	MONTHLY PAYFLOW LINK
36689	PITNEY BOWES	100	ACH	90.84	13661	POSTAGE LEASE
*36741	PROQUEST INFO & LEARNING	100	ACH	5,445.96	13662	FOLD3 RENEWAL
36776	STRATAVIZE CONSULTING	100	ACH	1,500.00	13663	CONSULTING SERVICES FOR STRATEG
36746	THOMAS, EM	100	ACH	25.11	13664	REIMBURSEMENT FOR PROGRAM SUPP

<i>Voucher #</i>	<i>Name of Claimant</i>	<i>Fund</i>	<i>Amount</i>	<i>Total</i>	<i>Check # ACH # EFT #</i>	<i>Description</i>
36750	WALMART	100	<i>ACH</i>	64.37	13665	RED CARPET NIGHT FOOD
*36758	UNIQUE MANAGEMENT SERVIC	100	<i>ACH</i>	236.90	13666	PLACEMENTS
*36759	UNIQUE MANAGEMENT SERVIC	100	<i>ACH</i>	678.81	13667	NOTICES
36729	WAGeworks, INC.	100	<i>ACH</i>	168.82	13668	COBRA MONTHLY FEE
36690	ZAYO EDUCATION LLC	100	<i>ACH</i>	1,629.33	13669	INTERNET SERVICE
36691	ZAYO EDUCATION LLC	100	<i>ACH</i>	624.91	13670	VOICE SERVICE
						Total Count: 74
						Total Amount: 50,023.44
36660	VERIZON - WIRELESS	100	<i>E-pay</i>	265.63	12598	PHONE SERVICE
*36661	TOWN OF WTH WATER & SEWE	100	<i>E-pay</i>	90.04	12599	WEST WATER SERVICE
*36662	INDIANA AMERICAN WATER CC	100	<i>E-pay</i>	56.83	12600	PRIVATE FIRE SERVICE
36663	WEX BANK	100	<i>E-pay</i>	90.78	12601	FUEL SERVICE
*36527	LOWE'S COMMERCIAL SERVICI	100	<i>E-pay</i>	117.47	12602	MAINTENANCE SUPPLIES
36698	OFFICE DEPOT	100	<i>E-pay</i>	55.36	12603	OFFICE SUPPLIES
*36699	SYCAMORE ENGINEERING INC	100	<i>E-pay</i>	6,747.75	12604	LIFT STATION REPAIRS
36594	KROGER	100	<i>E-pay</i>	171.22	12605	PROGRAM SUPPLIES

Voucher #	Name of Claimant	Fund	Amount	Total	Check # ACH # EFT #	Description
		200				
*36704	INDIANA AMERICAN WATER CC		<i>E-pay</i>	56.83	12606	12 POINTS PRIVATE FIRE SERVICE
		100				
36707	THE TRASH MAN		<i>E-pay</i>	135.00	12607	12 POINTS TRASH SERVICE
		100				
36708	THE TRASH MAN		<i>E-pay</i>	150.00	12608	WEST TRASH SERVICE
		100				
*36743	TRIBUNE STAR PUBLISHING CC		<i>E-pay</i>	46.68	12609	GOV LEGAL - CASH STATEMENT
		100				
*36754	INDIANA AMERICAN WATER CC		<i>E-pay</i>	177.41	12610	12 POINTS WATER SERVICE
		100				
36755	CENTERPOINT ENERGY		<i>E-pay</i>	284.85	12611	WEST GAS SERVICE
		100				
36756	CENTERPOINT ENERGY		<i>E-pay</i>	237.76	12612	12 POINTS GAS SERVICE
		100				
*36773	DUKE ENERGY *		<i>E-pay</i>	15,836.47	12614	MAIN ELECTRIC SERVICE
		100				
*36774	DUKE ENERGY *		<i>E-pay</i>	503.56	12615	WEST ELECTRIC SERVICE
		100				

Total Count: 17
Total Amount: 25,023.64

Library Operating Fund 100:	114,400.35
Gift Fund 200:	142.67
Rainy Day Fund 201:	0.00
NEA Big Read Grant Fund 283:	1300.00
Public Library Access Card Fund 800:	0.00

Grand Total Count:	98
Grand Total Amount:	115,843.02

Executive Director
Jordan Orwig

**Payroll Payable
Voucher Register**

Vigo County Public Library

For Period February - 2026

Page ___1___ of ___2___ Pages

Date Filed	Voucher Number	NAME OF CLAIMANT	AMOUNT OF VOUCHER	AMOUNT ALLOWED	CHECK/ WARRANT NUMBER	MEMORANDUM
2/13	Pay #4	Gross Payroll	\$ 163,037.15	\$ 163,037.15	ACH	
2/13	Pay #4	FICA	\$ 11,671.89	\$ 11,671.89	ACH	
2/13	Pay #4	PERF	\$ 21,410.72	\$ 21,410.72	ACH	
2/27	Pay #5	Gross Payroll	\$ 160,608.98	\$ 160,608.98	ACH	
2/27	Pay #5	FICA	\$ 11,488.73	\$ 11,488.73	ACH	
2/27	Pay #5	PERF	\$ 21,127.20	\$ 21,127.20	ACH	
2/27	Pay #5	Anthem	\$ 92,046.56	\$ 92,046.56	ACH	
2/27	Pay #5	Guardian	\$ 8,185.69	\$ 8,185.69	ACH	
		Gross Payroll		\$ -	ACH	
		FICA		\$ -	ACH	
		PERF		\$ -	ACH	

Total library cost			\$ 489,576.92			
February	Pay 4 & 5	Nationwide	\$ 2,694.17	\$ 2,694.17	ACH	Staff withholding
February	Pay 4 & 5	Garnishments	\$ 1,476.90	\$ 1,476.90	ACH	Staff withholding
February	Pay 4 & 5	Garnishment Reim	\$ -	\$ -	ACH	Staff withholding
February	Pay 4 & 5	AFLAC	\$ 965.34	\$ 965.34	ACH	Staff withholding
February	Pay 4 & 5	United Way	\$ 128.00	\$ 128.00	ACH	Staff withholding
February	Pay 4 & 5	Anthem	\$ 15,246.00	\$ 15,246.00	ACH	Staff withholding
February	Pay 4 & 5	HSA adj.		\$ -	ACH	Staff withholding
February	Pay 4 & 5	Guardian	\$ 1,642.00	\$ 1,642.00	ACH	Staff withholding
February	Pay 4 & 5	Boston Mutual	\$ 650.36	\$ 650.36	ACH	Staff withholding
February	Pay 4 & 5	Fed Tax	\$ 20,524.34	\$ 20,524.34	ACH	Staff withholding
February	Pay 4 & 5	State Tax	\$ 9,070.28	\$ 9,070.28	ACH	Staff withholding
February	Pay 4 & 5	Local Tax	\$ 5,959.73	\$ 5,959.73	ACH	Staff withholding
February	Pay 4 & 5	FICA	\$ 23,160.77	\$ 23,160.77	ACH	Staff withholding
February	Pay 4 & 5	Vol. PERF	\$ 5,862.72	\$ 5,862.72	ACH	Staff withholding
Staff Cost				\$ 87,380.61		

February 28, 2026

**Gift Fund Balances
2026**

FUND	AMOUNT	PURPOSE	APPROVAL
00-General	\$ 1,810.86	Unrestricted Use	Admin.
64-SPC	\$ 1,790.52	Support of SPC	Admin.
65-Big Read	\$ 205.20	Big Read/Community Read	Admin.
66-YS	\$ 3,178.99	Support of YS	Admin.
67-WVCF Endowment	\$ -	Support of Strategic Plan Goals	Admin.
68-Crackerbarrel	\$ 987.89	Support of Crackerbarrel	Admin.
69-Wright Foundation	\$ 4,151.90	Unrestricted Use	Admin.
70- West Emily's Garden	\$ 200.00	Maintenance of Emily's Garden at West Branch	Admin.
71-West Branch	\$ 1,502.57	Support of West Branch	Admin.
72-Friends	\$ 4,355.44	Support of Pre-Approved Programs/Initiatives	Admin.
74-Wiley Cupola	\$ 1,467.87	Maintenance of Cupola	Admin.
75-Wiley Memorial	\$ 20,130.68	Maintenance of Memorial	Admin.
77-WVCF Meeks	\$ 30.42	Childrens Literature	Admin.
81-Community Connections	\$ 216.95	Support of Community Connections	Admin.
83-Kiwanis Ys	\$ 273.83	Childrens Book Label Commemorating Speakers	Admin.
85-Phillips	\$ 3,305.47	Support of LLC and Archives	Admin.
87-Cox	\$ 55.48	Hearing Impaired Support	Admin.
89-Christmas in the Park	\$ 577.95	Christmas in the Park	Admin.
92-Marketing	\$ 45.05	Unrestricted Use	Admin.
93-Programming and Events	\$ 626.32	Support of Programming and Events	Admin.
94-TH Econ.Dev.	\$ 139.58	Adult Nonfiction Commemorating Speakers	Admin.
95-12 Points	\$ 1,150.93	Support of 12 Points	Admin.
96-Fundraiser - Youth	\$ 450.00	Buy a Book - Childrens	Admin.
97-Library Experience	\$ 730.00	Support of Library Experience	Admin.
98-Fundraiser - Adult	\$ 670.44	Buy a Book - Adult	Admin.
TOTAL	\$ 48,054.34		

Administrative Report

MARCH 17, 2026



FROM THE EXECUTIVE DIRECTOR

We have continued with the department restructuring that I mentioned in the December report. The Friends of the Library have mostly been moved into their new space – what used to be Meeting Room D and a storage room for much of our AV equipment. Their former space is being refurbished to bring in our Public Relations department, whose former offices will be used for storage. Future moves are set to continue and will include Admin, Library Experience, Program & Events, and Human Resources. While we no longer have Meeting Room D, current plans should add a staff-only conference room, allowing our lobby conference room to be more available for the public.

The end of the 2026 Indiana legislative session occurred on Friday, February 28, and with it came legislation that will impact public library budgets. Under current law, when libraries plan our budgets for the next year, we can remain in non-binding review where our fiscal body, the county council, is not required to approve our budget as long as we stay within the Maximum Levy Growth Quotient (MLGQ). Under these new rules, which were passed in House Enrolled Act 1406 and go into effect on July 1, for libraries to remain in non-binding review, essentially we must calculate our growth to be within 49.9% of the MLGQ. There are also new administrative deadlines and restrictions that apply only to public libraries. Despite these changes, I am communicating with other public library directors, members of the Admin Team and Business Office, as well as local officials so that we may continue our fiscal responsibility along with meeting our community's needs.

I am proposing a change to one of our branch library's hours that I would ask you to consider approving at the April board meeting. The 12 Points Branch is currently set to be open from 10am-6pm on Saturdays. I recommend that we shift their hours so that the 12 Points Branch is instead open from 9am-5pm on Saturdays going forward. Not only will this keep the number of open hours the same, but it will also align with the hours that the Main Library is open on Saturdays, thus eliminating the one hour that the 12 Points Branch is open without assistance from Main. If approved, the new hours would begin on Saturday, May 30.

STRATEGIC PLANNING UPDATE

Work on the next Vigo County Public Library Strategic Plan continues. The Strategic Planning Committee, with the guidance of Stratavize, successfully completed a community survey in January and a staff engagement survey in February. Stratavize is analyzing the results and will share those in early April with the small committee. After the surveys, the next step is the visioning sessions, for which the small committee has been soliciting 10-15 participants. These are two six-hour workshops that focus on exploring the library's identity, future direction, and strategic priorities. The visioning sessions are scheduled to occur in late April 2026.

UNIVERSITY CLASS TOURS

On February 5, an Indiana State University senior seminar history class visited Special Collections for a tour and introduction to the library's resources. During the visit, students were introduced to the variety of primary source materials available through SPC, as well as research methods for discovering those resources using the public catalog, ArchivesSpace, and the library's other online databases.

Many of the students remained beyond the scheduled tour time for additional research and consultation, and several have since returned to the library to continue research for their class.

BIG READ KICKOFF: BITE BY BITE



On Saturday, February 28, VCPL launched the 2026 NEA Big Read with the program Scents and Sentiments. Inspired by Aimee Nezhukumatathil’s reflections on memory through food and scent, over 100 participants sampled six everyday foods and five familiar scents, recording the memories they evoked. More than 70 recordings were collected, which will be archived in Special Collections.

Highlights included three-generation family sharing memories – one sparked by a Hershey’s Kiss recalling Christmas “peanut butter kiss” cookies, and another by rose scent reminding a daughter of a friend’s dorm room. Many children also participated, with even typically “quiet” attendees returning to share additional thoughts. One young man vividly recalled the year 2003 after tasting a Teddy Graham, remembering eating them after school before going fishing.

SINFONIETTA POPS ORCHESTRA PRESENTS: BITE BY BITE



BITE-BY-BITE	
— WELCOME TO OUR CONCERT —	
Rule Britannia	Thomas Arne Arr. Nigel Wicken
Mambo Tropical	Alfredo Antonini Arr. Samuel Russel
Jamaican Rumba	Arthur Benjamin
Cuban Holiday	Donald Philips Arr. Ronald Hanmer
Rumanian Folk Dances	Arr. Bartok Directed by Asst. Director Rodney Foster
Joc Cu Bata Braut Pe Loc Buciumeana Poargo Romanesca Maruntei	
INTERMISSION: 15 MINUTES	
Water Lillies	Matthew Riley Directed by Jennifer Watkins



On March 1, VCPL staff attended as the Terre Haute Sinfonietta Pops Orchestra presented a concert at Harvey Auditorium on the Saint Mary-of-the-Woods College campus. The performance was themed to complement the NEA Big Read selection, Bite by Bite. While the musical selections did not directly follow a food theme, the program instead guided the audience on a cultural journey, highlighting the shared importance of food and music across societies. The concert was narrated by VCPL Executive Director Jordan Orwig.

As attendees entered the auditorium, VCPL staff members Rie Snider, Kris Toney, and LeRaye Cameron welcomed them and distributed copies of Bite by Bite along with Big Read and March programming guides. All 41 copies of the book brought to the event were distributed. Of the approximately 20 total guides, only one of each remained at the end of the evening. In total, 55 people visited the VCPL table.

ICE CREAM IN TECH TEAM

At the beginning of February, the Tech Team hosted an ice cream program in honor of Black History Month. While Augustus Jackson did not invent ice cream, he modernized its production method in 1837 by creating an eggless custard and adding salt to the ice to improve the freezing process. Using Jackson’s method, the team made hand-shaken ice cream that attendees were able to enjoy while also learning more about African American history. The program was a big success, and the team has already been asked to bring it back in the future.

WEST LIBRARY CELEBRATES 10 YEARS!



On Friday, February 27, the West Branch celebrated the 10-year anniversary of relocating to its 125 North Church Street location, as well as 65 years of VCPL having a physical presence in West Terre Haute. Library visitors joined the celebration with cake and shared memories of the former West Branch on National Avenue.

As part of the festivities, West Branch staff collected “Shelfies” – selfies taken by visitors or photos taken by staff in front of their favorite spots in the branch – to create a large wall display called “West Branch People.” By the end of the celebration, more than 60 photos had been posted, welcoming both first-time visitors and regular library users as part of the community display. 26

COMMUNITY ENGAGEMENT AND CREATIVITY



Community engagement and creativity were on full display this winter through a variety of successful Adult Services programs. During Winter Reading, 149 participants completed more than 636 activities and earned 665 badges, demonstrating strong community participation and enthusiasm for lifelong learning. Kristen Hendrix was recognized as the patron challenge winner. Staff also joined in the fun, with 17 employees completing 226 activities and earning 232 badges. Nicole Kamplain was named the staff challenge winner.

On February 27, VCPL hosted *Starlit Stories*, welcoming 98 attendees for an evening filled with storytelling, entertainment, and community connection. Guests shared positive feedback throughout the night, with one attendee remarking that it was “the most fun I have had in quite a while.”

Adult Services Librarian Megan Salinas also launched a new creative gathering titled *Stitch by Stitch*, where participants bring ongoing craft projects to share progress, exchange ideas, and support one another’s learning. The program has already fostered meaningful connections among attendees. During the February 17 session, a participant shared that “Nobody has ever been patient with me before and even told me I cannot learn. Thank you for helping me.” Megan had taken the time to teach them how to crochet left-handed due to paralysis in their right arm, exemplifying the inclusive and supportive environment the library strives to create.

Administrative Report

MARCH 17, 2026

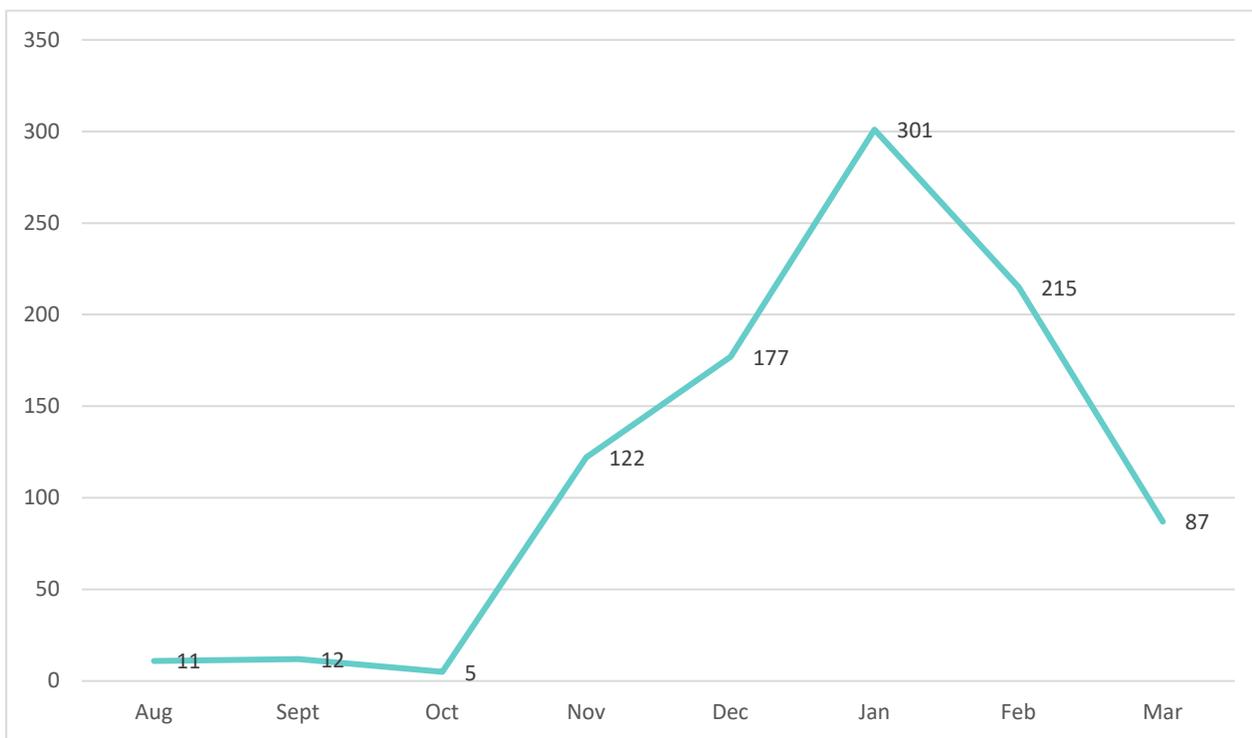


ONLINE DIGITAL LIBRARY CARD APPLICATIONS

Last year, work began on setting up a new Digital Library Card online application. The primary goals were to improve the existing, outdated online library card application and to increase ease of access for customers who only wanted to check out the library’s digital offerings. Another objective was to reduce the use of paper library card applications and decrease the amount of staff time required to review and manually enter information from those paper forms.

Development of the new online card application began in the spring. The form was refined over the summer in collaboration with the library’s vendor, and staff were trained in the fall on how to assist customers with the new application. By November 2025, the new Digital Library Card application went live on the library’s website.

Since the release of the new online application, 931 library cards have been created (as of Sunday, March 8). Monthly totals are shown in the graph below, with March reflecting only the first eight days of the month. The March total is expected to reach a number similar to January’s by the end of the month.



Of the 931 library cards created through the online application, 741 accounts show activity – either digital or physical checkouts – within the last two months. Additionally, 274 of the 931 accounts have been upgraded to full library cards, allowing customers to check out both digital materials and physical items. Of these 274 upgraded accounts, 235 are adult cards and 39 are minor cards. Together, these users have checked out more than 1,000 items from the physical collection. Notably, one adult cardholder and one minor cardholder have each checked out 63 physical items within just the first 30 days of receiving their library cards.

The next goal is to fully implement the online library card application at outreach events as well as within the library’s physical locations.

WE HAVE A GOOD PERSONALITY



The Youth Services Team is consistently engaged in building and creating highly visible, eye-catching displays for the department. These displays, while visually striking, also offer educational information or simple entertainment. They foster interaction between staff and the community by sparking conversations. The Youth Services Department has personality AND looks.

PERSONNEL CHANGES

EMPLOYMENT

None.

CHANGE STATUS

Jakaitis, Susan Mary – Change in status from part-time regular to part-time on-call status in the non-exempt position of Library Specialist in the Program and Events Department effective April 1, 2026.

RESIGNATION

None.

Jordan Orwig
Executive Director

	February-26	February-25		YTD 2026	YTD 2025	
Print Circulation	16,142	16,731	-3.5%	33,348	34,498	-3.3%
A/V Circulation	4,067	4,461	-8.8%	8,885	9,433	-5.8%
Misc	979	1,057	-7.4%	2,154	2,212	-2.6%
Electronic Devices	55	52	5.8%	109	93	17.2%
TOTAL	21,243	22,301	-4.7%	44,496	46,236	-3.8%

	February-26	February-25		YTD 2026	YTD 2025	
Overdrive						
E-book	6,759	7,143	-5.4%	15,252	15,501	-1.6%
E-audiobook	6,931	5,892	17.6%	14,624	12,198	19.9%
E-Magazines	1,597	1,350	18.3%	3,421	2,814	21.6%
TOTAL	15,287	14,385	6.3%	33,297	30,513	9.1%

	February-26	February-25		YTD 2026	YTD 2025	
Hoopla						
E-audiobook	2,052	1,892	8.5%	4,387	3,935	11.5%
Bingepasses	51	49	4.1%	114	78	46.2%
E-Books	627	682	-8.1%	1,290	1,465	-11.9%
E-Comics	86	108	-20.4%	164	200	-18.0%
E-music	55	77	-28.6%	112	144	-22.2%
E-video movie	161	167	-3.6%	355	388	-8.5%
E-video TV	100	79	26.6%	207	155	33.5%
TOTAL	3,132	3,054	2.6%	6,629	6,365	4.1%

	February-26	February-25		YTD 2026	YTD 2025	
Reference Services	2,951	3,501	-15.7%	5,664	5,521	2.6%

MATERIALS ADDED TO COLLECTION

Purchased Items	February-26	YTD 2026
Book	1,674	3,294
Video	159	533
Video Game	65	124
Music CD	0	0
Audio Book	7	8
Misc	11	23
TOTAL	1,916	3,982

Donated Items	February-26	YTD 2026
Book	0	0
Video	0	1
Video Game	0	0
Music CD	0	0
Audio Book	0	0
Misc	0	0
TOTAL	0	1

New Items Ordered	February-26	YTD 2026
Book	1,048	2,137
Video	200	330
Video Game	57	124
Music CD	0	0
Audio Book	4	8
Misc	0	5
TOTAL	1,309	2,604

New Items Received	February-26	YTD 2026
Book	1,532	3,244
Video	130	290
Video Game	83	96
Music CD	0	0
Audio Book	18	28
Misc	5	6
TOTAL	1,768	3,664

ON-SITE PROGRAMS	February-26	February-25		YTD 2026	YTD 2025	
Early Literacy (ISL: 0-5 yrs)	18	20	-10.0%	39	43	-9.3%
Children (ISL: 6-11 yrs)	37	31	19.4%	60	59	1.7%
Teens (ISL: 12-18yrs)	10	13	-23.1%	14	28	-50.0%
Adults (ISL: 19 + yrs)	33	27	22.2%	59	51	15.7%
General (all ages)	12	12	0.0%	24	27	-11.1%
TOTAL	110	103	6.8%	196	208	-5.8%

ON-SITE ATTENDANCE	February-26	February-25		YTD 2026	YTD 2025	
Early Literacy (ISL: 0-5 yrs)	246	289	-14.9%	529	408	29.7%
Children (ISL: 6-11 yrs)	1,033	775	33.3%	1,327	1,343	-1.2%
Teens (ISL: 12-18yrs)	60	35	71.4%	86	90	-4.4%
Adults (ISL: 19 + yrs)	392	243	61.3%	568	348	63.2%
General (all ages)	287	175	64.0%	582	616	-5.5%
TOTAL	2,018	1,517	33.0%	3,092	2,805	10.2%

OFF-SITE PROGRAMS	February-26	February-25		YTD 2026	YTD 2025	
Early Literacy (ISL: 0-5 yrs)	0	0	null	0	1	-100.0%
Children (ISL: 6-11 yrs)	0	0	#DIV/0!	0	0	#DIV/0!
Teens (ISL: 12-18yrs)	0	0	null	0	0	null
Adults (ISL: 19 + yrs)	8	10	-20.0%	14	18	-22.2%
General (all ages)	0	0	#DIV/0!	1	1	0.0%
TOTAL	8	10	-20.0%	15	20	-25.0%

OFF-SITE ATTENDANCE	February-26	February-25		YTD 2026	YTD 2025	
Early Literacy (ISL: 0-5 yrs)	0	0	null	0	20	-100.0%
Children (ISL: 6-11 yrs)	0	0	#DIV/0!	0	0	#DIV/0!
Teens (ISL: 12-18yrs)	0	0	null	0	0	null
Adults (ISL: 19 + yrs)	167	220	-24.1%	319	340	-6.2%
General (all ages)	0	0	#DIV/0!	11	12	-8.3%
TOTAL	167	220	-24.1%	330	372	-11.3%

COMMUNITY OUTREACH	February-26	February-25		YTD 2026	YTD 2025	
# of Community Events Participated In	1	1	0.0%	3	2	50.0%
# of Interactions at Community Events	74	16	362.5%	343	272	26.1%

	February-26	February-25		YTD 2026	YTD 2025	
Computer Users	5,025	4,801	4.7%	9,466	9,012	5.0%
Subscription Databases	2,662	8,412	-68.4%	5,525	19,695	-71.9%
ILL provided to other Libraries	244	360	-32.2%	528	759	-30.4%
ILL received from other Libraries	73	78	-6.4%	121	175	-30.9%

	February-26	February-25		YTD 2026	YTD 2025	
Adult materials deliveries	21	35	-40.0%	41	36	13.9%
Youth materials deliveries	7	11	-36.4%	19	17	11.8%
TOTAL	28	46	-39.1%	60	53	13.2%

Vigo County Public Library

HIPAA AND HITECH PRIVACY AND SECURITY POLICY

UPDATED DATE: 02/27/2026

1.0 PURPOSE

The purpose of this Policy is to:

- 1.1. Outline and document the HIPAA and HITECH compliance processes for internal and external use.
- 1.2. Provide a reference manual for internal compliance and training.

2.0 SCOPE

This Policy represents the efforts performed to ensure compliance with HIPAA as amended and the HITECH Act. All employees who have access to PHI must be trained in and comply with this Policy.

Group Health Plan (GHP) means an employer sponsored arrangement that includes indemnity and self-funded health plans that offer; medical benefits including HMO coverage, long term care plans, dental, vision, flexible spending accounts (FSA), health reimbursement accounts (HRA), and other plans that may provide or pay for medical care such as some EAP plans and wellness plans.

Protected Health Information (PHI) means information that is created or received for the purpose of GHP administration including:

- Information that relates to the past, present, or future physical or mental health or condition of a Participant; and,
- The provision of health care to a Participant; or the past, present, or future payment for the provision of health care to a Participant; and that identifies the Participant.

The HIPAA Privacy Rule to Support Reproductive Health Care Privacy means privacy protections for protected health information involving Reproductive Health Care.

- Establishes a ban on the use or disclosure of PHI by HIPAA covered entity or their Business Associates for any of the following:
 - Criminal, civil, or administrative investigations into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare.
 - Imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare.
 - Identifying any person for any purpose described above.

The test is whether there is a reasonable basis to believe the information can be used to identify the Participant. PHI includes information of persons living or deceased. Even GHP enrollment data for the purpose of setting up tax advantaged accounts or processing continuation services is considered PHI.

3.0 GENERAL POLICIES

- 3.1. No Waiver of Privacy Rights. No Participant will be required to waive his or her privacy rights under the Privacy Rule as a condition of treatment, payment, enrollment or eligibility in any employer sponsored GHP. Privacy rights waivers are not enforceable and will not be accepted.
- 3.2. Privacy/Security Officer and Contact Person. This Officer will be responsible for the development and implementation of policies and procedures relating to privacy and security, including but not limited to this Privacy Policy. This Officer or their designee will also serve as the contact person for Participants who have questions, concerns, or any complaints regarding PHI.

- 3.3. Workforce Training. All employees who have access to PHI will be trained on these policies and procedures. Training sessions will be held to achieve the goal that all employees be trained within 30 days of the date of first access to PHI. Each employee will be required to acknowledge that they have been trained on and will comply with this Privacy and Security Policy.
- 3.4. Sanctions for Violations of Privacy Policy. Sanctions for using or disclosing PHI in violation of this Policy will be imposed in accordance with applicable discipline policy, up to and including termination.
- 3.5. Prohibition on Sale of PHI. There is no selling PHI in any manner for any purpose, including the sale or exchange of PHI for any form of trade or compensation. All Employees are strictly prohibited from arranging for or providing any PHI for sale, for any purpose whatsoever.

4.0 DESIGNATED RECORD SETS

There are two categories of PHI created, obtained and maintained for GHP administration. This PHI is defined as the Designated Record Set for the purposes of this Policy.

- 4.1. Enrollment and disenrollment data including Participant elections and demographics for administering employer sponsored GHPs.
- 4.2. Limited claims information submitted by a Participant or obtained from other sources for the purposes of adjudicating an appeal from an adverse benefit determination made by the insurer, Third Party Administrator, or Service Provider.

5.0 PARTICIPANT RIGHTS UNDER HIPAA AND HITECH

The Privacy Officer will respond to participant requests as follows:

- 5.1. Right to Inspect and Copy PHI. Within thirty (30) days of receiving a written request from the Participant, the Privacy Officer will make PHI maintained in Designated Record Set available to the Participant, in a reasonable time and manner. The request may be denied in certain limited circumstances related to the wellbeing of the Participant. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer identified below.
- 5.2. Amendment of PHI. The Privacy Officer will make reasonable amendments to PHI when the PHI is created or maintained by the GHP or a Service Provider that is not itself considered a Covered Entity. The Privacy Officer will communicate any approval or denial of an amendment of PHI maintained by the Privacy Officer or a Service Provider to the Participant. An example of an unreasonable request would be for the Privacy Officer to alter a medical record received; the Participant would be advised to ask the medical provider who created the record for such amendment.
- 5.3. Accounting of Disclosures. The Privacy Officer will make available to the Participant the information required to provide an accounting of disclosures. The Privacy Officer will prepare and deliver any such accounting requested. The accounting will not include:
 - disclosures for purposes of treatment, payment, or health care operations;
 - disclosures made to a Participant;
 - disclosures made pursuant to a Participant's authorization;
 - disclosures made to friends or family in a Participant's presence or because of an emergency;
 - disclosures for national security purposes; and
 - disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, the Participant must submit a request in writing to the Privacy Officer. A Participant's request must state the time period the accounting covers, which may not be longer than six years before the date of the request. A Participant's request should indicate in what form a Participant wants the list (for example, paper or electronic). The first list a Participant requests within a 12-month period will be provided free of charge. For additional lists, the Employer may charge a Participant for the costs of providing the list. The Privacy Officer will notify a Participant of the cost involved and a Participant may choose to withdraw or modify the request at that time before any costs are incurred.

- 5.4. The Right to Restrict the Use and Request Confidential Communications. A Participant has the right to request a restriction of uses and disclosures of their PHI. A Participant also has the right to restrict communication of their PHI if the Participant informs the Privacy Officer that communicating the information may endanger the Participant. Requests will be deemed unreasonable if they limit the access and use that is necessary for GHP administration.

If the Privacy Officer agrees to the request for a restriction, the Privacy Officer will not use or disclose the PHI in violation of the restriction, except when needed for emergency treatment, at the written request of the Participant (by authorization), or when the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

The Privacy Officer may terminate its agreement to a restriction, if the Participant agrees to or requests the termination in writing; or, the Privacy Officer informs the Participant that it is terminating its agreement to a restriction. The termination is only effective with respect to PHI created or received after the Participant is informed.

- 5.5. Requests for Alternative Communication Means or Locations. Participants may request to receive communications regarding their PHI by alternative means or at alternative locations. For example, Participants may ask to be called only at work rather than at home. These requests will be honored if, in the sole discretion of the Privacy Officer, the requests are reasonable. However, the Privacy Officer will accommodate such a request if the Participant clearly provides information that the disclosure of all or part of that information could endanger the Participant. All such requests should be forwarded to the Privacy Officer when received.

- 5.6. Right to receive a HIPAA Privacy Notice. That provides a clear, user-friendly explanation:
- the uses and disclosures of PHI
 - the individual's HIPAA rights, and
 - the GHPs legal duties with respect to the PHI.

The Employer is charged with providing a notice on the PHI that will be obtained for GHP administrative purposes and how that PHI will be used.

- An Employer must make its notice available to any person who asks for it,
- On an ongoing basis at the time of enrollment, and
- An Employer must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.

There is Employer discretion regarding how to deliver the Notice. Special or separate mailings are not required. The Notice may be included with other written materials that are mailed to the Participants or included with an SPD or with enrollment materials.

The Notice can be provided by email if the recipient has agreed to receive an electronic notice and that agreement has not been withdrawn. If it is discovered that the email transmission has failed, the Notice must be provided by a paper copy. Additional materials may be included in the email.

6.0 COMPLAINT PROCEDURES

- 6.1. Complaints. A Participant can file a complaint regarding the Privacy Rule or any matter described in this Privacy Policy with the Privacy Officer by sending a written description of the facts and circumstances and the acts that are the subject of the complaint to:

Attn: Rob Boyll, Director of Human Resources/Privacy Officer

Vigo County Public Library

680 Poplar Street

Terre Haute, IN 47807

All complaints will be forwarded to the Privacy Officer. The Privacy Officer is responsible for any response and taking necessary actions to change this complaint process or this Privacy Policy. No response from the Privacy Officer is required. A copy of this complaint procedure will be provided to the Participant.

No Employee will intimidate, threaten, coerce, discriminate against, or take other retaliatory action against Participants for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under the Privacy Policy or the federal Privacy Rule.

- 6.2. Complaints made to the Secretary. A Participant may file a complaint to the Secretary of Health and Human Services. The Employer will cooperate with an investigation by permitting access to information requested by the investigator.

A complaint to the Secretary must be made in writing, must name the entity against whom the complaint is lodged, must describe the wrongful acts or omissions and must be filed within 180 days of the time that the Participant became aware of, or should have become aware of the violation. Complaints may include violations of the Privacy Policy and Security Policy.

The U.S. Department of Health and Human Services

Privacy Rule Complaint

200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone: 202-619-0257, Toll Free: 1-877-696-6775

7.0 DOCUMENTATION

The Privacy Officer will ensure that privacy files are maintained for a period of 6 years from the date of the event as described below, or when appropriate for 6 years after the end of the Plan Year in which the document was created. The Plan Sponsor will destroy PHI that is 7 years old on a calendar basis to meet the various requirements.

- 7.1. Training. A copy of training materials used and the employee's acknowledgement that the employee was trained on this Policy, and they acknowledged they would comply with this Policy.

- 7.2. Disclosures. Including documentation of authorizations and authorized disclosures. The Privacy Officer will not document disclosures of Summary Health Information as defined above, or routine Disclosures of minimum necessary data to a Business Associate.
- 7.3. Complaints. Any complaint made regarding this Policy, any response, and actions taken to resolve the complaint, if any.
- 7.4. Inadvertent Disclosure of PHI. The Privacy Officer will document any unauthorized disclosure of PHI. All incidents need to be reviewed by the Privacy Officer to determine whether this constitutes a Breach of insecure PHI. Any questions should be referred to the Privacy Officer.
- 7.5. Security Incidents. See the Incident Policy below.
- 7.6. HIPAA Privacy Notice Distribution. A copy of the Notice distributed with documentation of the method used. The documentation should specifically show who received the notice. Examples: mailed notices can be shown by retaining a copy of the addressed postmarked envelope, email notices can be shown by retaining a copy of the email with attachments, provided with the SPD will be shown by your efforts to document the SPD delivery.
- 7.7. Requests for Participant Rights. Written requests for HIPAA rights, the written response if any, and the resolution of the request are documented.
- 7.8. Plan Document Amendment. Retain a copy of the Plan Document Amendment including future updates needed.

8.0 BUSINESS ASSOCIATES

- 8.1. Business Associates. A Business Associate is an entity or person who: 1) Performs or assists in performing a GHP function or activity involving the use and disclosure of PHI (including claims processing or administration; data analysis, underwriting, etc.); or 2) Provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the Service Provider access to PHI. A Business Associate is required to enter an agreement with the Covered Entity that HIPAA compliance is in force. Business Associates will only use and disclose protected health information consistent with this Policy.
- 8.2. Contracts with Business Associates. The Employer may disclose PHI to a Business Associate and allow the Business Associate to create or receive PHI on its behalf. However, prior to doing so, the Employer must first obtain assurances from the Business Associate that it will appropriately safeguard the information. This assurance is in the form of a Business Associate Contract.

9.0 DISCLOSURES

No Disclosure of PHI for Non-Health GHP Purposes. PHI may not be used or disclosed for any purpose except as defined and limited in this Policy. PHI may not be used or disclosed for the payment or operations of “non-health” benefits (e.g., disability, worker’s compensation, life insurance, etc.), unless the Participant has provided an authorization.

IMPORTANT NOTE: All transmissions of PHI are sent or received in a secure environment. The level of security will depend on the nature of the data. Enrollment and Disenrollment data that includes Social Security numbers will be encrypted, sent in a secure email environment where available. Enrollment and

disenrollment data that does not include Social Security numbers is password-protected where the password is sent under a separate cover.

Disclosure can be made to anyone designated as a personal representative, or attorney-in-fact by the Participant. The Participant must provide a written notice/authorization and supporting documents such as a power of attorney. The Employer will not disclose information to a personal representative if there is a reasonable belief that the Employee has been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as a personal representative could endanger the Participant.

Complying With the “Minimum Necessary” Standard. PHI disclosures are limited to the “minimum necessary” data to accomplish the purpose for the disclosure. The “minimum necessary” standard does not apply to the following:

- uses or disclosures made to the Participant upon request;
- uses or disclosures made pursuant to a valid authorization; or,
- disclosures required by law or regulation made pursuant to a valid subpoena or request from a governmental entity.

Minimum Necessary is further defined for enrollment purposes as the name, GHP elections, effective and termination of coverage dates, demographics required to identify the individual, and balance data for account balance purposes.

9.1. Routine Disclosures. Routine disclosures insurers, Third Party Administrator, and Service Providers for the purpose of GHP administration can be made without prior participant authorization. The transmissions will comply with the Minimum Necessary Rule and be limited to enrollment/disenrollment data and monetary account balance information for the purpose of making enrollment changes.

9.2. Disclosures of Summary Health Information. Summary health information may be disclosed without prior participant authorization. This information does not provide a reasonable basis to believe that it can be used to identify an individual. Summary health information must have the following 18 identifiers redacted:

- names;
- geographic subdivisions smaller than a state, aggregated to the level of a five-digit ZIP code;
- dates (except year) directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age (ages and elements may be aggregated into a single category of age 90 or older);
- telephone numbers;
- fax numbers;
- email addresses;
- Social Security numbers;
- medical record numbers;
- GHP beneficiary numbers;
- account numbers;
- certificate/license numbers;
- vehicle identifiers and serial numbers, including license plate numbers;
- device identifiers and serial numbers;

- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) addresses;
- biometric identifiers, including finger and voiceprints;
- full face photographic images and any comparable images; and
- any other unique identifying number, characteristic. Disclosures of summary health information must be pre-approved by the Privacy Officer.

9.3. Plan Certification. In order for the insurer, Third Party Administrator or Service Provider to release any PHI to the Employer other than the minimum necessary information defined above, the Employer must certify that their Plan Documents have been amended to comply with the Privacy Rule and that they agree to comply. This is typically when the TPA or Service Provider are not under contract to resolve appeals and send detailed medical information to your office for consideration. The Employer must certify to:

- Not use or further disclose protected health information (“PHI”) other than as permitted or required by this Plan Document, or as required by law;
- Ensure that any subcontractors or Business Associates agree to the same restrictions;
- Not use or disclose PHI for employment related actions;
- Report to the GHP any use or disclosure that is inconsistent with this Plan Document or the federal Privacy Rule;
- Make the PHI information accessible to the Participants;
- Allow Participants to amend their PHI;
- Provide an accounting of its disclosures of PHI as required by the Privacy Rule;
- Make its practices available to the Secretary for determining compliance;
- Return and destroy all PHI when no longer needed, if feasible; and
- Establish adequate firewalls.

9.4. Disclosures to Federal Regulators. The Employer is required to make disclosures at the request of the Secretary of Health and Human Services, or its designee, for the purposes of enforcement of the Privacy Rule. These disclosures are made without Participant authorization.

9.5. Disclosures Pursuant to an Authorization. PHI may be disclosed by Participant authorization to the Participant or as directed by the Participant. Any issue related to a disclosure and the well-being of the Participant, or another person named in the PHI, should be brought to the Privacy Officer prior to making the disclosure. All uses and disclosures made pursuant to a signed authorization must be consistent with the terms and conditions of the authorization.

An Authorization is a separate form, have a note that it can be revoked at any time, identify the person who is the subject of the PHI, identify the person(s) that can receive the PHI, the purpose of the request, have an expiration date, and a statement that the GHP will not condition claims payment on the signing of the authorization.

10.0 UNAUTHORIZED DISCLOSURE INCIDENT RESPONSE POLICY (NON-BREACH)

10.1. Scope and Purpose. This Unauthorized Disclosure Incident Response Policy describes actions taken regarding an unauthorized disclosure of PHI, a disclosure that does not otherwise comply with the Disclosure Section of this Policy provided above, either by an Employee of the Employer or Business Associate. Participant, Media and HHS notices are not required unless it is determined that the disclosure constitutes a Breach as determined below.

- 10.2. Reporting to Privacy Officer. All such unauthorized disclosures will be reported as soon as reasonably possible to the Privacy Officer. Each Employee reporting an unauthorized disclosure will also report the event to their Director/Manager.
- 10.3. Mitigation. The Privacy Officer will mitigate, to the extent possible, any harmful effects for an unauthorized disclosure. The Privacy Officer will inquire that the unauthorized recipient of the PHI confirms that they have immediately destroyed the data without further disclosure. Email or other confirmation will be retained as part of the Incident Documentation. Mitigation may include additional options as determined by the Privacy Officer such as ID Theft monitoring services.

11.0 BREACH DETERMINATION

A “Breach” under the HITECH Act is an unauthorized transmission of unsecure PHI. The Privacy Officer will review the facts and circumstances to make the Breach determination. This will include a two-step analysis as described below:

11.1. Step One:

Determine whether the three exclusions below apply. The following unauthorized disclosures are not a Breach:

- Any unintentional acquisition, access, or use of PHI, if it was made in good faith and within the scope of authority and does not result in further use or disclosure.
- Any inadvertent disclosure to a person authorized to access PHI at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed.
- A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

11.2. Step Two:

If an unauthorized disclosure does not fit one of the exclusions above, then the unauthorized disclosure is presumed to be a Breach unless it can be demonstrated that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the PHI or to whom the disclosure was made;
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

12.0 BREACH NOTICES

12.1. When the Privacy Officer determines that an unauthorized disclosure of PHI is a Breach then notices must be sent to the Participants whose PHI was compromised. The Notice will include the facts related to the disclosure mitigation that has been completed.

12.2. Non-Breach Notices. When the Privacy Officer determines that the unauthorized disclosure is not a Breach there is no notice sent to the Participants.

12.3. Breach Notices. When the Privacy Officer determines that the unauthorized disclosure is a Breach, a notice will be provided to the Participants without undue delay and in no case longer than 60 days. A Breach shall be treated as discovered as of the first day on which such Breach is

known, or, by exercising reasonable diligence would have been known. Knowledge of a Breach exists when the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is a workforce member or agent. The Privacy Officer will communicate the facts and circumstances that caused the Breach, the mitigation effort and response, the number of participants that were affected and the data that was disclosed. The notice will include:

- Description Event;
- Date of Event (if known);
- Date of the Discovery;
- Number of individuals affected;
- The types of unsecured PHI that were involved (such as the name, Social Security number, date of birth, home address, account number or disability code of the affected individuals);
- Description of the steps Business Associate has taking to investigate, mitigate losses related to and protect against any further disclosures or Breaches;
- Contact information for affected individuals to ask questions or learn additional information (such as the name and title, address, email address and telephone number).

12.4. Documentation. The Privacy Officer will maintain a file of each unauthorized disclosure that is made that is not in compliance with this Privacy Policy as soon as there is an awareness of the disclosure. The record will contain a description of the PHI disclosed, to whom it was disclosed, when the Participant was notified of the disclosure, an explanation of any action taken to mitigate the damages that the disclosure created, and a description of any action that was taken regarding the error.

12.5. Notice to the Media and Federal Regulators. Notice is required to be provided to prominent media outlets serving a state or jurisdiction following the discovery of a Breach if unsecured PHI of more than 500 residents of such state or jurisdiction is, or is reasonably believed to have been, accessed, acquired, or disclosed during such Breach.

For Breaches involving 500 or more individuals, notice will be sent to the Department of Health and Human Services (HHS) online concurrently with the notification sent to Participant. For Breaches involving fewer than 500 individuals, covered entities are required to submit information annually to HHS for Breaches occurring during the preceding year. Submission of this information is required no later than 60 days after the end of the calendar year in which the Breach is discovered (not in which the Breach occurred). The internal log or other documentation is maintained for 7 years.

All Breaches effecting under 500 persons are documented and submitted annually to HHS. Submission of this information is required no later than 60 days after the end of the calendar year in which the Breach is discovered (not in which the Breach occurred). The annual report can be submitted electronically, instructions are available at the following address:

<http://www.hhs.gov/focr/privacy/hipaa/administrative/breachnotificationrule/breachnotificationrule.html>

13.0 SECURITY INCIDENT RESPONSE PLAN AND PROCEDURES

This Incident Response Procedure is in place to ensure incidents related to the areas and systems that maintain PHI are detected, responded to appropriately and action is taken to prevent future incidents.

Some examples of security incidents that an employee might recognize in their day-to-day activities include, but are not limited to:

- Theft, damage, or unauthorized access (e.g., unauthorized logins, papers missing from their desk, broken locks, missing log files, alert from a security guard, video evidence of a break-in or unscheduled/unauthorized physical entry).
- Fraud (e.g., inaccurate information within databases, logs, files or paper records).
- Abnormal system behavior (e.g., unscheduled system reboot, unexpected messages, abnormal errors in system log files or on terminals).
- Security event notifications (e.g., file integrity alerts, intrusion detection alarms, and physical security alarms).

All employees, regardless of job responsibilities, should be aware of the potential incident identifiers and who to notify in these situations. In all cases, every employee should report incidents per the instructions under Incident Reporting, unless they are assigned other activities within the incident response plan.

14.0 HARD COPY STORAGE REQUIREMENTS

Hard copy materials containing PHI (e.g., paper receipts, paper reports, faxes) are subject to the following storage guidelines:

- At no time are printed reports containing PHI to be removed from the secure office environment.
- All hardcopy material containing PHI should be clearly labeled as such.
- All hardcopy media which contains PHI must be stored in a secure and locked container (e.g. locker, cabinet, desk, storage bin). PHI is never to be stored in unlocked or unsecured containers or open workspaces.
- All PHI, when no longer needed for legal, regulatory or business requirements, must be disposed of in hardcopy shred bins. All hardcopy shred bins must remain locked at all times until shredding.

15.0 WORKSTATION PROTECTION

When an Employee who has access to PHI at their workstation leaves the workstation, for any duration of time, the Employee is responsible for removing all PHI from their desk and placing it in a locked secure area. Should a user forget to do one of the above aforementioned; the workstation is set up to automatically hibernate, turn off hard drives and require a password upon return.

Passwords are changed every 90 days. This password is comprised of 8 alpha-numeric characters, both upper- and lower-case letters, and numbers. If an employee believes their password has been compromised, they must immediately report to the Privacy Officer to have a new password generated.

Absolutely no PHI can be left at a workstation or in an open area after closing. Each Employee will apply this policy as if the office was completely closed at the end of the shift. At the close of business each day, all employees are required to lock all PHI in assigned cabinets. Group printers must be checked before a Participant leaves for the day to ensure no PHI remains at the printing station. All mailboxes must also be checked each evening before leaving. All storage, file cabinets and doors are to be locked at all times, unless in direct use. Workstations are restricted from any unauthorized use by visitors. Workstations that could be accessible by office visitors must have privacy filters on all monitors and be locked at all times when not in use.

16.0 LAPTOP USE AND SECURITY

Employees are not permitted to have PHI on their Laptops unless it is for a limited purpose and is coordinated by the Privacy Officer. After the limited purpose has been completed the PHI should be

deleted from the laptop to the extent possible. Laptops that contain PHI are to be password protected, locked when out of the office or at a location where a third party may gain access including their home, or any offsite location. In the event a laptop containing PHI is lost or stolen, the employee must immediately notify the Privacy Officer who will perform a risk assessment.

Passwords are changed every 90 days. This password is comprised of 8 alpha-numeric characters, both upper- and lower-case letters, and numbers. If an employee believes their password has been compromised, they must immediately report to the Privacy Officer to have a new password generated.

17.0 ELECTRONIC DATA RETENTION AND STORAGE REQUIREMENTS (WRITABLE MEDIA)

Minimal PHI can be stored in an electronic manner. This is limited to the Enrollment Data defined above as a Designated Record Set. No medical documentation received for GHP Administration should be stored electronically, example medical claims for an appeal sent to the Privacy Officer by a Business Associate who is not contracted to make final appeal determinations.

Electronic media containing PHI (e.g., CD, DVD, floppy disk, hard disk, tape) are subject to the Security Rule. At no time is electronic PHI to be removed from the secure office environment, with the exception of computer system backups or as allowed under this Policy. PHI will be physically retained, stored or archived only within a secure office environment, and only for the minimum time deemed necessary for their use. Any download of PHI that includes the employees Social Security number must be completed with the knowledge of the Privacy Officer for the purpose of GHP administration. Any violation of this Policy can be subject to discipline, including termination of employment depending on the purpose of the files.

18.0 PHI DESTRUCTION REQUIREMENTS

All PHI no longer needed for GHP Administration must be destroyed. It is recommended to retain copies of the PHI obtained for 7 years in a secure environment.

Before any electronic device that received, transmitted or stored PHI can be sent to a vendor for trade-in, servicing or disposal, all PHI will be destroyed or removed and rendered unrecoverable. Removable computer storage media such as floppy, optical disks or magnetic tapes may not be donated to charity or otherwise recycled.

Physical copies of PHI must be destroyed, shredding is the typical course. Outsourced destruction of PHI may be by a bonded Disposal Vendor that provides a "Certificate of Destruction". Other documented approaches can be used if they show the physical destruction of the data.

19.0 ACCESS MANAGEMENT AND CONTROL POLICY

Access to PHI is limited to Employees who have completed HIPAA Privacy training. It is the purpose of this policy to identify access points and address appropriate usage of PHI. This Policy addresses physical access for Employees, vendors and visitors. This Policy also covers appropriate usage/access to external media. By restricting access, the likelihood of a HIPAA Breach by malicious or non-malicious acts is reduced.

An Employee's access to PHI shall be determined by the Privacy Officer and authorized according to business needs. User access to computer resources shall be provided only when necessary to perform tasks related to business.

20.0 FIREWALL

The Employer has established appropriate administrative, technical, and physical safeguards to prevent PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA's requirements. The Firewalls ensure only authorized Employees have access to PHI. The Firewall separates the PHI so that it is not used for any purpose other than GHP administration and access is only for the minimum necessary for the GHP function(s) performed. By following the secure process outlined in this Policy the PHI received will not be shared with any Employee who is not trained on HIPAA who has a GHP purpose for access.

The Employer prohibits the use of PHI for any employment related purpose such as, but not limited to unemployment hearings, promotions, or any evaluation for benefits under another employer sponsored plan such as disability coverage.

Only Employees who are trained on this Policy and have a business purpose related to a GHP function can have access to PHI, and only the data that is necessary to complete that function.

21.0 VISITORS

Physical access to any area where PHI, electronic or otherwise, is maintained will be under strict supervision. Visitors must be accompanied by an Employee while in the area where PHI is maintained. Employees who accompany Visitors must be sure that the areas that they visit are void of PHI. Prior announcements to areas that typically deal with PHI may be needed to ensure that PHI is not exposed to Visitors.

22.0 AUTOMATIC AMENDMENTS

Any term or item in this Privacy Policy will automatically be amended to comply with changes in the federal laws and regulations. This Privacy Policy will be updated once yearly with the goal of bringing it back into compliance.

23.0 DESIGNATION OF PRIVACY OFFICER

For purposes of this HIPAA Privacy Policy and the HIPAA Privacy Notice, the Vigo County Public Library Privacy Officer is Rob Boyll, Director of Human Resources/Privacy Officer, and may be contacted by email at rboyll@vigolibrary.org or by phone at 812-645-3627.

Vigo County Public Library

("PLAN SPONSOR")

HIPAA NOTICE OF PRIVACY PRACTICES

DATE 02/27/2026

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR PLAN SPONSOR (YOUR EMPLOYER WHO SPONSORS YOUR GROUP HEALTH PLAN) CAN USE OR DISCLOSE YOUR MEDICAL INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) place important restrictions on sharing your medical information and provide you with important privacy rights. This Notice of Privacy Practices (the "Notice") replaces all prior notices provided by the Plan Sponsor and is effective on the Date Distributed noted above. This Notice describes the legal obligations of the Plan Sponsor and your legal rights regarding your "protected health information" (PHI) held by your Plan Sponsor and Group Health Plan. This Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or other purposes permitted by law.

Generally, PHI includes your personal information collected from you or created by your Group Health Plan, or the Plan Sponsor on behalf of a Group Health Plan, that relates to your past, present, or future physical or mental health or condition; the provision of health care; or the past, present, or future payment for the provision of health care, and includes your elections to enroll in the Plan. If you have any questions about this Notice or about our privacy practices, please contact your Privacy Officer identified below.

The Plan Sponsor may retain agents, service providers and third-party administrators to administer all or part of your Group Health Plan such as claims payment and enrollment management. The term Plan Sponsor as used in this Notice includes all entities that provide services related to your Group Health Plan that have access to your PHI. The Plan Sponsor and contracted service providers are required by law to follow the terms of this Notice. The Plan Sponsor is required by law to maintain the privacy of your PHI, provide you with certain rights with respect to your PHI, provide you with a copy of this Notice, and follow the terms of this Notice.

The Plan Sponsor reserves the right to change the terms of this Notice and its practices regarding your PHI. If there is any material change to this Notice, the Plan Sponsor will provide you with a copy of the revised Notice of Privacy Practices.

Use and Disclosure

The Plan Sponsor may use or disclose your PHI under certain circumstances without your permission. All of these certain circumstances will fall within one of the categories listed below.

- **For Treatment**, to facilitate medical treatment or services by providers including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **For Payment** to determine your eligibility for Plan benefits, to facilitate payment for the treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.
- **For Health Care Operations**, uses and disclosures necessary to run the Plan.
- **Treatment Alternatives or Health-Related Benefits and Services** that might be of interest to you.
- **To Business Associates** to perform various functions on our behalf or to provide certain types of services. A Business Associate will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with the Plan Sponsor to implement appropriate safeguards regarding your PHI.
- **As Required by Law**, i.e., when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** to you, or the health and safety of the public, or another person, limited to someone able to help prevent the threat.

- **Reproductive Health Care Privacy.** This final rule, effective June 25, 2024, establishes a ban on the use or disclosure of PHI by a HIPAA covered entity or their business associates for any of the following:
 - Criminal, civil, or administrative investigations into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - Imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - Identifying any person for any purpose described above.

The prohibition applies only when a covered entity or Business Associate has reasonably determined that one or more of the following conditions exist.

- The reproductive health care is lawful in the state in which it is provided. For example, the prohibition will apply if a resident of one state traveled to another state for an abortion that is lawful in the state where the health care was provided.
- The reproductive health care is protected, required, or authorized by federal law, including the U.S. Constitution, regardless of the state in which it is provided. For example, the prohibition applies to PHI that relates to contraception, which is protected by the Constitution.

A covered entity or Business Associate must obtain a written attestation that the information is not for a prohibited purpose before PHI potentially related to reproductive health care can be used or disclosed in the following circumstances:

- Health oversight activities;
- Judicial and administrative proceedings;
- Law enforcement purposes;
- Disclosures to coroners and medical examiners to identify a deceased person, determine cause of death, or other duties as authorized by law.

Disclosure for these purposes is permissive, not mandatory under HIPAA, except in instances where the United States Department of Health and Human Services (HHS) requests information as part of a compliance investigation. A new attestation is required for each specific use or disclosure request and covered entities (and Business Associates, if they have access to or hold PHI) must maintain a copy and any relevant supporting documents. A valid attestation must contain the following:

- A description of the information requested, including the name of any individual(s) whose PHI is sought (if practicable) or a description of the class of individuals whose PHI is sought.
- The name of the person who has been asked to make the PHI use or disclosure and the name of the person to whom it should be made.
- A statement that obtaining, using or disclosing individually identifiable health information in violation of HIPAA may be subject to criminal penalties.

- **Substance Use Disorder (SUD)**

- Information that was previously permissible disclosed, may be redisclosed, and no longer protected by HIPAA.
- SUD treatment records, or testimony relaying the content of such records, will not be used or disclosed in civil, criminal, administrative or legislative proceedings against the individual, absent patient consent or a court order.

In addition, the following categories describe other ways that the Plan Sponsor may use and disclose your PHI without your specific authorization. All the ways the Plan Sponsor is permitted to use and disclose information will fall within one of the categories listed below.

- **Organ and Tissue Donation**, after your death to an organization that handles organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military**, if you are a member of the armed forces, as required by military command authorities. The Plan Sponsor may also release PHI about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation** or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks** for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - 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;
 - to notify the appropriate government authority if the Plan Sponsor believes that a patient has been the victim of abuse, neglect, or domestic violence. The Plan Sponsor will only make this disclosure if you agree, or when required or authorized by law.
- **Health Oversight Activities** for activities authorized by law, e.g., audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes** in response to a court or administrative order, including a response to a lawful subpoena, discovery request, or other process by someone involved in a legal dispute, but only if efforts have been made to tell you about their request or to obtain a court or administrative order protecting the information requested.
- **Law Enforcement.** If asked to do so by a law enforcement official:
 - 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, the Plan Sponsor is unable to obtain the victim's agreement;
 - about a death that the Plan Sponsor believes may be the result of criminal conduct; and
 - about criminal conduct.
- **Coroners, Medical Examiners, and Funeral Directors**, for example, to identify a deceased person or determine the cause of death. The Plan Sponsor may also release medical information about patients to funeral directors, as necessary to carry out their duties.
- **National Security and Intelligence Activities**, to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates** of a correctional institution or in the custody of a law-enforcement official, to the correctional institution or law-enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **Research**, to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The Plan Sponsor is required to disclose your PHI to:

- **The United States Secretary of Health and Human Services**, when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **You**, on your request, the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

Other Disclosures

The Plan Sponsor may disclose your PHI to:

- **Personal Representatives** authorized by you, or to an individual designated as your personal representative, or attorney-in-fact. You must provide a written notice/authorization and supporting documents such as a power of attorney. The Plan Sponsor does not have to disclose information to a personal representative if the Plan Sponsor

has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as your personal representative could endanger you; or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- **Comply with your Authorization.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. The Plan Sponsor may deny a request to disclose your psychiatric notes. The Plan Sponsor will not use or disclose your PHI for marketing; or sell your PHI, unless you provide written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan Sponsor receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Privacy Rights

- **Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, the Plan Sponsor will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan Sponsor will work with you to come to an agreement on form and format or provide you with a paper copy. To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer identified below. The Plan Sponsor may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer identified below.
- **Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask the Plan Sponsor to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer identified below. In addition, you must provide a reason that supports your request. The Plan Sponsor 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, the Plan Sponsor may deny your request if it:
 - is not part of the medical information kept by or for the Plan;
 - was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the information that you would be permitted to inspect and copy; or
 - is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement with the Plan Sponsor and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer identified below. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan Sponsor may charge you for the costs of providing the list. The Plan Sponsor 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 Request Restrictions or limitation on your PHI** ⁴⁷ that the Plan Sponsor uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. Except as

provided in the next paragraph, the Plan Sponsor is not required to agree to your request. However, the Plan Sponsor will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must make your request in writing to the Privacy Officer identified below. In your request, you must state (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, e.g., disclosures to your spouse. If the Plan Sponsor honors the request, it will stay in place until you revoke it or the Plan Sponsor notifies you.

- **Right to Request Confidential Communications** about medical matters in a certain way or at a certain location. For example, you can ask that the Plan Sponsor only contact you at work or by mail. Your request must be made in writing to the Privacy Officer identified below and specify how or where you wish to be contacted. The Plan Sponsor will accommodate all reasonable requests.
- **Right to Be Notified of a Breach** in the event that the Plan Sponsor (or a Business Associate) discovers a breach of unsecured PHI.
- **Right to a Paper Copy of This Notice.** You may request a paper copy of this notice at any time from the Privacy Officer identified below, even if you have agreed to receive this notice electronically.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the HHS Office for Civil Rights (OCR). To file a complaint with the Plan, contact:

Company: Vigo County Public Library

Name/Title: Rob Boyll, Director of Human Resources/Privacy Officer

680 Poplar Street

Address: Terre Haute, IN 47807

Phone: 812-645-3627

All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the OCR or with us.

Vigo County Public Library
PLAN DOCUMENT AMENDMENT
To the
GROUP HEALTH PLAN

The Plan Sponsor hereby adopts this Plan Document Amendment that will be attached to and incorporated into any and all Plan Documents maintained for the Group Health Plan, regardless of the format or title of those Plan Documents.

All of the terms and conditions stated in the Plan Document continue in effect unless specifically changed by the terms of this Amendment. This change in no way affects any benefits, or other the terms defined in the Plan Document(s).

Plan Sponsors who receive Protected Health Information are subject to the federal privacy rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), amended by the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH"), as described below. The term Plan Sponsor in this Amendment includes any Third Party Administrator or Service Provider who is under contract as a Business Associate of the Plan Sponsor to complete assigned tasks related to Plan Administration.

Protected Health Information ("PHI") means: information that is created or received by the Plan Sponsor and relates to the past, present, or future physical or mental health or condition of any participant; or, the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant. The test is whether there is a reasonable basis to believe the information can be used to identify the participant. PHI includes information of persons living or deceased. PHI as used in this document includes data that is transmitted or stored electronically.

Access To PHI: The Plan Sponsor's access to PHI is restricted to the minimum information necessary to administer the Benefit Plan. This limits your Employer's access to Participant elections and enrollment for payroll and Benefit Plan administration, and in some instances access to PHI that was submitted for claims reimbursement when that claim is on an appeal from an adverse decision. All persons who have access are trained in the federal privacy and security rule.

Permitted And Required Uses And Disclosures Of PHI By The Plan Sponsor: The Plan Sponsor can only use and disclose PHI for plan administration functions as permitted and required by this Amendment, or as required by law. The Plan Sponsor will not use or disclose PHI for employment-related actions or in connection with any other employee benefit plan. When necessary, the Plan Sponsor will disclose the PHI to consultants and experts as required by the Department Of Labor for a full and fair review or to perform plan non-discrimination testing as required by law. All other disclosures of PHI will only be made pursuant to a valid authorization from the Participant that meets the requirements of 45 CFR §164.508.

The Plan Sponsor, on behalf of the Plan, may disclose Summary Health Information for the purpose of obtaining premium bids from health plans for providing health insurance or modifying, amending or terminating the Plan. Summary Health Information means information that summarizes claims history and expenses which meets the federal requirements that remove all data fields that can be used to identify an individual participant.

Complaints: If a Participant has any complaints regarding the way that the Plan Sponsor has handled PHI they can complain to the Plan Sponsor. No response from the Plan Sponsor is required. The Plan Sponsor will keep a copy of the complaint, applicable documentation, and disposition if any, for a period of 6 years from the end of the plan year in which the act occurred.

No Retaliation: No Employer will intimidate, threaten, coerce, discriminate against, or take other retaliatory action against Participants for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under the federal Privacy Rule.

Firewall: The Plan Sponsor will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the protected health information that it creates, receives, maintains, or transmits on behalf of the group health plan; and ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

Plan Sponsor will: 1) Ensure that any subcontractors or agents to whom the Plan Sponsor provides PHI agree to the same restrictions described above, 2) record and respond to any use or disclosure that is inconsistent with this Plan Document or the federal Privacy Rule, 3) make the PHI information accessible to the Participants, 4) allow Participants to amend their PHI, 5) provide an accounting of its disclosures of PHI as required by the Privacy Rule, 6) make its practices available to the Secretary for determining compliance, and, 7) return and destroy all PHI when no longer needed, if feasible.

The Federal Security Rule: This Term is intended to bring the Plan into compliance with the “HIPAA Security Rule” as published on February 20, 2003 by the United States Department of Health and Human Services (HHS), and amended, including the final Security Standards under the Health Insurance Portability and Accountability Act of 1996 and the HITECH Act (Health Information Technology for Economic and Clinical Health Act) of 2009.

The Electronic Media contemplated by the HIPAA Security Rule includes:

- (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or
- (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

In order to send and receive Protected Health Information (“PHI” as defined in the Plan Document) necessary for Plan administration by Electronic Media, the Plan Sponsor will:

- (1) Implement reasonable and appropriate safeguards for electronic PHI created, received, maintained or transmitted to or by the Plan Sponsor on behalf of the group health plan;
- (2) Ensure that electronic “firewalls” are in place to secure the electronic PHI;
- (3) Ensure that all agents and subcontractors with access to electronic PHI comply with the security requirements; and
- (4) Report to the group health plan any security incident of which it becomes aware.

This Amendment is effective for the current Plan Year, and for any future Plan Years, unless amended by the Plan Sponsor.

Executed this _____ day of _____, _____.

Client Name: Vigo County Public Library

Signed: _____

Printed: _____

Title: _____

Date: _____