



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

### **I. OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

We are committed to preserving the privacy and confidentiality of your health information or the health information of your family member, whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of health information. Copies of our privacy policies and procedures are maintained in the business office. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provisions of health care to you, or payment for the health care treatment, or services you receive is considered *protected health information (PHI)*. We are required to provide you with this *Privacy Notice* that contains information regarding our privacy practices that explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures.

Should you have questions concerning our Privacy Notices, the names, addresses, telephone numbers, website addresses, etc., of whom you should contact see the list on the last page of this document.

### **II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We have a limited right to use and/or disclose your health information for purposes of treatment, payment, or for the operations of our facility. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release your protected health information to an outside party, we will require the party to have a signed agreement with us that the party will extend the same degree of privacy protection to your information as we do.

The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:

#### **1. Use and Disclosures Related to Treatment:**

We may disclose your protected health information to those who are involved in providing medical and nursing care services and treatments to you. For example, we may identify rooms by medical and nursing care services and treatments to you. For example, we may identify rooms by the first name and last initial of the occupant, or release health information about you to our nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians, etc. We may also disclose your protected health information to outside entities performing other services relating to your treatment; such as diagnostic laboratories, home health/hospice agencies, family members, etc.

**2. Use and Disclosures Related to Payment:**

We may use or disclose your protected health information to bill and collect payment for services or treatments we provided to you. For example, we may contact your insurance facility, health plan, or another third party to obtain payment for services we provided to you.

**III. USES AND DISCLOSURES OF INFORMATION THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION**

State and Federal law and regulations either require or permit us to use or disclose your protected health information without your consent or authorization. The uses or disclosures that we may make without your consent or authorization include the following:

**1. When Required by Law:**

We may disclose your protected health information with a federal, state or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product, or in response to a court order or subpoena.

**2. For Public Health Activities for the Purpose of Preventing or Controlling Disease, Injury or Disability:**

We may disclose your protected health information when we are required to collect information about disease or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recall, or to report vital statistics (e.g., births/deaths) to the public health authority.

**3. For Health Oversight Activities:**

We may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, that state agency responsible for inspecting our facility or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with the applicable state and federal laws and regulation and civil rights issues.

**4. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:**

We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitation your organ or tissue donation or transplantation.

**5. For Research Purposes**

We may disclose your protected health information for research purposes only when a privacy board has approved the research project. However, we may use or disclose your protected health information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researches identifying person to be included in the research project will be required to conduct all activities onsite. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your

information. Researchers will be required to sign a *Confidentiality and Non-Disclosure Agreement* form before being permitted access to health information for research purposes.

**6. To Avert a Serious Threat to Health or Safety:**

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

**7. For Specific Government Functions:**

We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.

**8. For Fund-raising:**

We may use a limited amount of your protected health information when raising money for our facility and its operations. We may also disclose this information to a foundation related to the facility so that the foundation may contact you to raise money on behalf of our facility. The information we may use will be limited to your name, address, telephone number, photograph, and dates for which you received treatment or services at our facility. Tours of the facility may take place from time to time. We may have these individuals meet you. You may be photographed during special events such as Summer Games, Holiday Open House, etc. Occasionally, there may be media coverage. If you do not wish to be contacted for participation in fund-raising activities or have this information provided to our affiliated foundation, you must provide us with a written notification. The name of the person to contact and the method of contacting him/her are listed on the last page of this notice.

**IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights concerning the use of disclosure of your protected health information that we create or that we may maintain on our premises.

**1. To Request Restriction on Uses and Disclosures of Your Protected Health Information:**

You have the right to request that we limit how we use or disclose your protected health information for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of or your care or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. The name, address, and telephone number of the person to whom the request is to be submitted is listed on the last page of this document.

**We are not required to agree to your restriction request.** However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

**2. The Right to Inspect and Copy Your Medical and Billing Records**

You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy

your health information you must submit a written request to us. If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your request. We will provide you with information concerning the cost of copying your health information prior to performing such service. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and/or copy your health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of our denial. If such review is granted or is required by law, we will select a licensed health care professional not involved in the original denial process to review your request and our reason for denial. We will abide by the reviewer's decision concerning your inspection/copy requests. You may submit your denial review requests in writing.

### **3. The Right to Amend or Correct Your Health Information:**

You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such request of us for as long as we maintain/retain your health information. Your request must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

We may deny your request if:

- a. Your request is not submitted in writing
- b. Your written request does not contain a reason to support your request
- c. The information was not created by us, unless the person or entity that related the information is no longer available to make that amendment
- d. It is not part of the health information kept by our facility
- e. It is not part of the information which you would be permitted to inspect and copy, and/or
- f. The information is already accurate and complete

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your health information. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document.

### **4. The Right to Request Confidential Communication;**

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any health information about you to a family member's address. We will agree to your request, as long as it is reasonably easy for us to do so. You are not required to reveal nor will we ask the reason for your request. To request confidential communications you must:

- a. Notify us in writing;
- b. Indicate what information you wish to limit;
- c. Indicate whether or not you wish to limit or restrict our use of disclosure of such information; and
- d. Identify to whom the restrictions apply (e.g., which family member(s), agency, etc.).

The name, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

**5. The Right to Request an Accounting of Disclosures of Protected Health Information:**

You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family, or the facility directory, disclosures made for the national security purposes, or any release pursuant to your authorization.

Your request must be submitted in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2005). Your Request may not include release for more than six (6) years prior to the date of your request and may not include releases prior to April 14, 2003. Your request must indicate in what form (e.g., printed copy or E-mail) you wish to receive this information. We will respond to your request within sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional request during the twelve (12) month period. We 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. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document.

**6. The Right to Receive a Paper Copy of This Notice:**

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may obtain a copy of this information from our website (as applicable). The name, address, and telephone number of the person to whom you may obtain a paper copy of this notice is listed on the last page of this document.

**V. HOW TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you have reason to believe that we have violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be file without fear of retaliation in any form.

**To ask questions, request information or to file a complaint with us, contact us by phone or my mail:**

Our Designee: Irene Kasnicka, QA Coordinator  
164 S. Prairie Avenue  
Bloomington, IL. 60108  
Telephone: (630) 529-2871

**To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of:**

Office of Civil Rights  
U.S. Department of Health and Family Services  
200 Independence Ave, SW  
Washington, D.C. 20201