



Hopedale Medical Complex

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can get access to your medical information. Please carefully review this notice.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic, and medical payment information. For example, it includes information about your diagnosis, medications, insurance status, medical claims history, and policy or social security number.

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

HOPEDALE MEDICAL COMPLEX. This Notice of Privacy Practice (“**Notice**”) describes the privacy practices of Hopedale Medical Complex and its clinics in Central Illinois, collectively known as the Hopedale Medical Complex (“**HMC**”), and all of its programs and departments, including its rural health clinics.

Medical Staff. This Notice also describes the privacy practices of an “organized health care arrangement” or “OHCA” between HMC and eligible providers on its Medical Staff. Because HMC is a clinically-integrated care setting, our patients receive care from HMC staff and from independent practitioners on the Medical Staff. HMC and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, HMC and all eligible providers on HMC’s Medical Staff have entered into the OHCA under which HMC and the eligible providers will:

- Use this Notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;
- Obtain a single signed acknowledgment of receipt; and
- Share medical information from inpatient and outpatient hospital visits with eligible providers so that they can help the Hospital with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

USES & DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The following are the types of uses and disclosures we may make of your medical information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment. We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, clinical staff, your physicians and others who are involved in your care at HMC. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

Payment. We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If state law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for payment purposes.

Health Care Operations. We may use or disclose your medical information for our health care operations. For example, medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

Business Associates. We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. We may contact you as part of a fundraising effort. We may also use, and we may disclose to a business associate or to a foundation related to HMC, certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for HMC. HMC will not send fundraising communications to individuals who have chosen not receive such information. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to “opt out” and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already prepared a communication prior to receiving notice of your election to opt out.

Hospital Directory. We will include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by state or federal law.

Family, Friends, or Others. We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such medical information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies, or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law. We will use and disclose your information as required by applicable federal, state, or local law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities. We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- 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; and
- With parent or guardian permission, to send proof of required immunization to a school.

Abuse, Neglect, or Domestic Violence. We may notify the appropriate government authority or law enforcement agency if we believe you have been the victim of abuse, neglect, or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure with your permission.

Law Enforcement. We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting certain wounds and physical injuries;
- 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 we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat, is to a person reasonably able to prevent or lessen the threat (including the target), or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Deceased Individuals. We are required to apply safeguards to protect your medical information for fifty (50) years following your death. Following your death, we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

Organ, Eye, or Tissue Donation. We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research. Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities, authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Workers' Compensation. We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Health Information Exchange. We participate in one or more electronic health information exchanges which permits us to exchange medical information about you and other participating providers (for example, doctors and hospitals) and their business associates. For example, we may permit a physician providing care to you to access our records in order to have up-to-date information with which to treat you. In all cases, the requesting provider must have or have had a relationship with you. Participation in a health information exchange also lets us access medical information from other participating providers for our treatment, payment and health care operations purposes. We may in the future allow other parties, for example, public health departments, that participate in the health information exchange, to access your protected health information for their limited uses, for example, to conduct public health activities.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery, the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting room. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

There are many uses and disclosures we will make only with your written authorization. These include:

- **Uses and Disclosures not Described Above.** We will obtain your authorization for any use or disclosure of your medical information that is not described in the preceding examples.
- **Psychotherapy Notes.** These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
- **Marketing.** We will not use or disclose your protected health information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- **Sale.** We will not sell your protected health information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

INDIVIDUAL RIGHTS

Request for Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses

related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

Several different covered entities listed at the start of this Notice use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact HMC at the address listed below if you have questions regarding which providers will be involved in your care.

Access to Medical Information. You may inspect and copy much of the medical information we maintain about you, with some exceptions. If we maintain the medical information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

Amendment. You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for the six (6) years prior to your request. Your right to an accounting does not include disclosures for treatment, payment, and health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization.

Confidential Communications. You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

Notice in the Case of Breach. You have the right to receive notice of an access, acquisition, use or disclosure of your medical information that is not permitted by HIPAA, if such access, acquisition, use or disclosure compromises the security or privacy of your PHI (we refer to this as a breach). We will provide such notice to you without unreasonable delay but in no case later than 60 days after we discover the breach.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. We will respond to your requests to exercise any of the above rights on a timely basis in accordance with our policies and as required by law. Please contact HMC's HIPAA Privacy Officer for more information or to obtain request forms (contact information is listed below).

Authorization. You have the right to revoke an authorization at any time.

ABOUT THIS NOTICE

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it on HMC's public website (www.hopedalemc.com), throughout our hospital, and in all of our clinic locations. You are entitled to receive this Notice in written form. If you would like a copy mailed or e-mailed to you, please contact HMC's HIPAA Privacy Officer (contact information is listed below).

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with HMC using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION FOR HMC'S HIPAA PRIVACY OFFICER

Mail: HIPAA Privacy Officer
Hopedale Medical Complex
107 Tremont Street
Hopedale, IL 61747

Telephone: (309)449-4011
E-Mail: HIPAAOfficer@hopedalemc.com



NOTICE OF PRIVACY PRACTICES

By signing below, I hereby acknowledge receipt of the Hopedale Medical Complex Notice of Privacy Practices and consent to the uses and disclosures described in the Notice of Privacy Practices.

Signature of Patient (*Legal or Personal Representative*)

Date of Signature

Print Patient Name

Date of Birth