



PRIVACY NOTICE

COMMUNITY HOSPITAL

STAUNTON, ILLINOIS

Revised Date: August 31, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer at 618-635-4245.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any members of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- All clinical physicians and staff that are associated with the hospital.

All above listed may; share medical information with each other for treatment, payment and certain health care operations as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting the medical information about you. We create a record of your care and services you receive at the hospital. This information includes identification and financial information as well as medical information such as your symptoms, diagnoses, test results, physical exam and information about your treatment. We need this information to

- provide you with quality care
- communicate information among healthcare providers
- evaluate and improve the quality of care we provide and the outcomes we achieve

- provide information for the hospital planning and operation
- comply with certain legal requirements.

This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal physician.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU;

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **To Treat You:** We may use medical information about you to provide you with medical treatment or services.

We may disclose medical information about you to doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you at the hospital. For example, a physician treating you for a fractured hip may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the physician may need to tell the dietician if you have diabetes so that we can arrange for the appropriate meals. Different departments of the hospital also may share information about you in order to coordinate the different services you need. For example, outside the hospital those who are involved in your medical care after you leave the hospital, such as family members, Home Health, Social Service,

Physical Therapy, nursing homes or others we use to provide services that are part of your care.

Another example may be a physician, treating you for a new diagnosis of congestive heart failure, will need to know if any past cardiac care was received and may need to consult with your cardiologist. Your care will need to be discussed with the dietician to provide a low sodium diet. Your medications may change and the pharmacist will need to discuss these changes, not only with you, but with the other physicians involved with your care, as well as the nursing staff. During Discharge Planning, we may ask to involve your family in discussions of your care needs.

- **To Bill for Your Services:** Personal medical information may be disclosed to insurance companies or third party payers who require prior authorization for certain medical procedures or services before the insurance companies will agree to reimburse the provider for these services. This information can include, but is not limited to, your personal history of disease or injury, your current medical condition and medications and prognosis following the proposed treatment

Personal medical information may be disclosed to insurance companies or third party payers who require additional information regarding an emergency room visit. This information can include, but is not limited to, copies of the Emergency Department record, diagnostic test

results, and circumstances regarding the cause or need for emergency treatment

- **To Run Our Organization:** We may use or disclose medical information about you for hospital operations.

These uses and disclosures are necessary to operate the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review the way we give treatment and provide services and to evaluate the performance of our staff in the way of caring for you. We may form committees to develop ways to improve activities related to patient care and patient services. We may remove information that identifies you from a set of medical information so others may use it to study health care and health care deliveries without learning who the specific patients are.

- **To Comply with the Law:** We will share information about you if local, state, and federal law requires it, including the Department of Health and Human Services if it wants to see that we are complying with the federal privacy laws. Also as required by law, we may disclose PHI to the proper authorities for patients in the custody of law enforcement or in a correctional institution.
- **To Help with Public Health and Safety Issues:** We may share health information about you when necessary to

- Prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- Preventing disease, injury or disabilities
- Reporting births and deaths
- Reporting to cancer registries or other similar registries
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Helping with product recall
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

To Respond to Lawsuits and Legal Actions: If you are involved in a lawsuit we may share health information about you in response to a court or administrative order. We may also share 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 efforts have been made to tell you about the request or to obtain an order protecting the information requested

- **To Do Research:** We can use or share your information for health research
- **To Respond to Organ and Tissue Donation Requests:** If you are an organ donor, we may share medical information to organizations that handle procurement of organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donations and transplantations
- **To Coroners, Medical Examiners and Funeral Directors:** We can share medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release information to funeral directors as necessary to carry out their duties.
- **To Address Worker's Compensation, Law Enforcement and Other Government Requests:** We may use or share health information about you

For worker's compensation or similar programs.

For Law Enforcement purposes or with law enforcement officials 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 a death we believe may be the result of criminal conduct

About criminal conduct in the hospital

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.

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

For special government functions: We may use or disclose PHI to carry out essential government functions such as military, national security, intelligence activity and presidential protective services.

YOUR RIGHTS

You have the right to:

- **Obtain a Copy of Your Paper or Electronic Medical Record.** Usually this includes medical and billing records. To inspect or request a copy of your medical/billing

information, you must submit your request in writing to: Health Information Services Department, in care of Community Memorial Hospital. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with the request.

- **Amend Your Paper or Electronic Medical Record.** If you feel that medical information we have about you is incorrect or incomplete, you may make a request to amend the information. You have a right to request an amendment as long as the information is kept by or for the hospital. To request an amendment, you must submit your request in writing to: Health Information Services Department, in care of Community Memorial Hospital. In addition, you must provide a valid reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, or the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the departments or units of the hospital

- Is not part of the information which you would be permitted to inspect or be copied
- Is accurate and complete.

Obtain a List of Those with Whom We've Shared Your Information. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you.

To request this list of accounting of disclosures, you must submit your request in writing to: Health Information Services Department, in care of Community Memorial Hospital. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

- **Ask Us to Limit the Information We Share.** 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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. We are not required to agree to your request if we feel we cannot comply with the request. If we do agree to the request, we will comply with your request unless the information is needed to provide you emergency treatment. To request

restrictions, you must make your request in writing to the Privacy Officer in care of Community Memorial Hospital.

In your request, you must tell us:

- 1) What information you want to limit
- 2) Whether you want to limit our use, sharing, or both
- 3) To whom you want the limits applied, for example, sharing information with your spouse

- **Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, for example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the health Information Services Department in care of community Memorial Hospital. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

- **Restrict certain disclosures of protected health information to a health plan if you pay for a service in full or out of pocket.** You have the right to request us not to disclose PHI to your health plan for payment and healthcare operation purposes, if not otherwise required

by law, when you or someone on your behalf pays for your services in full.

- **Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **Be notified of a breach of unsecured protected health information:** As required by law, you have the right to receive notification if your health information is acquired, accessed, used or disclosed in an unauthorized manner.

Receive a Copy of This Privacy Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A paper copy of this notice is available at the admitting office from 6 AM to 11 PM, or please call 618-635-4245 to request one from the Privacy Officer

- **File a Complaint if You Believe Your Privacy Rights Have Been Violated.** If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at 618-635-4245, or ext. 4245. All complaints must be submitted in writing. You not be penalized for filing a complaint.

YOUR CHOICE

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share our information as described below, please contact us. Let us know what you want us to do and we will follow your instructions.

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

- **Share information with your family, close friends or others involved in your care:** If you are unable to tell us your preference, for example, if you are unconscious, we may release medical information about you to a family member or friend involved in your medical care. If you are able to tell us your preference, we may ask you to select a "password" to give to family or close friends if you would like us to share information with if they call. When someone calls to inquire about you, we will ask them the password. If they know the password, we will share information with them. If they do not know the password, we will not share information with them.
- **Share information in a disaster relief situation:** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about our condition, status and location.

Include your information in a hospital directory: We may include certain limited information about you in the

hospital directory while you are in the hospital. This information may include your name, location in the hospital, your condition (fair, stable, etc.) and your religious affiliation. The directory information may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if they don't ask for you by name. This allows our family, friends and clergy to visit you in the hospital and generally know how you are doing.

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

- **Marketing purposes and the sale of your information:** We cannot disclose protected health information where the covered entity or the business associate directly or indirectly receives remuneration from or on behalf of the recipient of the protected health information in exchange for protected health information.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses of Your PHI

We will ask for written authorization from you before using or disclosing your PHI for situations not described in this notice. You may revoke your authorization at any time

