

**PRIVACY NOTICE
COMMUNITY MEMORIAL HOSPITAL
STAUNTON, ILLINOIS**

Effective Date: 04-14-03

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 618-635-4246 or Ext. 246.

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, including Staunton Family Practice, Livingston Family Practice, and the Home Health Care Department.
- 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 the care and services you receive at the hospital. We need this record to provide you with quality care and to 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.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

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.

- **For Treatment:** 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 doctor treating you for a fractured hip may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor 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, eg. family members, Home Health, Social Services, Physical Therapy, nursing homes, or others we use to provide services that are part of your care.

Another example may be, a doctor 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 medication may change and the pharmacist will need to discuss these changes, not only with you, but with the other doctors 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 .

- **For Payment:** Personal medical information may be disclosed to insurance companies of 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 ER record, diagnostic test results, and circumstances regarding the cause or need for emergency treatment.

- **For Health Care Operations:** 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 ways 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 delivery without learning who the specific patients are.
- **Business Associates:** There are services provided to our facility through contacts with business associates. For example, we may have outside auditors, consultants, etc., to review your information to make sure that all departments within the hospital's control are functioning properly. We may disclose Protected Health Information to other business associates so they can perform their responsibilities in relationship with hospital business. If information is released, they are required to protect and safeguard your information as well.
- **Appointment Reminders:** We may use or disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. For example, our radiology department may send a reminder about the scheduling of a mammogram. Staunton Family Practice may call to confirm an appointment you may have scheduled for the following day.
- **Health-Related Benefits and Services:** We may use or disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for the hospital and its operation. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address, phone number. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Officer in writing.
- **Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your

general condition (eg, 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 so your family, friends, and clergy to visit you in the hospital and generally know how you are doing.

- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use or disclose medical 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.

SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following; preventing or controlling disease, injury, or disability, reporting of births and deaths, reporting of child abuse or neglect, reporting of reactions to medications or problems with products, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree or when required by 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 the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** 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 efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information 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 a death we believe may be the result of criminal conduct;
About criminal conduct at 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.

- **Coroners, Medical Examiners, and Funeral Directors.** We may release 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 medical information to funeral directors as necessary to carry out their duties.
- **Inmates.** Medical information about you may be released to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care (2) to protect your health and safety of others, (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of medical information. 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.
- **Right to Amend.** 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.
- **Right to an Accounting of Disclosures.** 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.

- **Right to Request 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. 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, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** 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 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.

- **Right to a Paper Copy of This 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 6AM to 11PM, or please call 618-635-4246 to request one from the Privacy Officer.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

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 618-635-4246, or Ext. 246. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided you.