

NOTICE OF PRIVACY PRACTICES OF HAMMOND-HENRY HOSPITAL

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.

We are required to protect the privacy of health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

We are required to follow the procedures in this Notice of Privacy Practices. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our facility;
- Making copies of the revised notice available upon request (either at our facility or through the contact person listed in this Notice); and
- Posting the revised Notice on our website, www.hammondhenry.com.

This Notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

This Notice also describes the privacy practices of Hammond-Henry Hospital as well as its Medical Staff members and representatives participating in the Organized Health Care Arrangement.

We May Use and Disclose Medical Information About You Without Your Authorization in the Following Circumstances:

A. Provide Health Care Treatment.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose PHI about you to your family doctor, other doctors, nurses, hospitals and other health facilities that become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your PHI with them. Similarly, we may refer you to another health care provider and, as part of the referral, share PHI about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide PHI about you to them so they have the information they need to provide services for you.

B. Obtain Payment for Services.

Generally, we may use and disclose your PHI to others to bill and collect payment for the treatment and services provided to you. This can include billing you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid.

Before you receive scheduled services, we also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive. Sharing this information allows us to ask for coverage under your plan or policy and approval of payment before we provide the services.

We may also share portions of your PHI with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus).

C. Provide Health Care Operations.

We may use and disclose PHI about you in performing business activities, which we call "health care operations". These "health care operations" are necessary for us to operate Hammond-Henry Hospital, to maintain and improve quality health care for our patients, and to reduce health care costs. For example, we may use PHI information about you to review and improve the quality, efficiency, and cost of care that we provide to you and to our other patients. It may be used to review and evaluate the skills, qualifications, and performance of our employees in caring for you. We may disclose PHI about you to train our staff, volunteers and students working at Hammond-Henry Hospital. We also may use the information to study ways to more efficiently manage our organization. PHI may also be used in cooperation with outside organizations that assess the quality of care others and we provide, such as the Joint Commission on Accreditation of Healthcare Organizations. PHI may be used in planning our future operations, fundraising for the benefit of our organization, conducting business management and general administrative activities, and resolving grievances within our organization.

We may use and disclose PHI under other circumstances without your authorization.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

A. Required by Law.

We may use or disclose PHI about you when we are required to do so by law. For example, when federal, state, or local law or other judicial or administrative proceeding requires a disclosure.

B. Public Health Activities.

We may disclose PHI about you for public health activities and purposes. This includes reporting PHI to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, or one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk or contracting or spreading a disease or condition.

C. Victims of Abuse, Neglect or Domestic Violence.

We may disclose PHI about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

D. Health Oversight Activities.

We may disclose PHI about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

E. Judicial and Administrative Proceedings.

We may disclose PHI about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose PHI about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

F. Disclosures for Law Enforcement Purposes.

We may disclose PHI about you to law enforcement officials for law enforcement purposes, such as the following:

1. As required by law for reporting certain types of wounds or other physical injuries.
2. In response to a court, grand jury or administrative order, warrant or subpoena.
3. To identify or locate a suspect, fugitive, material witness or missing person.
4. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
5. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
6. About crimes that occur at our facility.
7. To report a crime in emergency circumstances.

G. Coroners and Medical Examiners.

We may disclose PHI about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death should you die.

H. Funeral Directors.

We may disclose PHI about you to funeral directors as necessary for them to carry out their duties should you die.

I. Organ, Eye or Tissue Donation.

We may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ, eye or tissue donation and transplantation should you die.

J. Research.

Under certain circumstances, we may use or disclose PHI about you for research. Before we disclose PHI for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your PHI. We may, however, disclose PHI about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Hammond-Henry Hospital during that person's review of the information.

K. To Avert Serious Threat to Health or Safety.

We may use or disclose PHI about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

L. National Security, Intelligence, Military, and Protective Services.

We may disclose PHI about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President of the United States, certain other federal officials, or foreign heads of state, and medical suitability or determinations of the Department of State. If you are a member of the Armed Forces, we may use and disclose PHI about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

M. Inmates; Persons in Custody.

We may disclose PHI about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

N. Workers Compensation.

We may disclose PHI about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

You may object to certain uses and disclosures.

- Unless you object, we may use or disclose PHI about you in the following circumstances:
- We may share your name, your location in our facility, and your condition described in general terms in our patient listing with clergy and with people who ask for you by name while you are a patient in our facility. Your religious affiliation may be given to members of the clergy, such as a minister, priest or rabbi.
- We may share with a family member, other relative, friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose PHI about you to notify, or assist in notifying, those persons of your location, general condition, or death.
- We may share PHI about you with a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, friend, or any other person identified by you of your location, general condition, or death. Even if you object, we may still share PHI about you, if necessary, for emergency circumstances.

If you would like to object to or restrict our use or disclosure of PHI about you in the above circumstances, please notify the Nursing Supervisor or Admitting Department at Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 of your objection. You may also tell a staff member who is providing care to you of your objection or restriction.

We may contact you to provide appointment reminders.

We may use and/or disclose PHI about you to contact you to remind you of an appointment you have with us for treatment or medical care.

We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI about you to manage or coordinate your healthcare. This may include contacting you about treatment alternatives, health-related benefits and services, or products that may be of interest to you.

We may communicate to you about products and services in a face-to-face communication by us to you. We also may communicate about products or services in the form of a promotional gift of nominal value.

We may contact you for fundraising activities.

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise funds for Hammond-Henry Hospital. We may disclose PHI to a business associate of Hammond-Henry Hospital or a foundation related to Hammond-Henry Hospital so that the business associate or foundation may contact you to raise money for the benefit of Hammond-Henry Hospital. We will only release demographic information, such as your name and address, and the dates you received treatment or services from Hammond-Henry Hospital. If you do not want Hammond-Henry Hospital or its foundation to contact you for fundraising, you must notify Foundation Manager, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 in writing.

How We Will Contact You.

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 7 of this Notice.

Any Other Use or Disclosure of PHI About You Requires Your Written Authorization

Under any circumstance other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. You may revoke such an authorization at any time by notifying Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on any disclosures, which were being processed before we received your cancellation.

Effective Date of Notice: April 14, 2003

Your Rights With Respect to Protected Health Information About You.

You have the following rights with respect to PHI that we maintain about you:

The Right to Request Restrictions on Uses and Disclosures of PHI

You have the right to request that we restrict the uses or disclosures of PHI about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a friend or any other person identified by you; or, (b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose PHI about you to your brother or sister.

You may request a restriction at any time. If you request a restriction, you should do so by notifying Health Information Management Services, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 or calling 944-4626 Ext. 1351 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

The Right to Receive Confidential Communications.

You have the right to request that we communicate PHI about you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254. Your request must state how or where you can be contacted.

We will accommodate your reasonable request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

The Right to Inspect and Copy PHI.

You have the right to inspect and obtain a copy of PHI contained in clinical, billing, and other records used to make decisions about you. You must submit your request in writing to Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL. Your request should state specifically what PHI you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy PHI if the PHI involved is:

- a. Psychotherapy notes created by a clinical psychologist or clinical social worker;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

The Right to Request an Amendment to Your PHI

You have the right to ask us to make amendments to clinical, billing and other records used to make decisions about you. You have this right for as long as we maintain the medical information. To request an amendment, you must submit your request in writing to Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend PHI about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend PHI if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed five (5) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

The Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of PHI about you. You must state a time period for your request which may not be longer than six (6) years.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our patient listing or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made more than 6 years ago.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

The Right to a Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. We will provide a copy of this Notice no later than the date you first received service from us (except for emergency services, and then we will provide the Notice to you as soon as possible). You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.hammondhenry.com.

To obtain a paper copy of this notice, contact Health Information Management, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 or call 944-4625 Ext. 1351.

You may file a complaint about our privacy practices.

If you believe we have violated your privacy rights or you want to complain to us about our privacy practices, you may contact the person listed below:

Health Information Management Manager, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 or calling 944-4625 Ext. 1350. All complaints should be submitted in writing.

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 for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Health Information Management Manager, Hammond-Henry Hospital, 600 North College Avenue, Geneseo, IL 61254 or calling 944-4625 Ext. 1350.

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