

NOTICE OF PRIVACY PRACTICES



HSHS Medical Group

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

PLEASE REVIEW IT CAREFULLY.

Federal law requires Hospital Sisters Health System (HSHS) and our health care providers to maintain the privacy of your Protected Health Information (PHI). We are required by law to give you this notice and to comply with the terms and conditions of the most current notice. We reserve the right to change the terms of this notice and to make the new notice terms apply to all of your PHI we maintain. We will make you aware of our new notice terms by updating our Notice of Privacy Practices posted on our website and at our facility.



HSHS Medical Group

JOINT NOTICE

HSHS and entities under common ownership and control align with the medical staff and allied health professionals providing treatment at our facilities work together in an Organized Health Care Arrangement (OHCA). As part of the OHCA, we share your PHI as necessary for your treatment, to get paid for services, and to carry out other health care operations such as quality assessment and improvement. This joint notice describes how the health care professionals and workforce members, including colleagues, medical staff members, students and volunteers, participating in the OHCA use and disclose your health information. A Notice of Privacy Practice provided to you by any one of the following will also satisfy the HIPAA requirement to provide you with this notice.

THE ENTITIES PARTICIPATING IN THE **HSHS OHCA** INCLUDE



IN ILLINOIS:

St. Elizabeth's Hospital, O'Fallon; Imaging Center Belleville; Sleep Disorder Center; St. Joseph's Hospital, Breese; St. Joseph's Hospital Immediate Care 365; St. Joseph's Hospital, Highland; Holy Family Hospital, Greenville; St. Mary's Hospital, Decatur; Good Shepherd Hospital, Shelbyville; St. Anthony's Memorial Hospital, Effingham; Home Care Southern Illinois; Hospice Southern Illinois; St. John's Hospital, Springfield; St. John's Hospital Home Health; St. John's Hospice; St. John's Hospital Home Infusion; St. John's Surgery Center, Montvale; St. John's Surgery Suites; Prairie Diagnostic Center at St. John's Hospital; St. John's Children's Hospital; St. Francis Hospital, Litchfield; Clinton County Rural Health; Prairie Cardiovascular Consultants; HSHS Medical Group; Joslin Diabetes Center - Affiliate at HSHS Medical Group.



IN WISCONSIN:

St. Vincent Hospital, St. Vincent Home Health Care, St. Vincent Hospital Renal Dialysis Center and St. Mary's Hospital Medical Center in Green Bay; St. Nicholas Hospital, St. Nicholas Home Health & Hospice and St. Nicholas Hospital Renal Dialysis Center in Sheboygan; St. Clare Memorial Hospital in Oconto Falls; Sacred Heart Hospital; and Sacred Heart Renal Dialysis Center in Eau Claire and Chippewa Falls; St. Joseph's Hospital and St. Joseph's Home Health & Hospice in Chippewa Falls; St. Joseph's Hospital Wound Care in Chippewa Falls and Eau Claire; LE Phillips-Libertas Treatment Center in Chippewa Falls; and Libertas Treatment Center in Green Bay; St. Clare Memorial Hospital affiliated Clinics, Prevea Health; and St. Gianna Clinic.

If you are unsure if your health care provider is part of this notice or you have additional questions regarding our privacy policies you may contact our Privacy Officer.



Each time you receive care, information may be documented electronically or on paper. The information we document includes identification and financial information as well as medical information such as your symptoms, diagnoses, test results, physical examination, and information about your treatment. This information allows us to:

- Plan for your care and treatment
- Communicate information among your health care professionals
- Legally record the care you receive
- Verify that services were provided
- Evaluate and improve the care we provide and the outcomes we achieve
- Provide a source of information for important health-related research
- Educate health professionals and students
- Provide information for the medical group's planning and operations

BY LAW, WE ARE ABLE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING PURPOSES:

TREATMENT

We may disclose in person, by phone, mail, fax or electronically PHI about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. For example, a physician may use the information in your medical record to determine which treatment option, such as a medication or surgery, best addresses your health needs. This information is documented in your medical record so that other health care providers may make informed decisions about your care. As required by Illinois and Wisconsin law we will obtain your authorization before disclosing psychotherapy notes or HIV test results to other health care professionals for treatment purposes.

PAYMENT

We may use or disclose your PHI to bill and collect payment from you, your insurance company or other parties responsible for paying for your services. For example, we may disclose your diagnosis, treatment plan, results, and/or treatment progress to your health insurer in order to receive payment, unless otherwise restricted as further described in this notice. As required by Illinois and Wisconsin law we will obtain your authorization before disclosing psychotherapy notes or HIV test results for payment purposes.

HEALTH CARE OPERATIONS

We may use your PHI to assist us in improving the quality or cost of care we provide. This may include evaluating the care provided by your physicians, nurses and other health care professionals, or comparing the effectiveness of your treatment to patients in similar situations. We may also use your health information to educate students preparing for health-related careers and to further educate our current employees. We may disclose your PHI to accreditation, certification and licensing organizations who review the quality of our services.

FACILITY DIRECTORY

Unless you object, when you are admitted as an inpatient or for short stay services we will include your name, location in our facility and religious affiliation in our directory. We may provide the information in our directory to anyone who asks for you by name or to your church if requested.

NOTIFICATION AND COMMUNICATION WITH FAMILY AND FRIENDS

We may disclose your PHI to a family member, your personal representative or other person responsible for your care or payment for your care, to notify them of your location, general condition, or death. We may also disclose your PHI for notification purposes to public or private entities assisting in disaster relief efforts. We will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable to agree or object to a disclosure, or in cases of emergency, we will use our best judgment in communicating with your family and others.

COMMUNICATIONS TO YOU

We may use your information to remind you of appointments, give you test results, or recommend treatment alternatives or wellness services that may be of interest to you or provide you with surveys regarding your care.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your health information in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

REQUIRED OR PERMITTED BY LAW

We may disclose PHI to law enforcement officials for purposes such as identifying or locating a suspect, fugitive or missing person, victims of abuse, neglect, or complying with a court order or other law enforcement purposes. In addition, as required by law we may disclose PHI to the proper authorities for patients in the custody of law enforcement or in a correctional institute.

PUBLIC HEALTH ACTIVITIES

We may disclose your PHI for public health activities. These activities generally include but are not limited to the following: to prevent or control disease, injury, or disability; to report deaths; to report to cancer registries or other similar registries; to report reactions to medications or

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problems with products; to notify people of recalls of products they may be using; 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 to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

We may disclose your PHI to health oversight agencies responsible for overseeing our operations; this may include audit, investigation, and inspection related to oversight of the health care system or government benefit programs. For example, we may disclose your PHI to regulatory agencies conducting a review of our quality of care.

DEATH

We may disclose PHI to funeral directors as needed and to coroners or medical examiners to identify a deceased person, determine cause of death, or perform other functions required by law. For example, we may provide HIV test results to a funeral director or other persons who prepare a body for burial.

ORGAN, EYE OR TISSUE DONATION

We may disclose PHI to facilitate the donation and transplantation of organs, eyes and tissue.

RESEARCH

We may use and disclose your PHI to conduct research only under certain circumstances and after a special approval process.

PHILANTHROPY

We may use your information, including but not limited to name, address, gender, date of birth, treating physician, department of service and outcome information, to contact you for our own fundraising purposes which support important activities of our hospital ministries through the Hospital Sisters of St. Francis Foundation. You may opt out of receiving fundraising communications from us at any time.

SERIOUS THREAT TO HEALTH OR SAFETY

We may disclose your PHI to the necessary authorities if we believe in good faith that it will prevent or lessen a serious and imminent threat to the health and safety of you or the public. For example, we may disclose your PHI to the Department of Transportation if your medical condition affects your ability to safely drive a car.

ESSENTIAL GOVERNMENT FUNCTIONS

We may use or disclose PHI to carry out certain essential government functions. For example, we may disclose PHI to a government agency for national security or intelligence activities, correctional institution and other law enforcement as required by law.

WORKERS' COMPENSATION

We may disclose your PHI to the appropriate persons in compliance with workers' compensation laws. For example, we may provide your employer with information about your work-related injury.

SHARED MEDICAL RECORD/HEALTH INFORMATION EXCHANGE

We may maintain your PHI in a shared electronic medical record. A list of participants utilizing the shared electronic medical record is available on the website or by contacting the Privacy Officer. Unless you object, we may also submit your PHI to an electronic health information exchange (HIE). Participation in an HIE allows us and other providers to see and use information about you for your treatment, payment and health care operations.

MARKETING AND SALES

We will obtain your authorization before using your PHI for marketing or sales purposes, as required by law. For example, we will obtain your authorization if we want to use your PHI in an article about the medical group. You may revoke this authorization at any time.

OTHER USES OF YOUR PHI

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

YOUR HEALTH INFORMATION RIGHTS

YOU HAVE THE RIGHT TO:

INSPECT AND OBTAIN A COPY OF YOUR PHI

With a few exceptions, you have the right to review and obtain a copy of your PHI. If we deny your request for review or copy, you have the right to have our denial reviewed. We may charge a reasonable cost-based fee for copying and mailing your PHI. Please contact our Health Information Management department to review or request a copy of your PHI.

REQUEST AN AMENDMENT OF YOUR PHI

If you believe your PHI is incorrect you have the right to request we amend it. We will review your request and notify you in writing of our final decision. If we deny your request you may appeal our decision. Please send your written amendment request to our Privacy Officer.

REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, health care operations, communications to family or friends or disclosure to disaster relief agencies. We are not required to agree to or grant restriction requests. We will honor your request to restrict disclosure of your PHI to your health plan for payment and health care operations purposes and if not otherwise required by

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law when you or someone on your behalf pays for your services in full. Please forward your written restriction request to our Privacy Officer.

MEDICAL DEVICE TRACKING

If you receive certain medical devices, you may restrict release of your name, address, telephone number, social security number or other identifying information used for tracking the medical device.

REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF HEALTH INFORMATION

You have the right to receive your PHI through a certain method or at a certain location. Please make your request at the time of registration or send a written request to our Privacy Officer.

RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR PHI

You have the right to request an accounting of certain types of disclosures of your PHI. We will provide you with the first accounting in a 12-month period for free; we will charge the cost of producing the information for all other requests. Please contact our Privacy Officer to request an accounting.

RECEIVE NOTICE OF A BREACH OF YOUR PHI

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 NOTICE

You have the right to receive a copy of our Notice of Privacy Practice. We may change our privacy practices described in this notice at any time. Changes to our privacy practices apply to all PHI we maintain. You may choose to review our current notice on our website, at the registration/admitting desk of any of our facilities, or by contacting the Privacy Officer.

www.steliz.org

www.sacredhearteauclaire.org

www.stjoebreese.com

www.stjoeschipfalls.com

www.stjosephshighland.org

www.stmgb.org

www.stmarysdecatour.com

www.stvincenthospital.org

www.stanthonyshospital.org

www.prevea.com

www.st-johns.org

www.prairiecardiovascular.com

www.stfrancis-litchfield.org

www.hshsmedicalgroup.org

www.stclarememorial.org

www.hshsholyfamily.org

www.stnicholashospital.org

www.hshsgoodshepherd.org

FILE A COMPLAINT

You have the right to file a complaint. If you are concerned that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services Office of Civil Rights. Your complaint will not affect the care and services we provide you in the present or in the future. To file a complaint with us please contact the Privacy Officer at:

HSHS Medical Group Privacy Officer

3051 Hollis Drive, Springfield, IL 62704

Ph: (217) 523-5413 | www.HSHSMedicalGroup.org

HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer:

HSHS Medical Group | (217) 523-5413



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This Notice of Privacy Practices is effective June 4, 2019 and will remain in effect until we revise it.