



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH HOSPITAL SISTERS HEALTH SYSTEM PRIVACY DEPARTMENT, 4936 LAVERNA ROAD, SPRINGFIELD, ILLINOIS 62794-9456 AT (618) 825-7747 OR EMAIL US AT PRIVACYDEPARTMENT@HSHS.ORG IF YOU HAVE ANY QUESTIONS.

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.

JOINT NOTICE

HSHS and entities under common ownership and control along 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 Practices provided to you by those entities will also satisfy the HIPAA requirement to provide you with the notice. A list of the Hospital Sisters Health System entities within our OHCA can be found on the Hospital Sisters Health System website at <https://www.hshs.org/privacy-policy>.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Below are some examples of different ways that we are permitted to use and disclose your health information without your authorization.

- **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 drug or surgery, best addresses your health needs. This information is documented in your medical record so that other health care providers may make informed medical decisions about your care. If required by 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 and to manage, operate and support the business activities of our organization. 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. We may disclose PHI to our business associates who provide us with services necessary to operate and function as a health care organization and are under contract with us to protect the privacy and security of your information. We will only provide the minimum information necessary for the associates to perform their function. For example, we may disclose PHI to an entity that processes requests for copies of medical records on our behalf.

- **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 judgement 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 and, in some circumstances, a subpoena. 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 facility.
- **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 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 tests 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 services 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 and 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.
- **Worker's 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. You may obtain a list of participants utilizing the shared electronic medical record 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 hospital. 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.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

The confidentiality of substance use disorder patient records (e.g., related to alcohol or drug use diagnosis, prognosis or treatment) maintained by us is protected by Federal law and regulations (Part 2) and places additional restrictions on use and disclosures of such health information. Please note that Part 2 does not protect all substance use disorder information that we may have. Part 2 applies to certain programs (which could be limited to certain persons, programs or departments of your business) that are federally funded and hold themselves out as and/or have the primary purpose of providing substance use disorder treatment, diagnosis or referral for treatment. Part 2 will generally continue to protect information that we receive from another Part 2 program with your consent.

Generally, where Part 2 applies in our organization, we may not disclose to a person outside the Part 2 program that you are a patient of the Part 2 program, or disclose any information identifying you as an alcohol or drug abuser unless allowable as provided in this Section.

We will obtain your written consent to use and disclose your Part 2 records unless we are permitted to use and disclose such records without your written consent by Part 2. You may revoke your written consent in writing, except to the extent that our Part 2 program or other lawful holder of the information has already acted in reliance on your consent, and subject to limitations described below for disclosures to the criminal justice system. You may revoke the consent by contacting Hospital Sisters Health System Health Information Management Department, 4936 Laverna Road, Springfield, Illinois 62794-9456. The following are examples of circumstances where Part 2 allows use and disclose of your Part 2 records with your written consent.

- **Designated Person or Entities.** We may use and disclose your Part 2 Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or health care provider, we will share your information with them as provided in your consent.
- **Consent for Treatment, Payment, or Health Care Operations.** We may use and disclose your Part 2 records with your consent for treatment, payment or health care operations. The written consent may be a single consent for all future uses and disclosures for treatment, payment and health care operations purposes, until such time as the consent is revoked by you.
- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For example, if you consent to participating in a drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 records to those persons within the criminal justice system who have made your participation in a Part 2 program a condition of the deposition of any criminal proceeding against you. The written consent must state that it can be revoked upon the passage of a specific amount of time or occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which the consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of a legal agreement or sentencing conditions.

- **PDMPs.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by state law. We will first obtain your consent to a disclosure of Part 2 records to a prescription drug monitoring program prior to reporting such information.

The following categories describe ways that Part 2 allows use and disclose your Part 2 records without your written consent.

- **Medical Emergencies.** We may disclose your Part 2 records to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior written consent cannot be obtained. We may also disclose your Part 2 records to meet a bona fide emergency in which our Part 2 program is closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as a result of a natural or major disaster, until such time that we resume operations.
- **Research.** We may disclose your Part 2 records for research purposes consistent with the provisions elsewhere in this Notice.
- **Fundraising.** We may use and disclose your Part 2 records for fundraising purposes, consistent with the provisions elsewhere in this Notice. You may opt out of receiving fundraising communications from us at any time. We may only use or disclose Part 2 records for fundraising if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Management and Financial Audits and Program Evaluation.** Under certain circumstances, we may use or disclose your Part 2 records for purposes of performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of the Part 2 program. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payor or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our Part 2 programs.
- **Public Health.** We may use or disclose your Part 2 records to a public health authority for public health purposes. However, the contents of the information from the Part 2 records disclosed will be de-identified in accordance with the requirements of HIPAA, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Crime on the Premises, Threats and Abuse.** We may disclose to law enforcement information about a crime committed by you at our treatment facilities or suspected child abuse or neglect. Federal law and regulations do not protect any information about a crime committed by you either at or against any person who works for the treatment center or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

The restrictions on use and disclosure in Part 2 also do not apply to communications of Part 2 records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are within the Part 2 program (or between our Part 2 programs and an entity that has direct administrative control over the program) and to communications of Part 2 records to a qualified service organization if needed for such organization to provide services to or on behalf of our Part 2 programs (similar to the business associate provisions discussed in this Notice above).

Any Part 2 record, or testimony relating the content of such records, shall not be used or disclosed in a civil, administrative, criminal or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your Part 2 records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, the organization or other holder of the Part 2 record in accordance with Part 2. A court order authorizing use or disclosure of Part 2 records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 records may be used or disclosed.

To the extent applicable state law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent law.

CONFIDENTIALITY OF REPRODUCTIVE HEALTH RECORDS

Federal law prohibits us from using or disclosing your information when it is being sought to (i) conduct a criminal, civil, or administrative investigation into a person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (ii) to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (iii) to identify any person for such purposes. Reproductive health care includes, for example, contraception, preconception screening and counseling, management of pregnancy-related conditions, diagnosis and treatment of conditions that affect the reproductive system, and other types of care, services and supplies used for the diagnosis and treatment of conditions related to the reproductive system (e.g., mammography, pregnancy-related nutrition services, and post-partum care products). This prohibition only applies where we, or others acting on our behalf, have reasonably determined that:

1. The reproductive health care is lawful under the law of the state in which it was provided, under the circumstances in which it was provided. For example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care is provided; or
2. The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided. For example, if the use of the reproductive health care, such as contraception, is protected by the Constitution; or
3. The reproductive health care was not provided by us, but we presume it was lawful. However, if we receive a request for your information, and we have actual knowledge that the reproductive health care was not lawful under the circumstances under which it was provided to you, or the person requesting the information demonstrates a substantial factual basis that the reproductive health care was not lawful, this presumption does not apply. For example, if you tell us you received reproductive health care from an unlicensed person, and we know that the specific reproductive health care must be provided by a licensed health care provider, the prohibition on disclosure of such information for the purposes stated above would not apply.

When we receive a request for your information potentially related to reproductive health care, we must obtain a signed attestation from the requester that the use of disclosure is not for a prohibited purpose when the request relates to health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures to coroners and medical examiners. For example, if we receive a lawful subpoena for medical records related to a civil lawsuit in which the patient is a party, and such records include information related to reproductive health care, we must obtain a signed attestation from the requester that states the request is not for a prohibited purpose. We are only permitted to disclose reproductive health information for law enforcement purposes where the disclosure is not subject to the prohibition above and the disclosure is otherwise required by law.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information that we maintain about you, including both PHI and Part 2 information. To exercise these rights, please submit a request in writing to the Hospital Sisters Health System Health Information Management Department, 4936 Laverna Road, Springfield, Illinois 62794-9456. Forms are available upon request to assist you with making a written request.

- **Inspect and Obtain a Copy of Your PHI.** With a few exceptions, you have the right to review and obtain a copy of health information that may be used to make decisions about your care or direct that a copy be shared with another individual or entity. If you request a copy of the information, we may charge a reasonable fee as permitted by law for certain costs associated with producing the copy. We may deny your request to inspect and obtain a copy in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed.
- **Request an Amendment of Your PHI.** If you believe your PHI is incorrect or incomplete, 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 file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI. We are not required to make an amendment to your PHI if we determine that:

- The information was not created by this organization.
- The information is not part of your designated record set.
- The information is/was not available to you for inspection under applicable laws.
- The information is accurate and complete.
- **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 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 healthcare operations purposes, and if not otherwise required by law, when you or someone on your behalf, pays for your services in full. If we do agree to a request, we may still provide PHI, as necessary, to give you emergency treatment.
- **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.
- **Receive an Accounting of Disclosure of Your PHI.** You have the right to request an accounting of disclosures of your PHI. This is a list of the disclosures we made of health information about you, but does not include certain disclosures that are exempt, including, but not limited to, disclosures made for treatment, payment, or healthcare operations, disclosures made to you, disclosures made pursuant to your written authorization, disclosures for our facility directory, notifications and communications with family and/or friends, or certain disclosures as required by law. 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. If you are requesting an accounting of disclosures of Part 2 records made pursuant to your written consent in the three (3) years prior to the date of the request (or a shorter period of time chosen by you), we will provide such accounting consistent with the HIPAA requirements and Part 2.
- **Receive a Copy of This Notice.** You have the right to receive a copy of our Notice of Privacy Practices. 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 at the registration/admitting desk at any of our facilities or on our website at www.hshs.org.

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.

NOTICE OF REDISCLOSURE

PHI that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Law applicable to the recipient may limit their ability to use and disclose the PHI received – for example, if they are another entity subject to HIPAA or Part 2.

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 Hospital Sisters Health System 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:

Hospital Sisters Health System

Attn: Privacy Officer
4936 Laverna Road
Springfield, Illinois 62794-9456
(618) 825-7747
PrivacyDepartment@HSHS.org

This Notice of Privacy Practices is effective March 1, 2025, and will remain in effect until we revise it.

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