

PRIVACY PRACTICES NOTICE

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

This Privacy Practices Notice applies to all of your protected health information generated or held by us. The notice, however, does not address the privacy practices that your personal doctor (if not employed by us) may use in his or her private office. Further, this notice does not make your doctor or his/her assistants (if not employed by Clay County Hospital) our agents and will not affect the medical decisions they make in your care and treatment.

I. Understanding Your Health Record/Information

Each time you visit Clay County Hospital, CCH Medical Clinic or Louisville Medical Clinic, a physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a :

- A. Basis for planning your care and treatment
- B. Means of communication among the many health professionals who contribute to your care
- C. Legal document describing the care you received
- D. Means by which you or a third-party can verify that services billed were actually provided
- E. A tool in educating health professionals
- F. A source of data for medical research
- G. A source of information for public health officials charged with improving the health of the nation
- H. A source of data for facility planning and marketing
- I. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- A. Ensure its accuracy
- B. Better understand who, what, when, and why others may access your health information

- C. Make more informed decisions when authorizing disclosure to others

II. Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- A. Request a restriction (in writing) on certain uses and disclosures of your information as provided by 45 CFR 164.522. While there are instances where we may use your protected health information without your authorization, the law also provides you with an opportunity to restrict the use or disclosure of your protected health information in certain limited situations. For these limited uses and disclosures, we may simply ask you your preference or wishes or you may simply tell us your preference concerning the use or disclosure of your protected health information. These limited situations include:
1. **Facility Directory:** We maintain various directories of the individuals who are receiving health services from us. While the facility directories may vary between us, facility directories generally include: a) signs in nursing areas or patient rooms that list the patient's name; b) room directories used by operators to direct patient telephone calls; and c) schedules or other lists that include all the patients who will be seen in a clinic or that will have a procedure on a particular date. A facility directory may include your name, your location in the facility, your general condition such as fair, stable, etc. and your religious affiliation (if provided by you). Unless you tell us that you would like to restrict your information in a facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name. Only members of the clergy, however, will be informed of your religious affiliation. If we are able to agree to your request to restrict facility directory information, we will make reasonable efforts to accommodate your request for purposes of the facility directory only. The law permits us to continue to use health information for our treatment, payment or health care operations and other permitted purposes.
 2. **Individuals Involved In Your Care or Payment For Your Care:** Unless you tell us otherwise prior to a discussion or if your situation appears to permit us, we may disclose to a family member, other relative or a close personal friend the health information directly relevant to such person's involvement with your care, including information concerning the payment of your care. We may also use or disclose your health information to notify or assist us in notification of family or other persons in an emergency.
- B. Obtain a copy of the Privacy Practices Notice upon request.

- C. Inspect and obtain a copy of your health information in a format of your choosing, whether it is electronic or paper as provided for in 45 CFR 164.524.
(We may charge a fee for the copying of requested health information. This fee will be based on the cost of the labor and supplies involved in the process of copying and mailing the requested health information, as well as, the postage for mailing the copies to you. Additional fees may apply, if we agree to provide you with a summary of your health information.)
- D. Amend your health record as provided in 45 CFR 164.528
(You may request a change or addition to your health information contained in a designated record set maintained by us. For example, you may want to change your health information if you believe that we have inaccurate information or that your record is incomplete.)

(If you would like to make a request for a change or supplement to your health information, you must make your request in writing. Your request must include the reason that you are requesting the change or addition, as well as how you would like your record changed. We will respond to your request within 30 days of receipt, unless additional time is needed to evaluate your request. If we need additional time within which to respond, we will contact you to inform you of the delay.)

The law limits your ability to obtain a requested change or addition to your health information. These limitations include whether we created the health information, whether we include the information within our individual designated record set, whether the law prohibits your access to the health information, or if we believe that the health information is accurate and complete.

If your requested change or addition is approved, we will contact you of the approval and add your change or addition to your health information. Under no circumstances, will we erase or otherwise delete original documentation in your health information. We will also try to inform others who need to know of the change in your health information.

If your requested change or addition is denied, we will send you a notice stating the reason for the denial, your opportunity to provide a statement disagreeing with the denial or to request that your request for the change in your health information be included with any future releases of your information, and how you may file a complaint concerning the denial.

- E. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528

CLAY COUNTY HOSPITAL, CCH MEDICAL CLINIC & LOUISVILLE MEDICAL CLINIC

- F. Request communications of your health information by alternative means or at alternative locations
- G. Revoke your authorization to use or disclose health information, except to the extent that action has already been taken

III. Our Responsibilities

Clay County Hospital, CCH Medical Clinic, and Louisville Medical Clinic are required to:

- A. Maintain the privacy of your health information
- B. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- C. Abide by the terms of this notice
- D. Notify you if we are unable to agree to a requested restriction
- E. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information change, we will post a revised notice to the hospital website, and at the registration areas, as well as, provide a copy upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

IV. For More Information or to Report a Problem

- A. If you have questions and would like additional information, you may contact the Director of Health Information Management at (618) 662-1669.
- B. If you believe your privacy rights have been violated, you can file a complaint with the Director of Compliance or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

V. Examples of Disclosures for Treatment, Payment and Health Care Operations

For situations not generally described in this notice, we will ask for your written authorization before we use or disclose your health information. Even if you provide us with an authorization, you may revoke that authorization, in writing, at any time to stop future disclosures made pursuant to that authorization. Information previously authorized to be disclosed will not be requested to be returned.

- A. *We will use your health information for treatment.*

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of

treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from Clay County Hospital.

B. *We will use your health information for payment.*

For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. *Exception applies to a request for privacy restriction to health care plans for services paid for in full by the patient.*

C. *We will use your health information for regular hospital operations.*

For example: Members of the medical staff, the Director of Compliance, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

D. *Business Associates:*

There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information in accordance with all HIPAA regulations.

E. *Directory:*

Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name. We will not release your admission/discharge

information to the media, unless specifically directed by you to release the information.

F. *Notification:*

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

G. *Communication with Family:*

Health professionals using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

H. *Research:*

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

I. *Funeral Directors:*

We may disclose health information to funeral directors, consistent with applicable laws, for the purpose of carrying out their duties. We may release health information to a coroner or medical examiner for the purpose of identifying a deceased person or to determine the cause of death.

J. *Organ/Tissue Procurement Organizations:*

Consistent with applicable laws, we may disclose health information to organ/tissue procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs/tissues for the purpose of tissue donation and transplant.

K. *Marketing:*

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

L. *Fundraising:*

We may contact you as part of a fundraising effort. We may use or disclose demographic information, including the dates that you received health care from us, to raise funds for us to continue health care activities such as educational programs for the community and providers, expansion of health services and new equipment. If

you do not wish to be contacted as part of our fundraising efforts, please contact the individual (s) listed on this notice.

M. *Food and Drug Administration (FDA):*

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

N. *Workers' Compensation:*

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

O. *Public Health:*

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

P. *Correctional Institution:*

Should you be an inmate of a correctional institution, we may disclose to the institution or agents there of health information necessary for your health and the health and safety of other individuals.

Q. *Law Enforcement:*

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. For example, we may release limited information for the purpose of identifying or locating a suspect, a fugitive, a material witness, or a missing person. Other circumstances when we may disclose information to law enforcement officials include:

1. Where an individual is suspected to be a victim of crime or abuse, if the victim agrees to the disclosure, or, if unable to consent, when disclosure is necessary to determine if a crime or abuse has occurred and we determine that it is in the best interest of the individual to disclose the information, or
2. Where a death has occurred and there is reason to suspect that the death is a result of a crime or abuse; or
3. When we believe that the health information shows that a crime or abuse has occurred on our premises; or
4. When we are providing emergency treatment, if the disclosure appears necessary to alert law enforcement to a crime or abuse or victim; or the identity, description or location of the person who committed the crime or abuse.

R. *Specialized Government Functions:*

We may use and disclose health information of certain military individuals, for specific governmental security needs, or as needed by correctional institutions. For example, we may disclose the health information of military personnel for activities deemed necessary by appropriate military authorities. We may also disclose health information to authorized federal officials to conduct lawful intelligence and other national security activities authorized by law. Finally, if needed to provide protection to the President, foreign heads of state, or to conduct special investigations, we may disclose health information to authorized federal officials.

We may disclose protected health information in response to a subpoena or court order or administrative tribunal. In disclosing such information, we look for reasonable assurances from the requesting individual that you are aware or have been notified of the request for such information.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that an employee or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, employees or the public.

Clay County Hospital

Director of Compliance

911 Stacy Burk Dr.

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