



911 Stacy Burk Drive Flora, Illinois 62839, Flora, Illinois
HIM Department: Phone: 1-618-662-1669 Fax: 1-618-662-1610

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) serves as a notice for all Clay County Hospital and Medical Clinics entities providing health care services. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully. If you have any questions about this Notice, please contact a registration representative at the hospital, physician’s clinic or other Clay County Hospital and Medical Clinics entity where you are receiving health care services.

Who Will Follow This Notice

This Notice applies to our workforce members, including employees, volunteers, students and trainees. This Notice also applies to other health care and service providers that provide care or services at our facilities, or for our patients, in that, as a condition to providing services at our facilities, such providers must agree to comply with our policies, including our policies relating to patient privacy. This Notice, however, only details our privacy policies and does not govern the independent practices or operations of health care and service providers, such as the privacy practices that your doctor, if not employed by us, may use in his or her private office.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care services you receive from us. We need this record to provide you with quality health care services and to comply with certain legal requirements. This Notice applies to all of the records of your care that we generate.

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; and follow the terms of the Notice that is currently in effect.

How We May Use & Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and 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, health care students, clergy, or others who are involved in your health care services. For example, your medical information may be shared with a physician to whom you have been referred in order to ensure that the physician has the necessary information to diagnose or treat you. We also may use your medical information to coordinate the different things you need, such as prescriptions, lab work and x-rays. If you are in one of our facilities, we also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave our facility.

For Payment

We may use and disclose medical information about you so that the treatment and services we provided to you, or that was provided to you by another facility, provider, or physician, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment so they can pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health care Operations

We may use and disclose medical information about you to improve our services or support our business activities. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We or our designee may send you a patient satisfaction survey via mail or to an email address that you provided to us. Specific individual information will not be included in the email without authentication of a specific patient identifier to access the survey.

Notice

Clay County Hospital and Medical Clinics, SSM and their affiliates. We may from time to time share your information with other members in order to perform joint health care operations. For example, we may share your information in order to: improve population health management; conduct quality assessment and improvement activities; conduct or arrange for medical review, legal services, audit

services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment with us or to notify you that it's time for you to schedule a medical service with us.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits & Services

We may use and disclose medical information to tell you about health-related benefits, services, or health education resources, such as screenings, seminars, classes, or other programs that may be of interest and beneficial to you.

Patient Assistance Programs

We may use and disclose your information to third parties for the purpose of determining whether you qualify for a private or government patient assistance program that would reduce the amount you owe to Clay County Hospital.

Fundraising Activities

We may use information about you to contact you to raise money for our operations. For this purpose, we may use your name, address and phone number, the dates you received treatment or services and the department in which you received those services. If you do not want to be contacted for fundraising efforts, you will be given the opportunity to notify the appropriate Privacy Officer in writing.

Hospital Directory

If you are receiving health care services in one of our hospitals, unless you advise the registration representative otherwise, 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 (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. 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.

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may share information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care. If you are unable to object to such a disclosure, we may discuss your medical information with a family member, friend, or other person if, using professional judgment, we conclude that you do not object. Only the information that is relevant to your care or payment for your care will be disclosed.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special internal approval process.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

Special Situations

Organ & Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military

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.

Worker's Compensation

Under Federal or State law, we may be required to provide copies of your medical information in connection with a workers' compensation claim to your employer, to you or your dependents, to certain state agencies or to others involved in your claim for compensation.

Public Health Risks (Health & Safety to You and/or Others)

We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person or when we are legally required to do so. These activities generally include the following:

To prevent or control disease, injury or disability;

To report births and deaths;

To report child abuse or neglect;

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

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 when required or authorized 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 & 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.

Law Enforcement

To the extent permitted by law, we may release medical information if asked to do so by a law enforcement official. We may release medical information when we are legally permitted to do so:

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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of criminal conduct;

About criminal conduct at one of our facilities; and

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 & Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security & Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President & Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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 or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Medical Information

Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes and certain disclosures that constitute a sale of your medical information will require your written permission. Additionally, 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 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 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 provided to you.

Your rights Regarding Medical Information About You

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

To inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical, laboratory and billing records, but may not include all psychotherapy notes.

Request in writing to inspect and copy medical information that may be used to make decisions about you. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that another licensed health care professional chosen by us review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information, we have about you is incorrect or incomplete, you have the right to request in writing that we amend the information by providing the reason for the amendment. You have the right to request an amendment for as long as the information is kept by or for us.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless 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 us.

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete.

If we deny your request for an amendment, we will do so in writing, and you have the right to file a statement of disagreement.

Right to an Accounting of Disclosure

You have the right to request in writing an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others, excepting disclosures relating to treatment, payment, and health care operations.

Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, or electronically). 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 Receive Notice of Breaches

You have the right to receive notifications of breaches of your unsecured medical information.

Right to Request Restrictions, in General

You have the right to request in writing 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 or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery performed.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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 Restrictions to a Health Plan

You have the right to request in writing a restriction or limitation on the medical information we disclose about you to a health plan for purposes of payment or health care operations if you, or someone on your behalf, has paid for the health care item or service out of pocket in full.

If you, or someone on your behalf, have paid for the health care item or service out of pocket in full, we are required to agree to your request if the disclosure to the health plan relates to payment or health care operations.

In your request, you must tell us (1) the name of the health plan that is not to receive the disclosure; (2) what health care item or service you wish to restrict from disclosure; (3) the location in which the health care item or service was provided to you; and (4) the date the health care item or service was provided to you.

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.

Please advise the registration representative how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests. +

HIPAA Privacy Rule Final Rule to Support Reproductive Health Care Privacy

1. Our Legal Duty to Protect Your Privacy

We are required by law under HIPAA to protect the privacy of your health information. This includes sensitive PHI related to reproduction health care, which may include information concerning reproductive system functions, procedure, or services you receive. We must maintain the privacy of your health information, provide this notice of our legal duties and privacy practices, and follow the practices described herein.

2. How We May use or Disclose Your PHI

We may use or disclose your PHI for purposes related to:

Treatment: To provide, coordinate, or manage your health care and related services.

Payment: To bill and collect payment for your health care services.

Health Care Operations: To support our internal activities, including quality improvement and compliance programs.

Limitations for Reproductive Health Care PHI:

We cannot use or disclose PHI about reproductive health care to investigate or impose liability on you, your providers, or others who facilitate lawful reproductive health care, except where permitted by law and consistent with HIPAA.

We will presume that the reproductive health care issue is lawful under the circumstances in which it was provided unless we have actual knowledge otherwise.

Uses and Disclosures Descriptions: A description of how the HIPAA Covered Entity may use and disclose SUD records.

Legal Proceedings Prohibition: A description of the prohibition on using or disclosing SUD Records subject to Part 2, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against the Patient without specific written consent or a court order.

Fundraising Communications: The right of a patient to opt out prior to receiving a communication if the Covered Entity intends to use or disclose SUD Records subject to Part 2 for fundraising for benefit of the covered Entity.

Other uses and Disclosures Descriptions: A statement that a patient may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes (TPO) and the patient's rights with regards to revoking such consent

Other Specific Statements: Statement, when relevant, related to the potential re-disclosure of Part 2 Records by recipients of such records, pursuant to a general consent to disclose for TPO and use of such records for fundraising purposes. As well as Statements related to the Part 2 Program's duties, contact information, and the effective date of the notice.

Patient Rights: Statements related to a patient's rights with respect to their Part 2 Records, which include the right to request restrictions, file complaints, and the right to an accounting of disclosures.

Permitting a Part 2 program to obtain a global consent for the use, disclosure, and redisclosure of Substance Use Disorder (SUD) Records for TPO purposes, along with requirements related to including such global consent with all disclosures for TPO that are made in reliance on such consent.

Extending the HIPAA Breach Notification Rule requirements to a Part 2 Program, whether or not the Part 2 Program is a HIPAA Covered Entity, and requiring that the Part 2 Program permits a patient to request restrictions on the use and disclosure of their Part 2 Record, including when the patient has signed a global consent for TPO uses and discloses.

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 by requesting a copy from the registration representative.

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 our facilities and this Notice will be available upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted as a patient, you have the right to request a copy of the current Notice in effect.

Questions About This Notice or Complaints

If you have questions about this Notice or if you believe your privacy rights have been violated, you may contact the Clay County Hospital and Medical Clinics Health Privacy/HIPAA Contact at 618-662-1669. While we will make every effort to resolve any complaints, please know that you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Copy available upon request