



Warner Hospital & Health Services Notice of Privacy Practices

Effective Date of this Notice: September 23, 2013.

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.

Our Obligations to You

We are required by law to maintain the privacy of your health information and to provide you with a Notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of our Notice or if you want more information about our privacy practices, please contact our Privacy Officer at the address or telephone number at the end of this Notice.

Health Care Providers Who Will Follow This Notice

Our hospital provides care and treatment to its patients through the services of our medical staff, our affiliated Family Medicine and our other employed, contracted and affiliated health care professionals, staff and volunteers. Our medical staff physicians, including Family Medicine physicians, all hospital departments and units, all hospital affiliated and employed health care professionals, staff and volunteers and our designated business associates with whom we share health care information will follow our privacy practices when you have been admitted to our hospital.

We Reserve the Right to Make Changes to this Notice

We may change our policies at any time. Changes will apply to health information we already hold as well as new information after the change occurs. Before we make a significant change in our policies, we will change our Notice and post the new Notice at our hospital and on our website. You can receive a copy of our current Notice at any time. The effective date of our current Notice will be listed just below its title. The current Notice will be available to you each time you register at our hospital for treatment and you may have a copy if you wish. You will also be asked to acknowledge your receipt of our Notice in writing.

How Our Hospital May Use or Disclose Your Health Information

Our hospital collects health information from you and stores it in a chart or on a computer. This is your medical record. The medical record is our hospital's property but the health information in the medical record belongs to you. Our hospital protects the privacy of your health information. The law permits our hospital to use and/or disclose health information about you for the following purposes:

- **For Treatment**

Our hospital may use and disclose your health information to provide you with medical treatment or services. For example, your health care providers will record information in your record that is related to your health history, your medical examinations, your medical tests, your diagnoses and your health care provider's treatment choices. Your various health care providers will share this information during your hospitalization or outpatient care.

- **For Payment**

Our hospital may use and disclose your health information to receive payment for the treatment and services that you receive. For example, a bill may be sent to you or your insurance company or health plan that contains health information that identifies you, your diagnosis, and treatment.

- **For Health Care Operations**

Our hospital may use and disclose your health information for operational purposes. For example, your health information may be disclosed to members of the medical staff or quality improvement personnel and others to evaluate the quality of care you received and to assess the performance of our staff in providing your care.

- **Other Uses and Disclosures**

We may use or disclose your health information without your prior authorization for some other reasons as follows:

- We may use and disclose your health information when required by law;
- We may disclose your health information to public health authorities for purposes related to preventing or controlling disease and reporting disease or infection exposure;
- We may use or disclose your health information for reporting child abuse or neglect, elder abuse or neglect or reporting domestic violence;
- We may disclose your health information to regulatory health agencies during audits, investigations, inspections, licensure and other similar proceedings;

- We may disclose your health information in the course of any administrative or judicial proceeding;
- We may disclose your health information to a law enforcement official for purposes such as reporting a crime and identifying or locating a suspect or fugitive;
- We may disclose your health information to coroners, medical examiners, and funeral directors;
- We may disclose your health information to organizations involved in donating, procuring, banking or transplanting organs and tissues;
- We may disclose your health information to appropriate persons in order to prevent or lessen a serious or eminent threat to the health or safety of a particular person or the general public;
- We may disclose your health information for military, national security, Department of Corrections and governmental health benefits purposes as required by law;
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution;
- We may disclose your health information as necessary to comply with Illinois Workers' Compensation laws;
- We may release health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law;
- We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations; and
- We may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment and payment purposes.

If admitted as a patient, unless you tell us otherwise, we will list you in our patient directory by name, location in the hospital, general conditions (such as good, fair and so

on) and religious affiliation. We will release all the foregoing information except your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to clergy members, even if they don't ask about you by name.

In addition, we may disclose your health information even after your death to a friend or family member who is or was involved in your medical care so long as not inconsistent with your prior expressed preference, or to disaster relief authorities so that your family can be notified of your location and condition. Our health care staff will use their professional judgment in determining what they disclose, and to whom, based on their evaluation of your best interests.

We may also contact you for appointment reminders, to tell you about or recommend possible treatment options, alternatives and health care related benefits or services that may be of interest to you or to support our hospital's fundraising or marketing efforts.

Uses and Disclosures of Health Information with Your Authorization

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

- Uses or disclosures of protected health information for marketing purposes will require authorization.
- If we maintain psychotherapy notes most uses and disclosures will require authorization.
- Disclosures that constitute the sale of protected health information (PHI) cannot occur without your authorization.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the restriction that you have requested, but if we do agree, we will abide by our agreement unless and until the agreement is terminated in writing. We will agree to restrict the disclosure of PHI for payment or health care operations to a health plan when you paid for the service or item in question out of pocket in full.
- You have the right to request and receive your health care information through a reasonable alternative means of communication or at an alternative location.
- You have a right to request to inspect and copy your health information with certain rare exceptions.

- You have a right to request that the hospital amend your health information if you believe the information to be incorrect or incomplete. Our hospital is not required to change your health information but we will provide you with information about any denial of your request and how you can disagree with this denial.
- You have a right to request and receive an accounting of disclosures of your health information made by our hospital except that our hospital does not have to account for disclosures for treatment, payment, health care operations, information provided directly to you, directory listings, disclosure for certain government functions and information requested by you or information provided pursuant to authorization. Your first accounting disclosure request in any twelve (12) month period is free. You will be charged for additional requests based upon our costs for producing the accounting. We will inform you of the costs before charging them to you.
- If this Notice was sent to you electronically, you have the right to request a paper copy.
- You have a right to opt out of receiving fundraising communications.
- You have a right to be notified when a breach of your unsecured PHI has occurred.

All of your requests or objections to denials of requests should be submitted to our Privacy Officer listed at the end of this Notice.

Complaints

If you are concerned that you're privacy rights may have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy Officer listed at the end of this Notice.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Officer can provide you with a complete address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**Dr. John Warner Hospital
Privacy Officer
Medical Records Manager
422 West White Street
Clinton, IL 61727
Phone: 217-935-9571 x3236
Fax: 217-935-4928**

**Family Medicine
Privacy Officer
Office Manager
422 W. White Street
Clinton, IL 61727
Phone: 217-937-5284
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