

We understand

We understand that your health information is personal. And we are committed to protecting any medical information we have about you.

When you receive hospital care, we create a record of the care and services we provide. We need this record to ensure quality care and to comply with certain legal requirements. Additionally, a physician or other healthcare provider who has hospital privileges may choose to have this policy apply to his or her practice.

This notice describes our privacy policy and applies to our employees, our volunteers and the physicians and other healthcare providers who have privileges to provide medical services at DMH. This notice applies to all information generated or received by Decatur Memorial Hospital that identifies you, or that could be used to identify you, and that relates to your health or condition, your treatment or your payment for healthcare.

The following information tells you the ways we may use and disclose medical information about you. The following also describes your rights and certain obligations we have about the use and disclosure of your medical information.

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 this notice that are currently in effect.

How we may use and disclose medical information about you

The categories outlined below describe the different ways that we use and disclose medical information. Not every use or disclosure in each category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your doctors and other healthcare providers who are not hospital personnel, but who provide or assist with your treatment.

For example: A doctor treating you for a broken leg needs to know if you have diabetes because diabetes can slow the healing process. In addition, the doctor may need to tell the dietitian about your diabetes so appropriate meals can be arranged. Different hospital departments may also share your medical information to help coordinate the different services you need, such as prescriptions, lab work and X-rays.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at the hospital 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 surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to get prior approval or to determine whether your plan will cover the treatment.

Healthcare operations. We may use and disclose medical information about you for hospital business operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care.

For example: We may use medical information to review our treatment and services and to evaluate the performance of your doctor and our staff in caring for you. We may also combine some patients' medical information to help us decide what additional services the hospital should offer, what services are not needed and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technicians, medical students and other hospital personnel for review and learning purposes. We may also combine medical information we have with medical information from other hospitals to compare the care provided and see where we can make improvements. We may remove identifiable information from this set of medical information so others may use it to study healthcare and healthcare delivery without identifying who the patients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for hospital treatment or medical care.

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 and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fund-raising Activities. We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a hospital-related foundation so the foundation may contact you in raising money for the hospital. We would release only contact information, such as name, address, phone number and the dates you received hospital treatment or services. If you do not want the hospital to contact you for fund-raising efforts, you must notify us in writing.

Hospital Directory. While you are a hospital patient, we may include limited information about you in the hospital directory. This information may include your name, location in the hospital, your general condition (i.e., fair, stable, etc.) and your religious affiliation. The directory information (except for your religious affiliation) may also 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. If you do not want us to disclose some or all of this information, you must notify us of your objection.

Those involved in your care or payment for your care.

We may disclose relevant medical information about you to a family member, relative, friend or other person identified by you who is involved with your care or payment related to your care or we may notify a family member or other person responsible for your care of your location and general condition. If you are present and are able to make healthcare decisions, we must obtain your agreement to these types of disclosures, provide you with an opportunity to object, or reasonably assume from the circumstances that you do not object. If you are not present or are unable to make healthcare decisions, we will use our professional judgment to decide whether to make these disclosures. 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.

Research. Under certain circumstances, we may use and disclose your medical information for research purposes.

We may use your medical information to determine whether you might be eligible to participate in a research project, to tell you about the project and to ask if you are interested in participating. We may also disclose your medical information to a researcher outside of the hospital who is preparing to conduct a research project, if the researcher does not remove the information from the hospital. We may disclose your medical information to a researcher for use outside of the hospital, if we have your authorization or if disclosure has been approved through a special review process that evaluates a proposed research project's use of patients' medical information. We may also disclose information for research regarding decedents under certain conditions.

For example: A research project may involve collecting and comparing information on the health and recovery of patients who received different treatments or may involve providing a patient with new or experimental treatment.

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

To Avert a Serious Threat to Health or Safety. We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Business Associates. We may disclose medical information about you to someone we contract with to perform a service to us, if the service provider agrees to the same limits on the use and disclosure of medical information that apply to us.

For example: We may contract with a data processing company to create and mail our bills for our services.

Incidental Disclosures. We may make incidental disclosures of medical information while carrying out our treatment, payment or healthcare operations activities.

For example: We may use a sign-in sheet that would enable other persons to see your name or we may call your name in a waiting room.

Limited Data Sets. We may disclose medical information about you for research, public health or healthcare operations purposes using a "limited data set," which does not include your name, address, account number or other identifying information.

Organ and 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.

For example: We may be required by the Secretary of the Department of Health and Human Services to disclose health information in reports to the Secretary or in connection with a compliance review or investigation.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. 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 governmental 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 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.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official for the following reasons:

- 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 the hospital; and
- In 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.

Inmates. If you are an inmate of a correctional institute 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.

Coroners, Medical Examiners and 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 hospital patients to funeral directors as necessary to carry out their duties.

Lawsuits and Disputes. If you are involved in a lawsuit or 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Special Situations. For certain specific types of medical information, Illinois or federal law may be more restrictive on our use of disclosure of the information or may provide you with greater privacy protection for the information, than what is described above.

Other uses of medical information

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 authorization. The covered entities included in the joint notice must provide the notice to individuals in accordance with the applicable implementation specifications of paragraph (c) of this section. Provision of the joint notice to an individual by any one of the covered entities included in the joint notice will satisfy the provision requirement of paragraph (c) of this section with respect to all others covered by the joint notice.

For example: We cannot sell your medical information to another company for purposes of enabling them to market their product or service to you, unless we have obtained your authorization to do so.

If you provide us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, 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 authorization, and that we are required to retain our records of the care that we provided to you.

Your rights regarding your medical information

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and certain other information excluded by law.

To inspect and copy your medical information, you must submit your request in writing to the director of Medical Records. 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 we deny you access, you may be entitled to request that the denial be reviewed, depending on the reason for the denial. If you are entitled to and request a review, another licensed healthcare professional chosen by the hospital will 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. You have the right to amend medical information about you that we may use to make decisions about your care. This usually includes medical and billing records. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the director of Medical Records. In addition, you must provide a reason that supports your request.

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 the hospital;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of medical information about you. This list will not include disclosures made in carrying out our treatment, payment or healthcare operations activities; disclosures made with your written authorization; and other disclosures excluded by law.

To request this list or accounting of disclosures, you must submit your request in writing to the director of Medical Records. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 within the same 12-month period, 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 Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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 you had. 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 emergency treatment.

You must request any restrictions in writing by completing a Restriction Agreement Form, available through the Medical Records department. 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 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.

To request confidential communications, you must make your request in writing to the manager of Patient Registration. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.dmhcares.org.

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 the hospital, and will make the current notice available to you upon request. The notice will contain an effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC, 20201. To file a complaint with the hospital, contact Administration. All complaints must be submitted in writing. You will NOT be penalized for filing a complaint.

Compliance with laws

We intend for our privacy policy and practices to comply with, and for you to have all of the protections and rights provided by, all federal and Illinois laws that apply to us regarding the privacy of your medical records, as those laws are now in effect or as they may be amended in the future. This notice is only a summary of our responsibilities and of your rights under these laws. To fully understand your rights under these laws, you should refer to the applicable laws and consult with your legal advisor.

For more information

If you have any questions about this notice, please call the Decatur Memorial Hospital Privacy Officer at 217-876-2115.