

**Sparta Community Hospital District
and SCH d/b/a
Quality Healthcare Clinics & At Home Healthcare**

**818 E Broadway
Sparta, IL 62286
618-443-2177**

**NOTICE OF PRIVACY PRACTICES
Effective Date 4/14/2003**

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.

Who Will Follow This Notice

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart while acting as a member of the Medical Staff.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Quality Healthcare Clinics
- At-Home Healthcare
- All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

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 care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

If you have any questions about this notice, please contact: Health Information Services, (618-443-2177 ext. 274) or the Quality Manager, (618-443-2177 ext 233).

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
- Abide by the terms of the notice currently in effect.

How We May Use And Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information unless otherwise prohibited by law. For each category of uses or disclosures we will explain what we mean and try to 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, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, when you enter the Emergency Room or are admitted for inpatient services, your previous medical records are made available for reference by your current caregivers. For example, when you are transferred to another facility, a copy of your current records are made and sent to the receiving facility.
- **For 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 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 for hospital 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 our staff in caring for you. We may also combine medical information about many hospital patients to 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 the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Business Associates.** There are some services provided in our hospital through contracts with business associates. For example, we contract with individuals who work in their home to transcribe physician dictation. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- **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. Example, hospice or home health.
- **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.
- **Fundraising Activities.** We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number.
- **Hospital Directory.** 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., 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 minister,

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.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. 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 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 approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.
- **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 and 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- **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.
- **Military and Veterans.** 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. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **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 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.
- **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 and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you as authorized by law.
- **Marketing.** We may release your information for marketing of hospital related services.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official. For example:
 - ✓ 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.
- **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 patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security and 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 and 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.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital
- **Abuse and Neglect.** We may disclose your protected health information to public authorities as allowed by law to report abuse and neglect.

Your Rights Regarding Medical Information About You

The health and billing records we maintain are the physical property of Sparta Community Hospital. The information in it, however, belongs to you. You have the following rights regarding medical information we maintain about you:

- Right to Access.
- Right to Request an Amendment.
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications.

- **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.spartahospital.com.
- To obtain a paper copy of this notice contact the Health Information Department at 618-443-2177 ext 270. or Customer Service at ext 315.

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 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

Changes To This Notice

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will post a copy of the current notice at all our facilities. The notice will contain on the first page the effective date. In addition, each time you register at or are admitted to the hospital or other care site for treatment or health care services as an inpatient or outpatient, a copy of the current notice in effect will be available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary Health and Human Services. All complaints must be submitted in writing, either on paper or electronically.

To file a complaint with the hospital contact the Quality Manager, (618-443-2177 ext 233).

In all cases you will not be penalized for filing a complaint.

Form # 1019 (4/11/03)