

This Notice of Privacy Practices (“Notice”) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Who Follows the Sparta Hospital Notice of Privacy Practices

This Notice describes how the Sparta Community Hospital District d/b/a Sparta Community Hospital (“Sparta Hospital”) may use and disclose (share) your information and the rights that you have regarding your health information. This Notice applies to all Sparta Hospital facilities (both inpatient and outpatient), and our workforce members, including employees, volunteers, students and trainees. It also applies to the physician and allied health professional members of the medical staff who provide medical services at Sparta Hospital facilities (collectively referred to as “we,” “us,” or “our”). Note that non-Sparta Hospital employed providers may have their own privacy notices.

Our Obligation to You

Sparta Hospital is committed to the protection of your health information. We create and obtain information about you and use it to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information and to give you this Notice of our legal duties, our privacy practices, and your rights. We are required to follow the terms of our most current Notice.

How We May Use and Disclose Health Information

Treatment. We can use and share your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. For example, we may use and disclose your health information among doctors, nurses, technicians, clinical observers, medical students, and other personnel who are involved in taking care of you, professionals in-training to observe or participate in your care under proper supervision at our facilities, or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need, such as prescriptions, lab work, and X-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.

Payment. We can use and share your health information so that we can receive payment for the treatment and services that were provided. For example, if you have health insurance, we will share your health information with your health plan or government agency (for example, Medicare or Medicaid) in order to collect payment or to confirm that the entity will pay for your health care.

How We May Use and Disclose Health Information (cont.)

Health Care Operations. We can use and share your health information for Sparta Hospital's operations, which include management, planning, and activities that help to improve the quality and efficiency of the care that we deliver. For example, we can use health information to review the quality and skill of our health care providers and to provide them with training. In addition, we sometimes share health information with third parties who help us run our organization, including those we hire to perform services on our behalf.

Appointment Reminders and Service Information. We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives or other health-related services or benefits that may be of interest to you.

Health Information Exchanges. We may participate in a health information exchange ("HIE") and electronically share your health information for treatment, payment and permitted health care operations purposes with other participants in the HIE. The HIE is subject to privacy and security requirements. You may "opt-out" and disable access to your health information available through the HIE by completing and submitting an opt-out form to us by fax or mail. If, in the future, you want to reverse your opt-out decision, you can opt back in by completing the same form. To receive an opt-out form, please contact Health Information Management at (618) 443-2177, ext. 3336.

Individuals Involved in Your Care or Payment for Your Care. We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may share your information with other health care professionals, government representatives, or disaster relief organizations, such as the Red Cross, in emergency or disaster-relief situations so they can contact you, your family, or friends to coordinate disaster-relief efforts.

Fundraising Activities. We may use your name and other limited information to contact you to raise money for Sparta Hospital. If you do not want Sparta Hospital to contact you for fundraising, you have the right to opt-out of receiving these communications.

Patient Directories. We may keep your name, location in the facility, and your general condition in a directory to give to anyone who asks for you by name. We may give this information and your religious affiliation to clergy, even if they do not know your name. You may ask us to keep your information out of the directory.

Health Oversight Activities. To the extent authorized by law, we can share your health information with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

Law Enforcement Purposes. We can share your health information with the police or other law enforcement officials as required or permitted by law, or in compliance with a court order.

How We May Use and Disclose Health Information (cont.)

Public Health and Safety Activities. We can share your health information to help with public health and safety issues, such as:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report suspected abuse, neglect, or domestic violence to the appropriate State agencies;
- To report information to the U.S. Food and Drug Administration (FDA) about products and activities it regulates;
- To prevent or reduce a serious and imminent threat to anyone's health or safety;
- As required under laws addressing work-related illnesses and injuries or workplace medical surveillance;
- To share proof of your or your child's immunizations with your or your child's school, as long as we have at least your verbal agreement to do so; and
- For special government functions, such as military, national security, and presidential protective services.

Legal and Administrative Proceedings. If certain conditions are met, we can share your health information in response to a court or administrative order. In most cases, we won't share your information in response to a subpoena, unless it is accompanied by a binding court order or your written permission.

Organ, Eye and Tissue Donations. We can share your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

Research. We can use or share your health information for research in certain circumstances, subject to certain safeguards.

Workers' Compensation. We can share your health information as permitted or required by state law relating to workers' compensation claims or other similar programs.

Decedents. We can share health information with a coroner, medical examiner or funeral director as authorized by law. After your death, we can also share limited information with friends or family who were involved in providing or paying for your care, unless doing so is inconsistent with any prior expressed preference that you have made known to us.

When Required or Permitted by Law. We will use and share your health information when we are required to do so by federal, state, and other law.

Uses and Disclosures that Require Your Written Authorization

Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. These include the sale of your health information, use of your health information for marketing purposes, and certain disclosures of psychotherapy notes. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

In addition, other types of information may have greater protection under federal or state law, such as HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities, as well as the following:

Substance Use Disorder (SUD) Information. Although we are not a substance use disorder treatment program under federal law (a “SUD Program”), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Redisclosures. Information that is disclosed to a third party may not be protected by HIPAA once disclosed and may be subject to redisclosure by the recipient.

Your Rights Regarding Your Health Information

When it comes to your health information, you have certain rights. All requests to exercise your rights described in this section must be in writing. If you wish to obtain request forms, or want additional information about how to exercise any of your rights described in this section, please contact Health Information Management at (618) 443-2177, ext. 3336.

Right to Access, Review, and Receive a Copy of Your Health Information. You have the right to access, review, and receive a copy of your medical and billing records and other health information that we have about you, with certain exceptions. You may request to see or receive an electronic or paper copy of your health information. You may also request that we send a copy of your records directly to a person you identify in your request. As permitted by law, we may charge you a reasonable, cost-based fee for the cost of copying or mailing your record (and the electronic media if the request is to provide the information on portable electronic media).

We will provide a copy of your medical record usually within 30 days. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain how to have the denial reviewed.

Right to Update Your Medical Record. If you believe that important information is missing from your medical record, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. We will make every effort to fulfill your request usually within 60 days. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information would not be contained in records that you would be permitted by law to review and copy. If we deny your request, you will be notified in writing usually within 60 days.

Right to Get a List of the Disclosures We Have Made. You have the right to request a list (i.e., accounting) of the disclosures that we have made of your health information for the six years prior to the date of your request. This list is not required to include disclosures made for treatment, payment, and health care operations, and certain other disclosure exceptions. Your request must be in writing and indicate in what form you want the list (for example, on paper, electronically). The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

Your Rights Regarding Your Health Information (cont.)

Right To Request a Restriction on Certain Uses or Disclosures. You have a right to request a restriction on how we use and disclose your health information for treatment, payment, and health care operations, and to certain family members or friends identified by you, who are involved in your care or the payment of your care. Your request must be in writing, and it must (1) describe the specific 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. Generally, we are not required to agree to your request, and we will notify you if we are unable to agree. However, we must agree to your request if your request concerns disclosure of your information to you and a health plan, or to someone on your behalf, or for out-of-pocket paid in full treatment or services.

Right to Breach Notification. You have the right to be notified if there is a breach of your health information. A breach means health information is acquired, accessed, used, or disclosed in a manner not permitted by law which causes it to be compromised.

Right to Choose a Patient Representative. You have the right to choose a representative to act on your behalf. If you have given someone health care power of attorney, that person can exercise your rights and make choices about your health information. We will make efforts to verify the person you designate has this authority and can act for you before we take any action.

Rights of Minors, Parents, and Guardians. This Notice also applies to minors. Minors have a right to the same privacy protections for their health information. If a minor is emancipated or can make independent health care decisions without parental or guardian knowledge or permission under applicable law, the minor has the authority to hold all privacy rights in this Notice with respect to those independent health care decisions. If under applicable law, a parent, guardian, or other person acting in place of a parent has authority to act on behalf of an unemancipated minor in making decisions related to the health care of the minor, Sparta Hospital must treat that person as the minor's personal representative.

Right to Confidential Communication with Us. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to your request if we feel it is reasonable and that we can carry out our agreement to conduct communications in the manner requested.

Right to Obtain a Copy of this Notice. We will post a copy of our current Notice in our facilities and on our website at spartahospital.com. A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice, please contact the Compliance Department or call (618) 443-2177, ext. 1724.

Questions or Complaints

If you believe your privacy rights have been violated, you may call or file a complaint in writing with the Compliance Department (please reference the contact information below). We will take no retaliatory action against you if you file a complaint about our privacy practices.

Compliance Department
Sparta Community Hospital District
818 E. Broadway Street
Sparta, IL 62286
(618) 443-2177, ext. 1724
compliance@spartahospital.com

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting

Changes to this Notice.

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health 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 each Sparta Hospital facility and on our website at spartahospital.com. In addition, you may request a copy of the Notice currently in effect at any time.

Effective Date

This Notice became effective on April 14, 2003. Revised Effective Date: February 16, 2026.

Non-Discrimination

Sparta Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sparta Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.