

CHICAGO LAKESHORE HOSPITAL JOINT NOTICE OF PRIVACY PRACTICES

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.

All staff members, volunteers, interns, contractors, units, departments, students, interns and any health care professional who participate in an organized health care arrangement with the hospital to assist in providing treatment to you will follow this notice.

We are required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices with respect to protected health information;
- Follow the terms of the notice that is currently in effect; and
- Follow all requirements of the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose protected health information. 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 protected health information about you to provide you with medical treatment or services. We may disclose 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, a doctor treating you for depression may need to know if you have other medical problems that may affect your treatment. Different departments of the hospital also may share protected health information about you in order to coordinate the different things you need: such as prescriptions, lab work, and x-rays. We also may use and disclose protected health information about you to other providers if you are in need of emergency medical care during your stay in the hospital.

For Payment We may use and disclose protected health information about you when disclosure is necessary to collect sums or receive third party payment representing charges for services provided to you, however, disclosure shall be limited to information needed to pursue collection, and the information so disclosed may not be used for any other purposes nor may it be redisclosed except in connection with collection activities. For example, we will contact your insurance company throughout your hospitalization to obtain payment approval for services provided.

For Health Care Operations We may use and disclose protected health information about you for hospital operations such as compliance, regulatory requirements or for quality improvement activities. 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 protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders We may use and disclose protected health information to contact you as a reminder that you have an appointment at the hospital.

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

Individuals Involved in Your Care With your written consent we may release protected health information about you to a friend or family member who is involved in your care. In addition, we may disclose information about you to an entity assisting in disaster relief efforts (in the event of a disaster) so that your family can be notified about your condition, status and location.

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

To Avert a Serious Threat to Health and Safety We may use and disclose protected health 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.

Fundraising Activities We may use information about you in order to contact you for support of the hospital and its operations. We will not release any information about your treatment but only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. You have the right to opt out of receiving such communications. If you do not want to be contacted for fundraising efforts, you must notify the Health Information Management Department in writing.

SPECIAL SITUATIONS

Military and Veterans If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Workers' Compensation We may release protected health information about you for Worker' Compensation or similar programs. These programs provide benefit for work-related injuries or illness.

Public Health Risks We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease;
- To report abuse or neglect as required or authorized by state, local or federal law;
- To report reactions to medications or problems with products;
- 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:

Health Oversight Activities We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order. We may also disclose protected health 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 (which may include written notice to you) or obtain an order protecting the information requested.

Law Enforcement We may release protected health information if asked to do so by a law enforcement official:

- 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 a 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.

National Security and Protective Services We may release protected health information about you to authorized federal officials in matters of national security and for the protection of identified government officials.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you.

Right to Inspect and Copy You have the right to inspect and *request* a copy of protected health information. To inspect and/or copy protected health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. We may charge a fee for costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care 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 may ask us to amend protected health information 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 Health Information Management Department. In addition, you must provide a reason that supports your request.

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 protected health information kept by or for the hospital;
- Is not part of the information which 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 an "accounting of disclosures". This is a list of the disclosures we make of protected health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list of accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period, which 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, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost 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 protected health information we use or disclose about you for treatment, payment or health care operations. *We are not required to agree to your request.* However, we cannot deny your request to restrict disclosure of protected health information about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains only to a health care item or service for which you, or someone on your behalf, has paid this facility in full. If we do agree to your requested restrictions, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Health Information Management Department. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our uses, disclosure or both; and 3) to whom you want the limits to apply.

Right to Request Confidential Communications You have the right to make a reasonable request that we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the Health Information Management Department. 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 The 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.

CHANGES TO THE NOTICE We reserve the right to change this notice. We reserve the right to make the revision of changed notice effective for protected 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 the hospital. The notice will contain the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

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. To file a complaint with the hospital, contact **Charlotte Whiteside**, Compliance Officer, at 773-313-4403. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health 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 protected health 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 protected health 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.