



## **PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE APRIL 14, 2003.**

Federal law requires Northwest Community Hospital (NCH) and Northwest Community Day Surgery Center (DSC) to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to such information. NCH/DSC and certain identified groups of independent contractor physicians at NCH/DSC, use this "Privacy Notice" and the "Universal Consent Form" to comply with federal and state privacy rights and protections for patients whose rights are described below. The use of this "Privacy Notice" and "Universal Consent Form", rather than the use of separate notices and forms from NCH/DSC and the doctors, is solely for your convenience as a patient and to improve your access to the separate health care services that NCH/DSC and the doctors independently provide.

By signing the "Universal Consent Form" you understand, acknowledge and agree that: (1) the physicians who provide care at NCH/DSC are independent contractors and are not agents, servants or employees of NCH/DSC, unless otherwise identified; (2) the physicians exercise their own medical judgment in treating you or otherwise providing professional services to you; (3) the physicians are solely responsible for their own compliance with state and federal privacy laws; and (4) nothing in this privacy notice is meant to imply, infer or create any agency or employment relationship between the physicians and NCH/DSC, either actual or implied, nor does this privacy notice alter, limit or modify any other consents for treatment or procedures you may sign during the time you are provided care at this facility.

### **USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS**

NCH/DSC may use your health information for treatment, payment and health care operations. Some examples include but are not limited to:

- "Treatment" could include consulting with or referring your case to another health care provider. The type of health information that NCH/DSC could use or disclose includes blood type, diagnosis, and test results. NCH/DSC may use or disclose your health information for its own provision of treatment or may disclose such information to your physician.
- "Payment" could include NCH/DSC or its agents' efforts to obtain payment from you or your insurance company, another health plan or health care clearinghouse.
- "Health care operations" could include activities such as quality improvement activities and audits of the process of billing you or your insurer. As part of the treatment provided to you by NCH/DSC and operation of a health care organization, NCH/DSC may contact you, by phone or by mail, to make an appointment or to provide information about treatment alternatives or other health-related services that may be of interest to you.

### **USES OR DISCLOSURES NCH/DSC MAY MAKE WITHOUT YOUR AUTHORIZATION**

In addition to treatment, payment and health care operations, NCH/DSC may use or disclose individually identifiable health information without your written authorization: (i) for certain public health activities including reporting of adverse product events to the Food and Drug Administration, (ii) to report suspected abuse, neglect or domestic violence, (iii) to submit information to health oversight agencies for activities such as audits, (iv) in the course of judicial and administrative proceedings, (v) for law enforcement purposes, (vi) to a medical examiner, coroner or funeral director, (vii) to assist an organ procurement agency or organ bank with organ or tissue donation and transplantation, (viii) to further research, (ix) to avert a serious and imminent threat to public health safety, (x) for specialized government functions, including activities related to the military, veterans, or national security, (xi) to comply with workers' compensation laws, (xii) or for fundraising.

In addition, NCH/DSC may use and/or disclose your health information as follows:

- **Business associates:** There are some services provided in NCH/DSC through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of NCH/DSC or who provide services and have access to your protected health information. Examples include physician services in the emergency department and radiology, certain laboratory tests, billing services and a copy service we use when making copies of your health record. To protect your health information, we require the business associate to appropriately safeguard your information consistent with the same regulatory compliance with which NCH/DSC must comply.
- **Directory:** Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name.
- **Notification:** Unless you object, our staff (using their best judgment) may use or disclose information to notify a family member, any person responsible for your care or a personal representative of your location and general condition.
- **Communication with family:** Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative or close personal friend health information relevant to that person's involvement in your care or payment for services.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes.
- **Limited Data Sets:** We may use or disclose data from which certain identifying information has been removed regarding your protected health information for purposes of research, public health, or health care operations.

NCH/DSC may not make any other uses and disclosures of your individually identifiable health information without your written authorization.

In certain cases, Illinois law provides more stringent privacy protections of your health information and requires that you provide permission for the use or disclosure of your individually identifiable health information such as the following:

- *If you are a patient with high blood pressure*, your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
- *If you are a patient of an advanced practice nurse*, neither NCH/DSC nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in cases which (i) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (ii) the nurse has surrendered his/her license while under disciplinary investigation, or (iii) NCH/DSC has terminated or restricted the nurse's clinical privileges for disciplinary violations.
- *If you are a patient of a physician*, NCH/DSC may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity.
- *If you are a patient of a physician or other health care provider*, either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you.
- *If you have received an HIV test*, NCH/DSC may only disclose your test results in a manner which identifies you to those persons you have designated in writing, except that NCH/DSC may disclose your test results to certain person(s) for certain reasons listed under the section above entitled "Uses or Disclosures NCH/DSC May Make Without Your Authorization".
- *If you have received genetic testing*, NCH may only disclose the testing information to you and to those persons you have designated in writing to receive that information, except that NCH may disclose the results of your genetic test to persons for certain reasons listed under the section above entitled "Uses or Disclosures NCH/DSC May Make Without Your Authorization".

- *If you are a minor who has received genetic testing*, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. The provider may disclose such information to your parent or guardian if, in the professional judgment of the provider, notification would be in your best interest and the provider has first sought unsuccessfully to persuade you to notify your parent or guardian, or the provider has reason to believe that you have not notified them as you agreed.
- *If you are the victim of sexual assault*, NCH/DSC may not release your evidence collection kit to the Illinois State Police without your written permission, or if you are under the age of 13, without the written permission of your parent, guardian, appropriate representative of the Department of Children and Family Services, or an investigating law officer.
- *If you are a victim of a sexual assault and NCH/DSC photographs your injuries*, NCH/DSC may not release the photographs without your written permission, or if you are a minor, without your parent's or guardian's permission. If you are a minor and your parent or guardian refuses to grant permission, then NCH/DSC must give all photographs and negatives to your parent or guardian.
- *If you are a resident of a community living facility, a nursing home facility, a skilled nursing or intermediate care facility, an intermediate care facility for the developmentally disabled, a sheltered care facility, a long term care facility for persons under 22, or a veterans' home*, NCH/DSC may not allow any person who is not directly involved in your care to be present during a consultation or discussion of your case or health status, or during your treatment, without your written or oral permission.
- *If you are a patient of a home health agency*, NCH may not allow the Department of Public Health to observe your home care without your oral or written permission.
- *If you are a minor who received an HIV test, and a Western Blot Assay or other test verifying the test results*, the health care provider who ordered the test may not notify your parent or legal guardian of your results without your written permission. The health care provider may disclose such information to your parent or guardian if, in his/her professional judgment, notification would be in your best interest and he/she has first sought unsuccessfully to persuade you to notify your parent or guardian, or if he/she believes that you have not provided notification to your parent or guardian as agreed.
- *If you are a minor who has sought counseling regarding your contact with a sexually-transmitted disease, your own drug or alcohol abuse, or that of a family member from a physician who provides diagnosis or treatment or any licensed clinical psychologist or professional social worker or any employee of a licensed alcoholism or drug abuse program*, these professionals may not inform your parent or guardian without your written permission. These professionals may disclose such information to your parent or guardian if such action is, in the person's judgment, necessary to protect your safety or that of a family member or other individual.
- *If you are a client of a clinical psychologist*, the psychologist may not disclose any information he or she may have acquired while treating you in a professional capacity if he/she did not ensure that you understood the possible uses or distributions of the information and without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the clinical psychologist may disclose such information for certain proceedings.
- *If you are a recipient of mental health or developmental disability services*, NCH may not disclose your mental health or developmental disability information (excluding personal/psychotherapy notes) without your written permission except to persons for certain reasons listed under the section above entitled "Uses or Disclosures NCH/DSC May Make Without Your Authorization".
- *If you are over 12 but under 18 and receive mental health or developmental disability services*, your parent or guardian may inspect and copy your records if you are informed and do not object or if the therapist does not find that there are compelling reasons to deny access. Should your parent or guardian be denied access by either you or the therapist, your parent or guardian may petition a court for access.

- If you are a client of a licensed clinical professional counselor, marriage and family therapist or associate marriage and family therapist, licensed clinical social worker, such provider may not disclose any information acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting or consulting with administrative supervisors, colleagues or consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; or (iv) when you waive the privileged nature of communication by bringing public charges against the provider.

In the event that you provide NCH/DSC written authorization to disclose your individually identifiable health information, you may revoke such authorization at any time if you provide written notice to NCH/DSC. The written revocation should be given to a representative in Health Information Management.

### **MARKETING**

We will need your written authorization to use and disclose your health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. We do not need your authorization for describing a health-related product or service that we provide, or for communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

### **YOUR RIGHTS**

**Your Right to Receive Confidential Communications and to Request Restrictions.** You may request that you receive communications from NCH/DSC regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the Health Information Management Office. *NCH/DSC reserves the right to condition your request on the receipt of information regarding how you desire NCH/DSC to handle payment and/or on the availability of an alternative address or method of contact.* You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require NCH/DSC to agree to the requested restrictions.

**Your Right to Inspect and Copy.** You generally have the right to inspect and obtain a copy of any protected health information in your medical record, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts NCH/DSC from disseminating.

**Your Right to Amend.** You also have the right to request an amendment of your individually identifiable health information, unless NCH/DSC did not create such information or unless NCH/DSC determines that your medical record is accurate and complete in its existing form.

**Your Right to an Accounting.** You have the right to request and receive an accounting of disclosures of your health information that NCH/DSC has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required NCH/DSC to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create patient directories or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement or to inform you of the content of your medical records.

**The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail.

### **GRIEVANCES OR FURTHER INQUIRIES**

If you believe that NCH/DSC has violated your privacy rights with respect to protected health information, you may file a complaint with NCH/DSC and the Department of Health and Human Services. To file a complaint with NCH/DSC, please contact the Ombudsman at (847) 618-4390. You may also contact the above office for a copy of this Privacy Notice or for further information regarding your rights. This notice is available on our website at [www.nch.org](http://www.nch.org).