

## NOTICE OF PRIVACY PRACTICES

Effective date: 10/6/2014

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.

### SUMMARY

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. This record typically contains information regarding your symptoms, diagnosis, examination and test results, current and future treatment, as well as billing-related information. This notice applies to all records regarding your care generated by Rush Oak Park Hospital, whether made or received by our organization's personnel or given to others outside the organization for business purposes. If your personal physician is not an employee of the organization or does not perform services on behalf of Rush Oak Park Hospital, then he or she may have different policies or notices regarding the physician's use and disclosure of medical information created in the physician's office or clinic.

### WHO WILL FOLLOW THIS NOTICE?

Rush Oak Park Hospital provides health care to our patients in conjunction with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any Rush Oak Park Hospital employee, trainee, volunteer or employed health care professional who treats you.
- All departments and units of our organization.
- Physicians who are members of our medical staff and their employees or workforce members.
- Any business associate of Rush Oak Park Hospital with whom we share health information
- The Rush Group Health Plan.

This notice does not imply any joint venture or any other special association or legal relationship between Rush Oak Park Hospital and its medical staff. This notice is an administrative tool required by federal law to allow Rush Oak Park Hospital and its medical staff to tell you about common privacy practices.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice initially took effect April 14, 2003 and has since been updated, including this update effective on October 1, 2014. The notice will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

We will post a copy of this notice in our facilities and on our website. You may also request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### USES AND DISCLOSURES OF MEDICAL INFORMATION

The following categories describe examples of the way we use and disclose medical information.

**For Treatment:** We may use your medical information to provide you treatment or health-related services. For example, different departments may share your medical information to coordinate the different items or services you may need, such as prescriptions, lab work, meals and X-rays or other diagnostic tests.

**For Payment:** We may use and disclose your medical information to obtain payment for services we provide you, including but not limited to disclosing your information to a billing company in connection with collections and billing activities. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We also may disclose your medical information to your insurer or another health care provider for their payment activities.

**For Health Care Operations:** We will use your health information for regular health care operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

The use and disclosure of your medical information in connection with our health care operations will include but not be limited to the following:

- Quality assessment and improvement activities
- Related functions that do not include treatment
- Competence or qualification reviews of health care professionals
- Practitioner and provider performance evaluations
- Training programs or accreditation, certification, licensing or credentialing activities.

We may also disclose your medical information to another covered entity (for example, a physician's office or your insurer) for their health care operations in limited circumstances, if each group or business either has or had a relationship with you.

**Directory:** Unless you say otherwise, we may use the following medical information in the patient information directory used by the Medical Center's information desk staff: your name, your location in our facility, your condition, described in general terms that do not communicate your specific medical information, and your religious affiliation. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures to this directory unless emergency circumstances prevent your opportunity to object.

**Individuals Involved in Your Care or Payment for Your Care:** We may use or disclose medical information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition or for making arrangements in case of your death. If you are present, then prior to use or disclosure of your medical information we will obtain your agreement or provide you with an opportunity to object to the disclosure; or, based on the exercise of professional judgment, proceed under the assumption that you do not object to the disclosure. If you are unable to consent or object to disclosure, or in emergency circumstances, we will disclose protected health information using our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice when allowing a person to pick up your filled prescriptions, medical supplies, X-rays or other similar forms of medical information.

We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so. In addition, we may use or disclose your medical information to a public or private entity (e.g., the Red Cross) authorized by law or by its charter to assist in disaster relief efforts.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may provide you information by a general newsletter or in person or by way of products or services of nominal value. We may disclose your medical information to a business associate to assist us in these activities.

**Fundraising:** We may use your medical information to contact you for our fund-raising purposes. We will limit our use and disclosure to (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. We may disclose this information to a business associate to assist us in our fund-raising activities. We will provide you, in any fund-raising materials, a description of how you may opt out of receiving future fund-raising communications.

**Organized Health Care Arrangements:** We participate in certain organized health care arrangements with other health care providers, including independent physicians on our medical staff and provider organizations such as Rush Copley Medical Center and Rush University Medical Center, and their medical staff members. As a participant in these organized health care arrangements, we share information with other participants for certain joint activities, including utilization review, quality assessment and assurance and payment.

**Group Health Plan/Plan Sponsors:** We may permit a health insurance issuer or HMO that services us to disclose summary health information to a Plan Sponsor to obtain premium bids or modify, amend or terminate the Group Health Plan as well as to perform plan administration functions.

As required by law, we may also use and disclose health information for the following professionals or organizations, including but not limited to:

- Coroners, medical examiners, funeral directors
- Organ procurement and tissue donation organizations
- Worker's compensation agents
- Health oversight agencies or government programs or their contractors
- Public health or legal authorities charged with preventing or controlling disease, injury or disability
- U.S. Department of Health and Human Services
- Food and Drug Administration

**Law Enforcement/Legal Proceedings:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances.

Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may also disclose limited information to a law enforcement official

concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to protect your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials in capturing an individual who has admitted to participation in a crime or has escaped from lawful custody.

In addition, we may disclose to military authorities the medical information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence and other national security activities.

#### **Compliance with Other Applicable Laws to Protect Your Medical Information:**

We will not use or disclose your medical information if that disclosure is prohibited or significantly limited by other applicable law, including but not limited to: the Illinois Nursing Home Care Act; the Illinois Medical Practice Act; the Illinois Mental Health and Developmental Disabilities Code; the Illinois AIDS Confidentiality Act; the Illinois Genetic Information Privacy Act; the Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the federal Drug Abuse, Prevention, Treatment Act and the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

#### **YOUR HEALTH INFORMATION RIGHTS**

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care, with limited exceptions. You may request that we provide copies in a format other than photocopies (for example, an electronic file). We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies we will charge a fee to cover the staff time needed to locate and copy your medical information and postage if you want the copies mailed to you.

Your right to access your medical information includes when we serve as a laboratory at the request of your physician.

If you request an alternative format, to cover our expenses we will charge a fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**An Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations and certain other activities or those disclosures that you have authorized since April 14, 2003, and up to 6 years prior to the request. We will provide you with the date on which we made the disclosure, the name of the person or group or business (e.g., a physician's office or a health care clearinghouse) to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee covering our costs for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**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 health care 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 of 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 all requests except as indicated below. If we do agree, we will comply with your request (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is formally put in writing and signed. All restriction requests must be forwarded to the Privacy Office for grant/denial determination.

We will grant a request for restriction of disclosure of your protected health information to your health plan if three conditions are met: (1) the reason we would disclose to the insurer is for payment or health care operations, (2) the disclosure is not required by law, and (3) you or another person has paid us in full for the health care item or service.

**Request Confidential Communications:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. For example, you may ask that we contact you at work or by U.S. mail.

We must accommodate your request if it is reasonable, specifies the alternative means or location and provides satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Request Changes to Medical Information:** You have the right to request that we amend or make changes to your medical information. Your request must be in writing, and it must explain why the information should be changed. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to inform others, including people you name, of the change and to

include the changes in any future disclosures of that information.

**A Paper Copy of This Notice:** If you receive this notice on our Web site or by e-mail, you are entitled to receive a paper copy of this notice. Please contact us using the information listed at the end of this notice to obtain a paper copy of this notice.

**Notice of a Breach of Medical Information:** If we discover that there has been a breach of your unsecured medical information, we will notify you about that breach using the most recent address that we have on file.

### **RUSH HEALTH CONNECT**

We participate in the health information exchange operated by Rush Health (Rush Health Connect). As a participant, we make patient medical information available electronically to other participating hospitals, physicians and other authorized users for treatment, payment and healthcare operations purposes. We may also receive information about patients from other participants in Rush Health Connect. Rush Health Connect may participate in other health information exchanges (HIEs) on our behalf. In the future, we may also participate in additional regional, state or federal HIEs.

Our participation in Rush Health Connect and other HIEs has been designed to comply with federal and state privacy and security laws. Access to your medical information through Rush Health Connect is limited to authorized users who confirm that they will comply with these laws. You may elect to opt-out and not allow your health or medical information to be available electronically to other providers through Rush Health Connect for treatment. If you do not want your health or medical information to be shared with other providers through Rush Health Connect for treatment, please contact our Privacy Office as identified at the bottom of this form to receive an Opt-Out Form and return it to us. Please note that if you choose to opt-out after your information has been shared through Rush Health Connect, information that was previously shared will likely still be available to other participants, although no new information will be shared. Making your information available for treatment through Rush Health Connect is not a condition of receiving care.

For more information regarding Rush Health Connect visit <https://www.rush-health.com>.

**CARE EVERYWHERE®** We use an electronic medical record program called EpicCare EMR. CareEverywhere®, a feature of EpicCare EMR, allows us to exchange medical information with other providers that use CareEverywhere®. CareEverywhere® facilitates the electronic sharing and exchange of medical and other individually identifiable health information among health care providers. Through CareEverywhere®, we may electronically disclose demographic, medical, billing, and other health-related information about you to other health care providers and electronically request such information from them for purposes including but not limited to facilitating or providing treatment, arranging for payment for health care services, or otherwise conducting or administering health care operations.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only after obtaining your written authorization as required by law. Except as permitted by law, we will not sell your medical information or use or disclose your medical information for marketing without your prior written authorization. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice. Uses and disclosures of information involving psychotherapy notes will require your authorization. In addition, we will request your authorization for certain marketing activities, including any activities that involve the sale of Protected Health Information.

### **QUESTIONS AND COMPLAINTS**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your records, you may contact our Privacy Office at 707 South Wood Street, Suite 317, Chicago, IL 60612 or (312) 942-4416 or e-mail [HIPAAQuestions@rush.edu](mailto:HIPAAQuestions@rush.edu) or call our 24-hour privacy hotline at 877-RUSH-009. You also may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Our Privacy Office will provide you the address upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you have any questions about this notice, please contact our Privacy Office at 707 South Wood Street, Suite 317, Chicago, IL 60612 or (312) 942-4416 or e-mail [HIPAAQuestions@rush.edu](mailto:HIPAAQuestions@rush.edu).