



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.

PRIVACY STATEMENT

CGH Medical Center, in compliance with the Health Insurance Portability and Accountability Act (HIPAA), maintains the privacy of protected health information (PHI), provides notice of our legal duties and privacy practices, and applies protections to how PHI is used and disclosed. CGH must abide by the terms of the notice currently in effect.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information fall within one of the categories. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

FOR TREATMENT

- To provide, coordinate, and manage health care and related services by one or more health care providers
- To people outside CGH Medical Center who may be involved in your medical care after you leave

FOR EXAMPLE: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Such health information about you may be shared in order to coordinate your care and treatment.

FOR PAYMENT

- To bill and collect payment for treatment and services provided to you
- To confirm coverage
- For utilization review activities

FOR EXAMPLE: A bill for your hospital visit is sent to your insurance company for payment.

FOR HEALTH CARE OPERATIONS

- For our business operations, such as conducting quality assessment and improvement activities, medical reviews, legal services, and auditing functions
- To review our treatment and services, and to evaluate our competency and performance
- For business planning, development, and management
- To decide what additional services we should offer, where we can make improvements in the existing care and services we offer, and whether certain new treatments are effective.

FOR EXAMPLE: An internal quality assessment review is conducted to determine the need for additional cardiac-related services.

WE MAY CONTACT YOU

- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- For fundraising activities - only contact information is released, such as your name, address and phone number and the dates you received treatment or services.

If you do not want to be contacted for fundraising efforts, you must notify the CGH Health Foundation.

- We may create and distribute de-identified health information by removing all references to individually identifiable information so others may use it to study health care and health care delivery without identifying specific patients.

HOSPITAL DIRECTORY

- For use in the hospital directory while you are a patient. The limited 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 your parish, such as your priest or rabbi, only if you have requested such information to be shared. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

If you do not want this information shared for the hospital directory, please inform an employee in the Registration office.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

- To your personal representative, or family member or friend you indicate who is involved in your medical care.
- To inform your family or friends about your condition and that you are in the hospital.
- To an entity assisting in disaster relief effort so that your family can be notified about your condition, status and location.

If you do not want this information shared, please inform an employee in the Registration office.

RESEARCH

- To researchers preparing to conduct a research project who need to know how many patients have a specific health problem.
- For research purposes if the research has been subjected to a careful review process conducted by a specially selected and trained committee and received this committee's approval. This process evaluates a proposed research project and its use of health information, and balances the potential benefit of the research against individual's need for privacy of their health information.

FOR EXAMPLE:

- A research project comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In that situation, you are not identified or contacted, but your health information may be used but kept confidential.
- A doctor caring for you believes that you may be interested in, or benefit from, a research study. Your doctor and the committee approve someone to contact you to see if you are interested in the study. At that time, you are contacted and provided with more information. You have the right to authorize continued contact or refuse further contact.

THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW

AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

- To prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, is only to someone able to help prevent the threat.

ORGAN AND TISSUE DONATION

- To organizations that handle organ procurement, organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

- To the armed forces, as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

- For workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS

- 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 child abuse or neglect
 - 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. We only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

- To a health oversight agency for activities authorized by law. These oversight activities include, for example, audit, 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

- In response to a court or administrative order if you are involved in a lawsuit or a dispute.
- In response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

- To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- To funeral directors as necessary to carry out their duties.

LAW ENFORCEMENT

- 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
- 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

INMATES

- To the correctional institutional or law enforcement official. An inmate of a correctional institution or under the custody of law enforcement official does not have rights listed in this Notice of Privacy Practices.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

- To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

- To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us are made only with your written authorization. You may revoke such authorization in writing at any time. We are required to honor and abide by that written request, except to the extent that we are unable to take back any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation of the use or disclose of your health information for treatment, payment or health care operations.

You have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment for your care, like a family member or friend.

FOR EXAMPLE: You could ask that we not disclose to your friend information about a surgery that you had.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST

If we agree with your request for restriction or limitation of the use or disclosure of your health information, we comply with your request unless the information is needed to provide you emergency treatment.

- To request restrictions, you must make your request in writing at the CGH Medical Center Registration, Health Information or Patient Accounts Department, Sterling, IL 61081. In your request, you must tell us
 - a. What information you want to limit
 - b. Whether you want to limit our use, disclosure, or both
 - c. To whom you want the limits to apply, for example, disclosures to your spouse

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

FOR EXAMPLE: You can ask that we only contact you at work or by mail.

- To request confidential communications, you must make your request in writing at the CGH Medical Center Registration, Health Information or Patient Accounts Department, Sterling IL 61081. We do not ask you the reason for your request. We accommodate all reasonable requests.
- Your request must specify how or where you wish to be contacted and how bill payment will be handled.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

- To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Department.
- If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Please allow at least 48 hours to accommodate your request.
- We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital reviews your request and the denial. The person conducting the review is not the person who denied your request. We comply with the outcome of the review.

RIGHT TO AMEND

If you believe that health information we have about you is incorrect or incomplete, you have the right to request an amendment.

- To request an amendment, your request must be made in writing and submitted to the CGH Medical Center Health Information Department, 100 E. LeFevre Road, Sterling IL 61081, 625-0400 extension 5540.
- In addition, you must provide a reason that supports your request. This process does not include changes to PHI (protected health information) in demographic information (address, phone #, name change, etc).
- 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:

- a. Was not created by us, unless the person or entity that created the information is no longer available to respond to the amendment
- b. Is not part of the medical information kept by or for the hospital
- c. Is not part of the information which you would be permitted to inspect and copy
- d. 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 made of health information about you that was released as described above due to required reporting.

- To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Department.
- Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.
- The first list you request within a 12-month period is free. We may charge for the cost of additional lists.
- We notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for your existing, protected health information as well as any information we receive in the future. We post a copy of the current notice in all CGH Medical Center facilities. The notice contains the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services, we make a copy of the current notice available to you.

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.cghmc.com

To obtain a paper copy of this notice, request from
the front desk in main lobby area

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CGH Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the CGH Medical Center, Patient Advocate, 100 E. LeFevre Road, Sterling IL 61081, (815) 625-0400 x5642. All complaints must be submitted in writing with a description of the persons and acts or omissions that are the subject of the complaint. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

ACKNOWLEDGEMENT OF RECEIPT

Your written acknowledgement of having received this privacy practice notice is requested. Please sign and date the Notice of Privacy Practices Acknowledgement form on the first date of service or as soon as possible. Thank you.

If you have any questions about this notice, please contact
The Health Information Department
(815)625-0400, ext. 5540

CGH Medical Center
100 E. LeFevre Road
Sterling, IL 61081
www.cghmc.com