



CGH MEDICAL CENTER
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STERLING IL 61081
815 625-0400

NOTICE OF PRIVACY PRACTICES SUMMARY & ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- To bill and collect payment for treatment and services I received.
- To conduct normal healthcare operations such as quality assessments and physician certification.

I understand that other uses and disclosures of my health information may include:

- To inform me of appointments, treatment alternatives, fundraising, or other health-related benefits and services.
- For the hospital directory
- To individuals involved in my care or payment for my care
- For research
- As required by law
- In response to my written authorization

I understand that I have rights regarding my health information that include:

- To request in writing a restriction or limitation of the use or disclosure
- To request in writing that communication with me about medical matters be conducted in a certain confidential way or location
- To inspect and copy my protected health information, including medical and billing records
- To request in writing an amendment to my health information which I believe to be incorrect or incomplete
- To request in writing an accounting of certain disclosures made of my health information
- To file a complaint if I believe my privacy rights have been violated

PLEASE COMPLETE THIS PORTION AND RETURN TO CGH. THANK YOU.

I have received the CGH Medical Center Notice of Privacy Practices containing a complete description of possible uses and disclosures of my health information. I understand that CGH has the right to change its Notice of Privacy Practices and that I may contact CGH at the address above to obtain a current copy of such notice.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

DATE

Relationship to Patient if signed by Legal Representative