

# NOTICE OF PRIVACY PRACTICES



## McDonough District Hospital

### Notice of Privacy Practices

*This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

#### Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record or protected health information, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

#### Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- If you agreed to receive the notice electronically, you may also obtain a paper copy of this notice of information practices upon request
- receive confidential communication of your protected health information
- inspect and obtain a copy of your health record
- request an amendment to your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken



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## Our Responsibilities

McDonough District Hospital is required by law to:

- maintain the privacy of your health information
- provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

If you request a copy of your health information or a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we do not agree to your request for an amendment to correct your medical information we will tell you why.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised notice in our Registration areas. We will also provide you a revised notice upon your request from the hospital's Health Information Director/Privacy Officer. You may also view a copy of the notice on our web site at <http://www.mdh.org>. Interpretive services for non-English speaking patients and patients with special needs are also available.

By law, all employees, volunteers, students, medical staff and other individuals providing care to you while under our direction and control are required to follow the requirements described in this notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

## Uses or Disclosures that Require Your Authorization

Other uses and disclosures not described in this notice will be made only with your written authorization. You may cancel your authorization at any time by notifying our Privacy Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include: A request to provide certain medical information to a drug company for marketing purposes; A request to provide your medical information to an attorney for use in a civil lawsuit.

## Additional Rights for Recipients of Mental Health Services

**The confidentiality of mental health, alcohol and drug abuse records is protected by State and Federal Law. Generally MDH may not acknowledge to anyone outside the program that a patient attends a program or disclose any information identifying a patient as an alcohol or drug abuser.**

We, may, upon request, disclose health information to:

- the parent or guardian of a recipient who is under 12 years of age
- the recipient if he is 12 years of age or older
- the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying access. Notwithstanding the above, the parent or guardian of the above may request and receive a current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any
- the guardian of a recipient who is 18 years or older
- an attorney or *guardian ad litem* who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right
- an agent appointed under a recipient's power of attorney for healthcare or for property when the power of attorney authorizes the access.

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Assistance in interpreting the health information may be provided without charge and shall be provided if the person inspecting the record is under 18 years of age.

A reasonable fee may be charged for duplication of a record or, if recipient is indigent, at no charge to the recipient, or the Guardianship and Advocacy Commission or to a not for profit agency whose primary purpose is to provide free legal services or advocacy and who has received written authorization from the recipient.

Any person entitled to access to a mental health record may submit a written statement concerning any disputed or new information, which said statement shall be entered in the record. Whenever any disputed part of a record is disclosed, any submitted statement relating to the disputed part shall accompany the disclosed part.

Any person entitled to access may request modification of any part of the record which he believes is incorrect or misleading. If the request is refused, the person may seek a court order to compel modification.

Any statement or explanation required will be provided in a language that the recipient understands and/or will be communicated in sign language if the recipient is hearing impaired and sign language is the recipient's primary mode of communication.

Health information may be disclosed to someone other than the persons named above only with the written consent of the persons who are entitled to inspect and copy a recipient's health information.

Violation of the federal law is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law does not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law does not protect any information about suspected abuse or neglect (of a child or an adult) from being reported under state law to appropriate state or local authorities.

## For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the hospital's Director of Health Information Management/Privacy Officer at 309-836-1580 or in writing at McDonough District Hospital, 525 E. Grant St., Macomb, IL 61455

If you believe your privacy rights have been violated, you can file a complaint with the hospital's Director of Health Information Management/Privacy Officer at address and phone number above or with the:

Office of Civil Rights  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
202-619-0257  
Toll Free 877-696-6775

**There will be no retaliation for filing a complaint.**

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## Examples of Disclosures for Treatment, Payment and Health Operations

### **We will use your health information for TREATMENT.**

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. This may include a photographic record. In that way, the physician will know how you are responding to treatment.

Other healthcare providers who are not our employees, who we have agreements with to provide services to or for you while a patient, may also have access to your health information.

We will also provide your physician, other physicians assisting your physician, and subsequent health care providers with copies of various reports that should assist him or her in treating you once you have been discharged from this hospital.

### **We will use your health information for PAYMENT.**

For example: A bill may be sent to you or a third-party payer (i.e. insurance company, HMO, Medicare, Medicaid). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, tests and supplies used. We will also supply information to your physician, other physicians and health care providers who participated in your care with information about you to assist them in obtaining payment from you or a third-party payer. If necessary, we will share information with outside collection agencies in order to collect payment on your account. This information may include your or your guarantor's address, phone number, place of employment, amount due and other information necessary to collect your account.

### **We will use your health information for HEALTH CARE OPERATIONS.**

For example: Members of the medical staff, risk manager, performance improvement director, or members of performance/quality improvement teams may use information in your health 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 service we provide.

*Business associates:* There are some services provided for us by business associates such as accountants, consultants, attorneys, transcription service companies, copy service companies, survey firms, data warehouse companies, and billing companies. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your medical information

*Directory:* Unless you notify us that 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, except for religious affiliation, to other people who ask for you by name.

*Notification and Appointments:* We may contact you to remind you of an appointment.

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

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



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**Cancer Registry:** The hospital maintains a Cancer Registry and if you have cancer information concerning your diagnosis and treatment will be recorded in the registry. State law requires that this information be reported to the Illinois Department of Public Health.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Surveys:** We may contact you to participate in a survey to provide us feedback regarding the care you received while a patient.

**Marketing:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund raising:** We may contact you as part of a fund-raising effort.

**Accrediting organizations and licensing agencies:** We may disclose your health information to accrediting organizations or licensing agencies in the process of obtaining or retaining accreditation or a license to provide health care services.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Military:** If you are a member of the Armed Forces, we may disclose medical information about you to your military command.

**Security:** We may disclose information about you to authorized federal officials for national security and intelligence activities. We may also use your information for a required security clearance.

**Department of Public Health:** If you are an inpatient, State law requires that we submit data regarding your hospitalization to the Department of Public Health.

**Public Health/Communicable Diseases:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**When disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement:** We may make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, and domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceedings or in response to a valid subpoena. We may also disclose information about you to law enforcement officials for law enforcement purposes: to identify or locate a suspect, fugitive, material witness or missing person, when information is requested about an actual or suspected victim of a crime, to report a death as a result of possible criminal conduct, about crimes that occur on our premises and to report a crime in emergency circumstances.

**Health oversight:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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## Examples of Disclosures by Illinois State Law that Require a Specific Patient Authorization

Disclosures of medical records of the following patients require written consent:

- Patients with high blood pressure to the Illinois High Blood Pressure Registry
- Patients of an advanced practice nurse to the Advanced Practice Nursing Board/Department of Professional Regulation
- Patients of a podiatrist to the Podiatric Medical Licensing Board
- Patients of an impaired physician (physical or mental) to the Medical Disciplinary Board
- Patients to receive genetic testing may have results released to them and a person designated by them in writing to receive information. In the case of minors under the age of 18 years of age, parents/legal guardian may be notified with written permission except where allowed by law
- Clients of a rape counselor; the counselor may not disclose any communications or testify as a witness without the patient's permission unless withholding information presents an eminent danger to the patient or another person
- Clinical social workers, clinical licensed professional counselors, marriage and family therapists may not disclose information they have acquired without your permission. Exceptions include: for professional consultation; in the event of the patients death with the permission of the patient's personal representative; when you intend to commit certain crimes or harmful acts; or when you waive the privilege nature of the communications by bringing charges against the therapist
- Victims of sexual assault: evidence collection kit/photographs may not be released to the Illinois State Police without permission. Permission of parents or guardian is required for minors under 13. If permission is refused for release of photographs of a minor, then all existing photographs and negatives shall be given to the parents/legal guardian.
- Patients of MDH Home Health may not allow the Department of Public Health to observe a patient's care in the patient's home without the patient's permission
- Patients of a clinical psychologist: the psychologist may not disclose any information he or she may have acquired while attending a patient unless they ensure that you understood the possible uses and distribution of the information

Effective Date: 4/11/2003

