

BROMENN HEALTHCARE PRIVACY NOTICE

**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.**

WHO WILL FOLLOW THIS NOTICE

This notice describes the information practices of BroMenn Healthcare, which consists of BroMenn Regional Medical Center and Eureka Community Hospitals (collectively, the “Hospitals” and individually, the “Hospital”), as well as those of:

- Any health care professional authorized to enter information into your Hospital chart.
- All departments and units of the Hospitals.
- Any member of a volunteer group we allow to help you while you are in either Hospital.
- All employees, staff and other Hospital personnel.
- All members of the Hospitals’ Medical Staff. For purposes of care provided within the Hospitals, the Hospitals and its Medical Staff members are part of a clinically integrated care setting, and thus may share medical information with each other for treatment, payment or operations purposes described in this notice.

All persons covered by this notice are collectively referred to as “Hospitals Personnel.”

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the Hospitals. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Hospitals and made by Hospitals Personnel. Your personal doctor, while a member of the Hospitals’ Medical Staff, may have different policies and notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;

- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of this notice or any subsequent notice that is later in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in any category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you at the Hospitals. 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. In addition, the doctor may need to tell the dietician if you have diabetes so that we may arrange for appropriate meals. Different departments within the Hospitals also may share your medical information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your medical information to people outside the Hospitals who may be involved in your care after you leave the Hospitals, such as family members, home health agencies, clergy or others who provide services that are part of your care.

Notwithstanding the above, we will comply with the requirements of those Illinois laws that limit the use and disclosure of certain medical information even with regard to treatment activities. For example, we will not use or disclose any information regarding your HIV or AIDs status, mental health or developmental disabilities information, or genetic testing results without your express authorization, except as otherwise permitted by those laws regulating the use and disclosure of such information.

For Payment. We may use and disclose your medical information so that the treatment and services you receive at the Hospitals may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at the Hospitals so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Similarly, Hospitals Personnel may use or disclose your medical information to obtain payment for the services they provide within the Hospitals.

For Health Care Operations. We may use and disclose your medical information for Hospitals operations purposes, including the operations purposes of the integrated community of care the Hospitals has formed with its Medical Staff members. These uses and disclosures are necessary to run the Hospitals and to make sure that all of our patients receive quality care. For example, Hospitals Personnel may use or disclose your medical information to review the quality of our treatment and to evaluate the performance of Hospitals Personnel in caring for you. We

also may combine your medical information with those of many patients of the Hospitals to determine whether additional services should be offered, what services are no longer needed and whether certain new treatments are effective. We also may use and disclose your responses to our Patient Satisfaction Surveys to Hospitals Personnel in order to improve our medical care and service to future Hospitals patients. We may perform, publish and distribute statistical analyses of such survey results, including your comments, after removing all identifying information from the materials.

We also may use or disclose your medical information for limited operations purposes of certain other health care providers, clearinghouses or health plans. The persons and entities to which Hospitals Personnel may disclose your medical information must have or have had a treatment relationship with you, and the medical information disclosed must pertain to that relationship. The operations purposes for which we may disclose your medical information include, but are not limited to, various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities. As required by law or credentialing bodies, we may release medical information to appropriate bodies to facilitate statistical follow-up based on effectiveness of treatment. For example, we may disclose medical information to cancer or other disease-state registries.

Appointment Reminders. We may use and disclose your medical information to contact you to remind you that you have an appointment for treatment or medical care at the Hospitals.

Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose certain medical information about you, including your name, address, phone number, diagnosis and treatment (with corresponding dates) to send you information about Hospitals services that may be of benefit or interest to you. Hospitals Personnel also may contact you to provide appointment reminders.

Hospitals Directory. We may include your name, location within the Hospitals, general condition (*e.g.*, “critical,” “serious,” “fair,” or “good.”), and religious affiliation within the Hospitals directory. This directory information, except for your religious affiliation, may be provided to people who ask for you by name. This is so your family, friends and clergy may visit you during your stay and generally know how you are doing. We also may release this information to the news media in the case of disasters, auto accidents and other police or fire cases that are a matter of public record. This information would be released only if the news media contacts the Hospitals for a report on your medical condition and asks for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. If you do not wish for your information to be included in either of the Hospitals’ directories, please notify Patient Registration at (309) 268-5172. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and in your health professional’s judgment.

Individuals Involved in Your Care or Payment for Your Care. We may disclose medical information about you to a family member, other relative, close personal friend or any other person you identify who is involved in your medical care. We also may disclose information to someone who helps pay for your care. The medical information disclosed will be limited to that information relevant to the person's involvement in your care or payment related to your care. We also may disclose your medical information to an entity assisting in disaster relief effort, such that your family may be notified about your condition, status and location. If you do not want information disclosed to certain persons, regardless of their involvement in your care, please notify BroMenn Healthcare Patient Registration at (309) 268-5172 or Eureka Community Hospital Patient Registration at (309) 467-2371 ext. 4165. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its uses of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospitals. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospitals.

As Required by Law. We will disclose your medical information when required to do so by any federal, State or local law.

To Avert a Serious Threat to Health or Safety. We may disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent or avert the threat.

Fundraising Activities. Hospitals Personnel may use basic contact information about you, such as your name, address, phone number, and dates of service, to send you information about charitable contribution opportunities on behalf of the Hospitals. If you do not want the Hospitals to send you such information, please contact the Hospitals' Foundation Office in writing.

Contract Services. As part of our health care operations, we may disclose medical information about you to vendors with which we contract to provide a service to the Hospitals. Examples of such vendors include the copy service we use when making copies of your health

record, attorneys, auditors, certain health care providers and other agencies. We may disclose medical information to an external transcription company or coding service for purposes of retransmitting that data back to the Hospitals' clinical repository for inclusion in patients' health records. We may disclose medical information to a utilization review or case management group under contract with the Hospitals to review utilization/length-of-stay/or case management information, or to otherwise interact with third party payors for the purpose of obtaining authorization for continued hospitalization or appealing medical denial. When these services are contracted, we may disclose your medical information to our vendors such that they can perform the job we have asked them to do. To protect your medical information, however, we require the vendors to appropriately safeguard your information by requiring that they enter into an appropriate agreement with the Hospitals.

Incidental Uses and Disclosures. Hospitals Personnel may use and disclose your medical information incidental to another use or disclosure of your medical information that is permitted or required under law.

Limited Data Sets. Hospitals Personnel may use or disclose a limited data set of your medical information (*i.e.*, a subset of your medical information in which at least all facially identifying information has been removed) for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your information.

Special Situations

- **Organ and Tissue Donation.** If you are an organ donor/recipient, we may release medical information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may release medical information about you for public health activities, including 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;
 - As permitted by State law, 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.

Health Oversight Activities. We may disclose medical information about you to health oversight agencies for activities authorized by law. These activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for government to monitor the health care system, governmental programs and civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to a subpoena, discovery request or other lawful order from a court.

Law Enforcement. We may release medical information about you if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine a cause of death. We also may release medical information about patients of the Hospitals to funeral directors to permit them to carry out their activities.

Protective Services for the President, National Security and Intelligence Activities. We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counter intelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official as necessary (1) for the institution to provide you with care; (2) to protect your health and safety or the health or safety of others; or (3) for the safety or security of the correctional institution.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information about you that we maintain:

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 contact you only at work or by mail. The Hospitals reserve the right to condition your request on the receipt of information regarding how you desire Hospitals Personnel to obtain payment for services rendered, and/or on the availability of an alternative address or method of contact that you request.

You must make your request for confidential communications in writing and must submit this request to the office listed below. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose 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, such as 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 your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Hospitals' Privacy Officer. In your request, you must tell the Privacy Officer: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Inspect and Copy. You have the right to inspect and copy certain medical information that may be used to make decisions about you. Generally, this includes medical and billing records, but does not include psychotherapy notes. In order to inspect such records, you must submit your request in writing to the Hospitals' Health Information Management Department. If you request a copy of your records, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Hospitals Personnel may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Hospitals will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you believe the medical information we have about you is incomplete or incorrect, you have the right to request that Hospitals Personnel amend the medical information contained within your medical record.

To request an amendment, your request must be made in writing and submitted to the Hospitals' Health Information Management Department. In addition, you must provide a reason that supports your request.

Hospitals Personnel 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, Hospitals Personnel may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Hospitals;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request and receive an accounting of disclosures of your medical information that Hospitals Personnel have made in the six (6) years prior to the request date, or during the period between the request date and April 14, 2003, whichever is more recent. Such an accounting will not include disclosures made by Hospitals Personnel to carry out treatment, payment or healthcare operations; to create an accurate patient directory 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. Any accounting also will not include disclosures that you expressly authorize. The first accounting that you request within any 12-month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. If you would like more information on how to exercise these rights, please contact the Hospitals' Privacy Officer at (309) 268-2410.

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.bromenn.org or contact the Hospitals' Patient Registration Department at (309) 268-5127.

GRIEVANCES OR FURTHER INQUIRIES

If you believe that Hospitals Personnel have violated your privacy rights, you may file a complaint with Hospitals or with the Secretary of the Department of Health and Human Services. To file a complaint with Hospitals, please contact the Hospitals' Privacy Officer at (309) 268-2925. The Hospitals will not retaliate against you for filing a complaint. To file a complaint with the Department of Health and Human Services, please call (877) 696-6775.

AMENDMENTS

The Hospitals reserve the right to amend the terms of this Privacy Notice at any time and to apply the terms of the revised Privacy Notice to all medical information that it maintains. If the Hospitals amend this Privacy Notice, you will be provided with a revised copy at your next visit to the Hospitals, or upon your request. The revised Privacy Notice will also be available on the Hospitals' web site, www.bromenn.org.

OTHER USES OF MEDICAL INFORMATION

Uses and disclosures of your medical information not covered by this Notice or the laws that apply to the Hospitals and Hospitals Personnel will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

This Privacy Notice is effective on April 14, 2003.

Acknowledgment of Receipt of BroMenn Healthcare's Notice of Privacy Practices

By signing this document, I acknowledge that I have received a copy of BroMenn Healthcare's Notice of Privacy Practices.

Name (Print) Patient or Legal Guardian Signature Date

BroMenn Healthcare Use Only _____

Date acknowledgment received: _____

-OR-

Reason acknowledgment was not obtained:

