

Notice of Privacy Practices
Southern Illinois University School of Medicine and
SIU HealthCare
217-545-8000
www.siuhealthcare.org



This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Gain Access To This Information.

PLEASE REVIEW CAREFULLY

The terms of this Notice of Privacy Practices apply to SIU School of Medicine and SIU HealthCare. The information privacy practices in this notice will be adhered to by:

- Any healthcare professional who treats you at any of our locations
- All departments of SIU School of Medicine and SIU HealthCare
- All employees, associates, staff or volunteers of our organization
- Any business associate or partner with whom we may share information

Our Requirements

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect.

Changes To This Notice

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at our Website (www.siuhealthcare.org) or at any of our clinic sites, or a copy may be obtained by mailing a request to:

SIU HealthCare
ATTN: Privacy Officer
PO Box 19639
Springfield IL 62794-9639

How We May Use And Disclose Medical Information About You

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have previously signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken action in reliance on the authorization.

We make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, and tests. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you. For payment purposes, we may forward information regarding your medical procedures and treatment to your insurance company to arrange for payment for the services provided to you or to prepare a bill to send to you or the person responsible for your payment.

We may also use and disclose your personal health information as necessary and as permitted by law, for our health care operations which includes clinical improvement, clinical teaching, professional peer review, business management, accreditation and licensing. With your approval we may, from time to time, disclose your personal health information to designated family and friends and others who are involved in your care or payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in some aspect of caring for you.

We may disclose medical information to business associates who assist us with our health care operations, such as audits, accreditation, legal services, and for appointment reminder services, health products and services necessary for treatment or to advise you of a new product or service we offer and to provide general health and wellness information. For research we may use and disclose your personal health information in limited circumstances. For example, a research organization may wish to compare outcomes of all patients who received a particular medication and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidential requirements applied by an Institution Review Board (IRB) or privacy board, which oversees the research.

We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials or communications and may do so by sending your name and address together with a statement that you do not wish to receive fundraising materials or communications from us to:

SIU HealthCare
ATTN: Privacy Officer
PO Box 19639
Springfield IL 62794-9639

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. We may release your personal health information:

- for any purpose required by law
- for public health activities, such as required reporting of disease, injury, birth and death, and required public health investigations.
- for suspicion of child abuse or neglect or if we believe you to be a victim of abuse, neglect, or domestic violence.
- to the Food and Drug Administration if necessary to report adverse events, product defects or product recalls.
- to your employer when we have provided health care to you at the request of your employer.
- to government oversight agencies conducting audits, investigations, or civil or criminal proceedings if required by law.
- if required by a Court or administratively ordered subpoena or discovery request.
- to law enforcement officials as required by law to report wounds, injuries and crimes.
- to coroners and/or funeral directors consistent with law.
- to arrange an organ or tissue donation from you or a transplant for you.
- as required by armed forces services, if you are a member of the military and if necessary for national security or intelligence activities.
- for Workers' Compensation agencies if necessary for your Workers' Compensation Benefit Determination.

Your Rights: You Have The Right To:

- Copy and/or inspect much of the personal health information that we retain on your behalf. You will be charged \$0.96 per page for copy pages 1-25, \$0.64 per page for copy pages 26-50 and \$0.32 per page for copy pages in excess of 50 pages if you request a copy of the information. If your information is only available on microfiche, you will be charged \$1.60 per page for the information. We may also charge an additional fee for postage if you request the information be mailed to you.
- Request that personal health information we maintain about you be amended or corrected but we are not obligated to make all requested amendments. We will give each request careful consideration. If an amendment or correction you requested is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- Receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. The first accounting in any 12-month period is free; you will be charged a fee of \$10 for each subsequent accounting you request within the same 12-month period.
- Request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate an agreed-to restriction by sending such written termination notice to:

SIU HealthCare
Attn: Privacy Officer
PO Box 19639
Springfield IL 62794-9639

NOTE: All requests must be made in writing and signed by you or a representative. You may request an Access Request Form from:

SIU HealthCare
Director of Medical Records
PO Box 19641
Springfield, IL 62794-9641
OR
Any of Our Family & Community Medicine Office Locations

Complaints

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.O in writing within 180 days of violation of your rights. There will be no retaliation for filing a complaint. Our Privacy Office can provide you with the address.

You will be asked to sign a form acknowledging that you received this Notice of Privacy Practices.

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office. As a patient you retain the right to a paper copy of the Notice of Privacy Practices, even if you have requested such a copy by e-mail or other electronic means. *Revised — Effective 3/2012*