

CARLINVILLE AREA HOSPITAL

Notice Of Privacy Practices

Revision: 05-05-2004

This notice describes how medical information generated about you at Carlinville Area Hospital may be used and disclosed, as well as how you can get access to this information. Please review it carefully.

Please contact our Privacy Officer, if you have any questions or should need further clarification about this notice. The Privacy Officer's address and phone number will be located at the bottom of this notice.

Who will follow this notice?

Carlinville Area Hospital provides excellent health care to our patients, staff, and residents in the surrounding community in partnership with physicians and other health care professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health care professional (physician or non-physician) who treats you at our facility.
- All departments and units of our facility, including Home Health and all other units or departments located on site or off-site of our main facility.
- All employed associates, staff or volunteers of our facility, with whom we share information.
- Any business associate or agent acting on behalf of Carlinville Area Hospital that we share health information.

Carlinville Area Hospital's pledge to you

All physicians and health care members at Carlinville Area Hospital understand that medical information obtained about you is personal and we are committed to protecting your rights to privacy in the medical record information we have about you. We create a record of the care and services you receive to provide quality care and to comply with all legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our facility staff or your personal physician(s). Please check with your personal physician(s) as he/she may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office. **We are required by law to:**

- Keep medical information about you private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that are currently in effect.

Changes to this notice:

We reserve the right to change our policies at any time. Changes will apply to medical

information we already held, as well as new information we obtain, after the change occurs.

Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site (www.cahcare.com). You can receive a copy of the current notice at any time. The effective date is listed just below the title.

If you are a new patient or if you have not already received a copy of our current Privacy notice, you will be offered a copy when you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you:

We may use and disclose medical information about you for treatment (such as sending medical information about you to another health care facility or to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare/Medicaid); and to support our health care operations (such as comparing patient data to improve treatment methods).

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes and emergencies**. We also disclose medical information **when required by law**, such as in response to a request from law enforcement in special circumstances, or in response to a valid judicial or administrative orders.

We also may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support fund raising or marketing **efforts**.

If admitted as a patient, **unless you tell us otherwise**, we will list **in the patient directory** your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, even if they do not ask for you by name.

We may disclose medical information about you to a **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your location and condition. Our staff will use their professional judgment in determining what they disclose, and to whom, based on their evaluation of your best interests.

Other uses of medical information:

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you:

In most cases, **you have the right to look at or get a copy of medical information** that we use to make medical decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we amend the records**, by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs. If this notice was sent to you electronically, **you have the right to a paper copy of this notice. You have the right to request medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it**. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the end of this notice.

Complaints:

If you are concerned that your privacy rights may have violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed at the end of this notice).

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. 233 North Michigan Avenue- Suite 240 ,

Chicago, Illinois. 60601.
Phone: (312)-886-2359; (312)-353-5693 (TDD)
Fax: (312) 886-1807

Under no circumstances will you be penalized or retaliated against for filling a complaint.

Carlinville Area Hospital
Director Medical Records / Privacy Officer
1001 East Morgan
Carlinville, Il. 62626
217-854-3141 ext.296

Carlinville Area Hospital wishes to thank you for the opportunity to provide for your health care needs and for the trust you have given us in protecting your medical record information.