

Proctor Health Care, Inc.
Notice of Privacy Practices
Effective 4/14/2003

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

*If you have any questions about this notice, please contact:
Privacy Officer, Proctor Health Care, Inc.
(309) 691-1029*

Who will follow this notice:

This notice describes our organization's practices and that of:

- **All departments within the Proctor Health Care, Inc. organization.**
 - **All employees, staff and other organizational personnel.**
 - **Any healthcare professional authorized to enter information into your medical chart.**
 - **Any member of a volunteer group we allow to help you while you are within our organization.**

 - **All members of our medical staff with regard to care and treatment rendered at Proctor Hospital.** Please note, however, that the Medical Staff is being included under this Notice of Privacy Practices pursuant to an Organized Health Care Arrangement. The fact that physicians are members of the medical staff of Proctor Hospital and are subject to this Notice of Privacy Practices does not mean that such physicians are employees or agents of Proctor Hospital. All such physicians are independent physicians who have been granted the privilege of using Proctor Hospital for the care and treatment of their patients and are not subject to the supervision or control of Proctor Hospital with respect to treatment.

 - **Proctor Health Care, Inc. includes:**
 - Proctor Hospital
 - Proctor First Cares
 - Proctor Health Systems*
 - Proctor Medical Equipment
 - Illinois Institute for Addiction Recovery*
 - Proctor Health Plan
 - Health Plus, Inc.
- * A listing of Proctor Health Systems offices and Illinois Institute of Addiction Recovery satellite sites can be obtained from our Privacy Officer.

It is the policy of Proctor Health Care, Inc. to function as an Organized Health Care Arrangement (OHCA). All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes as described in this notice.

Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our organization. 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 organization, whether made by organizational personnel or your personal doctor. Your personal doctor may have different policies or 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 medical information about you; and
- follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

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

- ***For Treatment.*** Our organization may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other organizational personnel who are involved in your care. 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 a dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the organization also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the organization who may be involved in your medical care after you leave our facility, such as family members, clergy or others we use to provide services that are part of your care.
- ***For Payment.*** We may use and disclose medical information about you so that the treatment and services you receive at our organization may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about surgery you received at our organization to your health plan, so your health plan will pay us or reimburse you for the surgery. We may also 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.

- ***For Healthcare Operations.*** We may use and disclose medical information about you for organizational operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the organization should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other organizational personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- ***Patient Satisfaction Surveys.*** We may use and disclose information to contact you either by mail or phone to obtain information regarding your satisfaction with the treatment or services you received at our facilities.
- ***Appointment Reminders.*** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at one of our facilities.
- ***Treatment Alternatives.*** We may use and disclose 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 medical information to tell you about health-related benefits or services that may be of interest to you.
- ***Fundraising Activities.*** We may use medical information about you to contact you in an effort to raise money for the organization and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the organization. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at our organization. If you do not want the foundation to contact you for fundraising efforts, you must notify in writing: ***Proctor Health Care Foundation, Attn: Administrative Assistant, 5409 N. Knoxville Ave., Peoria, IL 61614***
- ***Hospital Directory.*** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask 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 don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

- ***Individuals Involved in Your Care or Payment for Your Care.*** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your conditions, status and location.
- ***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 use of medical information, trying to balance the research needs with the 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, but 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 organization. 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 hospital.
- ***As Required by Law.*** We will disclose medical information about you when required to do so by federal, state or local law.
- ***To Avert a Serious Threat to Health or Safety.*** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special situations:

- ***Organ and Tissue Donation.*** If you are an organ donor, we may release medical information 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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ***Workers' Compensation.*** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about your public health activities. These activities generally include 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 a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the organization; and
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - in emergency circumstances when necessary to maintain safety and security of our personnel and patients.

- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- ***Protective Services for the President and Others.*** We may disclose 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.
- ***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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- ***Federal and State Law.*** Federal and state laws require us to protect your medical information, and federal law requires us to describe to you how we handle that information. When state and federal privacy laws differ, and Illinois law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

Your rights regarding medical information about you:

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

- ***Right to Inspect and Copy.*** You have the right to inspect and to request a copy of information maintained in our records about you. This includes medical and billing records maintained and used by us to make decisions about your care. In certain situations, where providing access may be detrimental to your health, we are permitted by state and federal law to withhold access. To obtain or inspect a copy of your medical information, submit a written request to our Privacy Officer. We may charge a reasonable, cost-based fee to cover the expense of providing the copies.

Most patients have full access to inspect and receive a copy of the full medical record. On rare occasions, we may deny a request to inspect and receive a copy of some information in the medical record. This may occur if, in the professional judgment of your physician, the information could cause a threat to you or others. In these cases, we may supply the information to an appropriate third party who may then release the information to the patient.

If you are denied access to information, you may request a review of the denial. Another licensed health-care professional who was not involved in the original decision by us will independently review both the original request and denial. Contact our Privacy Officer for more information.

- ***Right to Amend.*** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We 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, we 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 organization;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- ***Denial of a Requested Amendment.*** If we deny your request for an amendment, we will give you a written explanation for the denial. If you still disagree with the explanation provided, you can submit your written disagreement to our Privacy Officer, or you can ask that your request for amendment and explanation of the denial be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, we may write a rebuttal to your statement of disagreement that will be included in your record.
 - ***Right to an Accounting of Disclosures.*** You have the right to request an “accounting of disclosures.” This list would provide you with a summary of all disclosures we have made that you would not otherwise expect or already know about. The list would **not** include any of the following disclosures:
 - for treatment, payment and health-care operations
 - made directly to you (the patient)
 - that you have specifically authorized
 - provided from facility directories
 - made for national security or intelligence purposes
 - made to correctional institutions or law enforcement having custody of the patient
 - that took place before April 14, 2003

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, 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.

- ***Right to Request Restrictions.*** You have the right to request a restriction or limitation on the medical information we use or disclose about you 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 or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (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, for example, disclosures to your spouse.

We will carefully consider all requests. However, because of the integrated nature of our medical record, we are not generally able to honor most requests, nor are we legally required to do so.

- ***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 only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

If the request could result in our not being able to collect payment for services, we reserve the right to require you to provide additional information about how payment for services will be handled.

- ***Authorization.*** Except as described above or specifically required or permitted by law, we will not use or disclose your medical information without a specific authorization from you. At times, we may ask you to provide a specific written permission to allow us to use or disclose medical information about you.
 - An authorization is your signed, written permission to release medical information. You may be asked to sign the same authorization form periodically as required by state or federal law.
 - An authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to our Privacy Officer.
- ***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.proctor.org. To obtain a paper copy of this notice simply request a copy at time of registration or contact:

***Administrative Offices,
Proctor Health Care, Inc.,
(309) 691-1058.***

Changes to this notice:

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. When the notice is revised, we will post a copy of the current notice in the organization and it will also be available at our website, www.proctor.org. The notice will contain on the first page, within the title section, the effective date. In addition, each time you register at a facility or are admitted to the hospital

for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the organization, contact:

Privacy Officer
Proctor Health Care, Inc., 5409 N. Knoxville Avenue, Peoria, IL 61614
(309) 691-1029

We honor your right to file a concern or complaint. We would not, nor could we legally or ethically, take action against you for filing a concern or complaint. We reserve the right, however, to take necessary and appropriate action to maintain an environment that serves the best interest of our patients and providers.

Other uses of medical information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us 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 and disclose medical information about you for the reasons covered by your written 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 to you.