

# Your Privacy Is Our Priority

A guide to how we protect and utilize patient information



Respectful Care

**Effective Date: September 23, 2013**

## **JOINT 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.**

### **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 Rockford Health System. We need this record to provide you with quality care and to comply with certain legal requirements. This notice describes how we, the Rockford Health System Organized Health Care Arrangement (OHCA), may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law.

The Rockford Health System OHCA consists of Rockford Memorial Hospital, Rockford Health Physicians, Visiting Nurses Association of the Rockford Area, Rockford Radiology Associates, P.C., Rockford Radiation Oncology, Ltd., Cardiac Surgery Associates, S.C., RMH Pathologists, Ltd., certain members of the Unified Medical Staff of Rockford Health System, and all physicians employed by Rockford Health System.

This notice covers all information in the written or electronic records which concerns you, your health care, and payment for your health care. It also covers information we share within the OHCA and with other organizations to help us provide your care, get paid for providing care and manage our administrative operations. This notice also describes your rights to access and control your protected health 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 are permitted to use and disclose your medical

information. Each category will be defined and an example provided.

**Treatment:** We may use your medical information to provide medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. 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 parts within the Rockford Health System OHCA 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 RHS OHCA who may be involved in your care outside the hospital or clinic, such as family members, home health agencies, reference labs or others who provide services that are part of your care. These are only examples and we may use or disclose information about you to provide you proper treatment in many other ways.

We will comply with the requirements of those Illinois laws that limit the use and disclosure of certain medical information. 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.

**Payment:** We may use and disclose your medical information so that the treatment and services you receive through the Rockford Health System OHCA 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 hospital, so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations:** We may use and disclose your medical information for Rockford Health System OHCA operation purposes necessary to run our businesses and to make sure that all of our patients receive quality care. The operations purposes for which we may disclose your medical information include, but are not limited to, various quality assessment and improvement activities, credentialing, training activities, and health care fraud and abuse detection or compliance activities.

For example, Rockford Health System OHCA personnel may use or disclose your medical information to review the quality of our treatment and to evaluate the performance of personnel in caring for you. We also may combine your medical information with those of many Rockford Health System patients 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, after removing all identifying information from the materials, to Rockford Health System OHCA personnel, in order to improve our medical care and service to future patients.

The Rockford Health System OHCA 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 our system 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. Rockford Health System 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 by phone or by mail to remind you that you have an appointment for treatment or medical care.

**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.

**Minors:** We may disclose medical information of minor children to their parents or guardians, unless such disclosure is otherwise prohibited by law.

**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 health services that may be of benefit or interest to you.

**Hospital Directory:** When you are hospitalized at Rockford Memorial Hospital, we may include your name, location within Rockford Memorial Hospital, general condition (e.g., "critical," "serious," "fair," or "good."), and religious affiliation within the Hospital 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 Hospital 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. You will be asked upon admission if you wish for your information to be included in the Hospital's directory. If you are unable to consent or 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 a 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 the Privacy Officer, in writing. 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 Rockford Health System OHCA.

We will 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 Health System when required to do so by law.

**As Required by Law:** We will disclose your medical information when required to do so by any federal, State or local law, (e.g., reporting of coroner's cases or child/elder abuse with reasonable cause).

**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 to someone able to help prevent or avert the threat.

**Fundraising Activities:** Rockford Health System 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 Rockford Memorial Development Foundation. If you do not want Rockford Health System to send you such information, please contact the Foundation office in writing or email [Foundation@rhsnet.org](mailto:Foundation@rhsnet.org).

**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 Rockford Health System OHCA. Examples of such vendors may 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 Rockford Health System for inclusion in patients' health records. We may disclose medical information to a utilization review or case management group 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 denials. 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, we require the vendors to appropriately safeguard your information by requiring that they enter into an appropriate agreement with Rockford Health System.

**Incidental Uses and Disclosures:** Rockford Health System OHCA personnel may use and disclose your medical information incident to another use or disclosure of your medical information that is permitted or required under law.

**Limited Data Sets:** Rockford Health System OHCA personnel may use or disclose a limited data set of your medical information, (i.e., a subset of your medical information in which all 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 must agree to appropriately safeguard your information.

**Special Situations**

- **Organ and Tissue Donation:** The Rockford Health System OHCA may disclose protected health information to facilitate organ donation and transplantation.

- **Workers' Compensation:** The Rockford Health System OHCA 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 the government to monitor the health care system, governmental programs, and civil rights laws.

- **Data Breach Notifications:** We may use or disclose medical information about you to provide legally-required notices of unauthorized access to or disclosure of your health information.

- **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 otherwise required to do so by law.

• **Coroners, Medical Examiners and Funeral Directors:** The Rockford Health System OHCA 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 to funeral directors to permit them to carry out their activities.

• **Military Activity:** When the appropriate conditions apply, we may use or disclose protected health information for activities deemed necessary by appropriate military command authorities: for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or to a foreign military authority if you are a member of that foreign military service.

• **Protective Service for the President and National Security:** We may release your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other authorized persons or foreign heads of state.

• **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: for the institution to provide you with care; to protect your health and safety or the health or safety of others; for the safety or security of the correctional institution.

#### **Your Written Authorization is Required for Other Uses and Disclosures**

The following uses and disclosures of your medical information will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of medical information for 3<sup>rd</sup> party marketing purposes; and
- Disclosure that constitutes a sale of your medical information.

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose medical information under the authorization. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **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 and to receive (if the request is reasonable) confidential communications of protected health information by alternative means or at alternative locations (for example, receive information at your office instead of at home). Any such request must be submitted in writing to the Privacy Officer.

**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 emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer and state what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical information except in limited circumstances. 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 appropriate treating facility. 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.

We 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. We will comply with the outcome of the review.

If your medical information is maintained in an electronic format (known as an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. If the information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health record.

**Right to Get Notice of a Breach:** You have the right to be notified upon any breach of any of your unsecured medical information.

**Out-of-Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your medical information, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Amend:** If you believe the medical information we have about you is incomplete or incorrect, you have the right to request an amendment to the medical information contained within your medical record. Your request for an amendment must be made in writing and submitted to the 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, your request may be denied 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 Rockford Health System OHCA; 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 maintained by the Rockford Health System OHCA 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: to carry out treatment, payment or healthcare operations, to create an accurate patient directory, to 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 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. If you would like more information on how to exercise these rights, please contact the Privacy Officer.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice upon request. You may obtain a copy of this notice at our website, <http://www.rockfordhealthsystem.org>, or obtain a copy from Patient Registration or Administration at Rockford Memorial Hospital, any Rockford Health

Physicians location, or Visiting Nurses Association of the Rockford Area.

### **CHANGES OR UPDATES TO THIS NOTICE**

The Rockford Health System OHCA reserves the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our privacy practices change, a revised Notice will be made available by request in writing to the Privacy Officer or on our website at:

<http://www.rockfordhealthsystem.org>

### **CONTACTS**

If you have questions or need additional information regarding this Joint Notice, you may contact the Privacy Officer as listed below. If you feel that your privacy rights have been violated, you may submit your complaint in writing to the Privacy Officer or the U.S. Department of Health and Human Services. Patients will not be retaliated against for filing a complaint.

Contact for OHCA Participants:

Privacy Officer  
Rockford Health System  
2400 North Rockton Avenue  
Rockford, IL 61103  
815-971-7420

U.S. Department of Health & Human Services  
200 Independence Ave. S.W.  
Washington, D.C. 20201  
202-619-0257 or Toll Free: 1-877-696-6775