



# HIPAA Privacy Policies

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## **Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)**

The HIPAA Privacy Rule created a national standard to protect patient's medical records and other personal health information. Roseland Community Hospital must comply with HIPAA Standards.

**I. This Notice describes the privacy practices here at Roseland Community Hospital** as it applies to the health services you receive at the below entities:

1. The Roseland Community Hospital (RCH): including its nurses, residents, physicians, volunteers and other staff.
2. We will share your health information among ourselves to carry out our treatment, payment, and health care operations.

**II. Our Privacy Obligations.** The law requires us to maintain the privacy of certain health information known as "Protected Health Information" (PHI). PHI is the information that is provided, created, or received about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your PHI, we are required to follow the terms of this Notice or other notice in effect at the time we use or share your PHI. Finally, the law provides you with certain rights described in this Notice.

**III. Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization).** In many situations, we can use and share your PHI for activities that are common in many hospitals and clinics. In certain other situations, which we will describe in Section IV (below), we must have your written permission (authorization) to use and/or share your PHI. We do not need any type of permission from you for the following uses and disclosures:

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** We may use and share your PHI to provide "Treatment," obtain "Payment" for your Treatment, and perform our "Health Care Operations." These three terms are defined as:

1. **TREATMENT.** We use and share your PHI to provide care and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health-related benefits and services that might interest you. We may also share PHI with other doctors, nurses, and others involved in your care.



2. **PAYMENT.** We may use and share your PHI to receive payment for services that we provide to you. For example, we may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some or all of your health care (“Your Payor”) and to confirm that Your Payor will pay for health care. As another example, we may share your PHI with the person you designate as primarily responsible for paying for your Treatment, such as your spouse or parent.
  
3. **HEALTH CARE OPERATIONS.** We may use and share your PHI for our health care operations, which include management, planning, and activities that improve the quality and lower the cost of the care that we deliver. For example, we may use PHI to review the quality and skill of our physicians, nurses, and other health care providers. As another example, we may share PHI with our Patient Relations Coordinator to resolve any complaints you may have and make sure that you have a comfortable visit during your time at RCH.

In addition, we may share PHI with certain others who help us with our activities, including those we hire to perform services.

Other Health Care Providers. We may also share PHI with your doctor and other health care providers to assist with Treatment, to obtain Payment for the care provided, to perform certain Health Care Operations, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law.

Use or Disclosure for Directory of Patients at RCH. We may include your name, location in the hospital, general health condition and religious affiliation in a patient directory without receiving your permission unless you tell us you do not want your information in the directory or unless you are located in a specific ward, wing, or unit that would indicate that you are receiving Treatment for a mental illness or developmental disability, HIV/AIDS or substance abuse. Information in the directory may be shared with anyone who asks for you by name or with members of the clergy; however, religious affiliation will only be shared with members of the clergy.

Disclosure to Relatives, Close Friends and Other Caregivers. We may share your PHI with your family member/relative, a close personal friend, or another person who you identify if



we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

Public Health Activities. We are required or are permitted by law to report PHI to certain government agencies and others. For example, we may share your PHI for the following:

1. To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
2. To report abuse and neglect to the Illinois Department of Children and Family Services, the Illinois Department of Human Services, or other government authorities, including a social service or protective services agency, that are legally permitted to receive the reports;
3. To report information about products and services to the U.S. Food and Drug Administration;
4. To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
5. To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance;
6. To prevent or lessen a serious and imminent threat to a person for the public's health or safety or to certain government agencies with special functions such as the State Department.

Health Oversight Activities. We may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

Judicial and Administrative Proceedings. We may share your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.



Law Enforcement Purposes. We may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a subpoena.

Decedents. We may share PHI with a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement. We may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Research. We may use or share your PHI if the group that oversees our research, the Institutional Review Board/ Privacy Board, approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.

Workers' Compensation. We may share your PHI as permitted by or required by state law relating to workers' compensation or other similar programs.

As Required By Law. We may use and share your PHI when required to do so by any other law not already referred to above.

#### **IV. Uses and Disclosures Requiring Your Written Permission (Authorization)**

1. Use or Disclosure with Your Permission (Authorization). For any purpose other than the ones described above in Section III, we may only use or share your PHI when you grant us your written permission (authorization). For example, you will need to give us your permission before we send your PHI to your life insurance company.
2. Marketing. We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your Treatment, case management, or care



3. coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.
4. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including any portion of your PHI that is:
  1. Kept in psychotherapy notes;
  2. About mental health and developmental disabilities services;
  3. About alcohol and drug abuse prevention, Treatment and referral;
  4. About HIV/AIDS testing, diagnosis or Treatment;
  5. About venereal disease(s);
  6. About genetic testing;
  7. About child abuse and neglect;
  8. About domestic abuse of an adult with a disability;
  9. About sexual assault; or
  10. In vitro fertilization (IVF).

Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

#### **V. Your Rights Regarding Your Protected Health Information**

1. For Further Information; Complaints. If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our HIPAA Program Office. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the HIPAA Program Office will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.
2. Right to Receive Confidential Communications. You may request for us to send papers that contain your PHI to a different location than the address that you provided, or in a special way. You will need to make this request in writing. We will try to grant your request if we feel it is reasonable. For example, you may ask us to send a copy of your medical records to a different address than your home address.



3. Right to Revoke Your Written Permission (Authorization). You may change your mind about your authorization or any written permission regarding your Highly Confidential Information by giving or sending a written “revocation statement” to the HIPAA Program Office at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.