

Notice of **PRIVACY PRACTICES**



*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.*

YOUR RIGHTS

Springfield Clinic (“Clinic”) is dedicated to protecting your privacy, including the protected health information about you that we generate and maintain. While your health record is the physical property of the Clinic, the information contained in your health record ultimately belongs to you. This Notice describes how we may use and share protected health information, our legal obligations related to the use and sharing of this information, and your rights related to the protected health information about you. As required by law, we must maintain the privacy of protected health information, provide you with this Notice of our legal duties and privacy practices with respect to such information, and abide by the terms of this Notice.

You have the following rights:

- To receive a copy of the Clinic’s Notice of Privacy Practices. You have the right to a paper copy of this Notice at any time, even if you have previously agreed to electronically receive this Notice. You can always request a written copy of our most current version of this Notice from the Privacy Officer.
- With certain exceptions, to review your medical records. Upon your request, you have the right to obtain a copy of your medical records in electronic format if we maintain health information electronically. You must request to review or receive a copy of your medical records in writing and we may charge you a fee for the cost of copying and mailing your records, as well as other costs associated with your request. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.
- To request laboratory test results directly from the laboratory for yourself, or by your personal representative. You or your personal representative may also request the laboratory test results from your provider.
- To designate in writing with a mailing address, a third party to receive a copy of your records.
- To request that we communicate with you about your health information in a certain way or at a certain location. For example, you can request that we contact you only at work or by mail. You must make your request in writing to the Privacy Officer.

- To request a restriction or limitation on the health information we use or disclose for the purpose of treatment, payment or health care operations. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full. To request a restriction, you must make your request in writing to the Privacy Officer. You also have the right to request a limit on health information we disclose about you to someone who is involved in your care, such as a family member or friend.
- To request amendments to your health information in accordance with established Clinic Policy. In order to request an amendment to your health information, you must submit your request in writing to the Privacy Officer, along with a description of the reason for your request. If we agree to your request, we will amend your record(s) and notify you of the amendment. We do not have to agree to your request for amendment. If your request for amendment is denied, we will provide you with a written explanation of why we denied the request and your rights in that circumstance.
- To request an accounting of disclosures of your health information that the Clinic has made in the six (6) years prior to the request date, in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Officer. Your request must include the requested time period for the accounting (e.g. the past three months). The first accounting that you request within any 12-month period will be free. For additional accountings, we may charge you for the production cost. 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.
- To revoke an Authorization to Release Medical Information, except to the extent that action has already been taken in reliance of your authorization. This revocation must be in writing.
- To register a complaint about any areas where you feel there was a deviation from these rights to the Privacy Officer and to expect a response from the Privacy Officer addressing your complaint.

- To address your complaint to the Secretary of Health and Human Services of the United States, if you feel that the Clinic has not adequately addressed your concerns.

The Clinic places the highest priority on protecting your health information. For any use or disclosure of patient information other than those listed in this Notice or covered by the laws that apply to us, we will request a written authorization signed by you or your legal representative. We will not use or disclose your health information for marketing activities, sell your health information or disclose certain behavioral health records or psychotherapy notes without your written authorization.

OUR RESPONSIBILITIES

- To maintain the privacy of your health and billing information.
- To provide you with this Notice of our legal duties and privacy practices concerning your health information.
- To restrict disclosure of your health information to your insurance company if you request it and pay cash out of pocket before the service.
- To follow the terms of the Notice that we have in effect at the time.
- To notify you if we are unable to agree to a requested amendment.
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- To notify you of breaches of your unsecured protected health information as required by law.

We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that the Clinic has created or maintained in the past, and for any records we may create and maintain in the future. The Clinic will provide a copy of our current privacy practices on the Clinic web site (www.SpringfieldClinic.com), posted in public areas of clinic locations, and at the time of consent.

FOR FURTHER INFORMATION / TO REPORT A PROBLEM

Should you have further questions, wish to request restrictions regarding certain disclosures described in this Notice, to make a change to your health information, or if you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at 217.528.7541. You may also contact the Secretary of Health and Human Services at www.hhs.gov/ocr. The Clinic will not take any retaliatory action against you for filing a complaint.

HOW WE MAY USE & DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we, and in some cases, our business associates may use and disclose your health information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in any category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

We may use and disclose your health information for treatment purposes.

We may use and disclose your health information to provide you with treatment and health care services. This may include sharing information through an electronic Health Information Exchange and other electronic systems with non-Clinic providers also involved in your treatment; with nurses conducting screening for eligibility in research projects; and with employees of the health care provider's offices who treat you. We also may disclose your health information to residents and students who perform duties at the Clinic, to the extent your health information is required to perform these duties.

We may disclose your health information to Clinic employees in the support services areas, such as medical records and transcription, such that they may support your care. We also may disclose your health information to pharmacies for the purpose of filling your prescriptions and to other health care providers outside the Clinic for diagnostic purposes. We may also disclose your health information to your family members or friends or any other individual identified by you as involved in your care or in the payment for your care. We may also release your health information to your legal representative upon request. If a person has the authority by law to make health care decisions for you, we will treat that legal representative the same way we would treat you with respect to your health information.

Notwithstanding the above, we will comply with the requirements of laws that limit the use and disclosure of certain health information with regard to treatment activities. Some information, such as STD and HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records. We will not disclose genetic testing information for underwriting purposes.

We may use and disclose your health information for payment.

We may disclose your health information to those family members who are helping you pay for your health care. Payment activities include billing, collections, claims management and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may disclose your health information to your health plan or other third-party payer to obtain payment or assist you in receiving reimbursement from your plan or such other payer. This may include employers or their designees for on-the-job injuries. As necessary, we may disclose your health information to collection agencies working with the Clinic. We may disclose your health information to those treatment providers outside the Clinic who are involved in your care, such that they may be paid for their services rendered. If federal or state law requires us to obtain a written release from you prior to disclosing health information for payment purposes, we will ask you to sign a release.

We may use and disclose your health information for health care operations.

The Clinic and our contractors and business associates may use and disclose your health information for our health care operations. For example, we may use your health information to review, improve, and assess the quality of care provided; to obtain the input of prudent professionals when developing policies and procedures; and to seek areas of improvement within our facility. As an ethical business, the Clinic also may make your health information available for internal review and consultations regarding its business practices and management.

We may disclose your health information as required by law and regulations.

We may use and disclose your health information as required by law. For example, we may disclose your health information to the FDA to report adverse events with medical devices, food, or prescription drugs. We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers compensation and similar programs established by law. We may disclose your health information for public health activities including disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

We may use and disclose your health information for research.

Under certain circumstances, we may use and disclose health information about you for research purposes, subject to the requirements of applicable law. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your health information will continue to be protected. When required, we will obtain a written authorization from you prior to using your health information for research.

We may use and disclose your health information to avert a serious threat to health or safety.

We may disclose your health information 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 comply with applicable law and standards of ethical conduct.

Fundraising Activities

We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications by contacting the Privacy Officer at pofficer@springfieldclinic.com, or call 800.444.7541.

We may use and disclose your health information in the following special situations:

Military and Veterans | If you are a member of the armed forces, we may release your health information as required by military command authorities, or to the Red Cross to coordinate family emergency leave of absence, as authorized or required by law.

Public Health Risks | We may release your health information for public health activities while state or federal laws require it. A few examples of such activities are disease control, child abuse or neglect, reactions to medications, or problems with medical products.

Protective Services for the President, National Security and Intelligence Activities | We may release your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations, or for intelligence, counter-intelligence and other national security activities authorized by law.

Inmates | If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official as necessary (1) for the institution to provide you with care; (2) to protect your health and safety or the health or safety of others; or (3) for the safety or security of the correctional institution.

Organ and Tissue Donation | If you are an organ donor, we may release health 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, in accordance with applicable law.

Coroners, Medical Examiners and Funeral Directors | We may release health information to coroners, medical examiners, and funeral directors as necessary for them to carry out their duties.

Disaster-Relief Efforts | When permitted by law, we may also use and disclose health information about you with other health care providers and entities assisting in a disaster relief effort. If you do not want us to disclose your health information for this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.

Organized Health Care Arrangement | Springfield Clinic maintains some of its medical records through the use of a shared electronic health record system. The shared electronic health record system combines protected health information of Springfield Clinic patients with that of other covered entities so that each patient has a single health record with respect to physician office services provided by the participating covered entities in the Springfield, Illinois area. Through the use of the electronic health record system for joint quality assurance and/or utilization review activities, the participating covered entities, including Orthopedic Center of Illinois, Southern Illinois University School of Medicine, SIU HealthCare, and Memorial Health, qualify as an Organized Health Care Arrangement (“OHCA”), as defined by HIPAA. As OHCA participants, all participating covered entities may use and disclose the protected health information contained within the electronic health record for treatment, payment and health care operations purposes of each of the OHCA participants. For more information on which Memorial Health covered providers are OHCA participants, please contact our Privacy Officer at the number in this notice.

Other Uses and Disclosures of Your Health Information

Other uses and disclosures of your health information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any uses or disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you. We will ask for either an electronic authorization (usually signed by clicking “I agree”) or a signature on a paper authorization to use your health information in such circumstances.

CONTACT PERSON

If you have any questions or would like further information about this Notice, please contact the Clinic at 217.528.7541 and ask to speak to the Privacy Officer or contact the Privacy Officer at pofficer@springfieldclinic.com.

ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call 217.528.7541.

ATENCIÓN: Si usted habla cualquier idioma distinto del inglés, servicios de asistencia de idioma, de forma gratuita, están disponibles para usted. Llamar al 217.528.7541.

UWAGI: Jeśli dowolnego języka innego niż angielski, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 217.528.7541.

Nondiscrimination Policy

Springfield Clinic complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Springfield Clinic cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Springfield Clinic postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

www.SpringfieldClinic.com/Privacy
217.528.7541 • 800.444.7541