

## Condell Health Network 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.

### To our Patients:

Condell has always maintained strict patient confidentiality standards, and is pleased to abide by the formal parameters of the Health Information Portability and Accountability Act (HIPAA). HIPAA was signed into law in 1996 and became effective April 14, 2003 to protect your personal medical information.

### This Privacy Notice includes:

- When Condell Health Network needs your permission in order to release your medical information,
- When Condell Health Network may release your information without your permission,
- Your rights to your medical information, and what to do if you have a grievance about your individual medical information.

Although this law is designed for your protection, it may also be inconvenient for you and your loved ones. For example, if you choose to be omitted from the patient directory, we will not be able to confirm or deny any information about you and will not be able to forward calls to your room, even calls from your loved ones.

Thank you for your understanding as we abide by the parameters established by HIPAA.

For the purpose of the use and disclosure of your personal health information generated within our facilities, Condell Medical Center, Condell Acute Care Centers, Lake County Radiology Associates, Lake County Anesthesiologists, Condell Pathology Group, Genesis, Lake County Acute Care LLP, and the independent members of Condell Medical Center's Medical Staff will be considered an organized healthcare arrangement. This Privacy Notice does not pertain to the use and disclosure of personal health information maintained by the physicians in their own offices/private practices.

The hospital and the independently contracted physicians who provide care at the hospital use a "joint notice of privacy practices" to comply with federal and state privacy rules and regulations which protect patient's rights as described in this notice. The use of a joint notice, rather than separate notices from the hospital and the doctors, is solely for the convenience of the patients and to improve access to the separate health care services that the hospital and the

doctors independently provide.

I understand, acknowledge and agree by signing that I have received this notice, that (1) the physicians who provide care at Condell facilities are independent contractors and are not agents, servants or employees of the hospital, unless otherwise identified; (2) the physicians exercise their own medical judgement in treating me or otherwise providing professional services to me; (3) the physicians are solely responsible for their own compliance with state and federal privacy laws; and (4) nothing in this privacy notice is meant to imply, infer or create any agency or employment relationship between the physicians and the Condell facilities, either actual or implied, nor does this privacy notice alter, limit or modify any other consents for treatment or procedures I may sign during the time I am provided care at the facility.

### **How Condell Health Network may use or disclose your health information**

Federal law requires Condell Health Network (hereafter "CONDELL") to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. CONDELL must abide by the terms and conditions of this Privacy Notice, and may revise this Privacy Notice from time to time.

### **Uses or disclosures of health information for treatment, payment and health care operations**

CONDELL is permitted to use or disclose your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- "Treatment" could include consulting with or referring your case to another health care provider. The type of health information that CONDELL could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. Your information may also be provided to another healthcare provider for discharge planning purposes in preparation for what services you will need after discharge.
- "Payment" could include CONDELL's efforts to obtain reimbursement from you or a responsible third party for services that CONDELL has provided to you.
- "Health care operations" could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services CONDELL provides to you. As part of CONDELL's treatment of you and operation of a health care

organization, CONDELL may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. CONDELL may also contact you for fundraising purposes, or to get your feedback on services received through patient satisfaction surveys.

Occasionally, an "incidental" disclosure may occur. For instance, in the semi-private rooms this could happen if a conversation between you and your provider is overheard. We will take reasonable precautions to minimize this.

### **Uses or disclosures Condell Health Network may make without your consent or authorization**

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction under Illinois Law, the law permits or requires CONDELL to use or disclose individually identifiable health information without your written authorization to: (i) comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration, (ii) report suspected abuse, neglect or domestic violence, as required by law, (iii) submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (iv) respond to a final order or subpoena of a court or administrative tribunal, (v) assist law enforcement personnel, as required by law, or to fulfill a law enforcement request for certain limited information for the purpose of identifying or locating a suspect, witness, or victim in an investigation, or to report a potential crime (vi) assist a medical examiner or funeral director, (vii) assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (viii) further research, provided that CONDELL complies with federal requirements, (ix) avert a serious and imminent threat to public health safety, (x) assist with government activities related to the military, veterans, or national security, (xi) comply with workers' compensation or similar laws, (xii) allow individuals responsible for your care to assist you in the event of your incapacity or an emergency, and (xiii) as otherwise required by law. With your verbal agreement, CONDELL may also disclose certain information for purposes of its patient directory or to inform relatives or other individuals directly involved in your care or payment for your care regarding your condition.

### **More stringent protection for your health information under Illinois Law**

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, Illinois has more stringent requirements for the following:

- If you are a patient with high blood pressure, your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
- If you are a patient of a physician, podiatrist or advanced practice nurse, neither CONDELL nor the professional may reveal your medical records to the Professional Board to which he/she belongs or the Department of Professional Regulation without your written permission in certain instances, but may include your name or other means of identifying you in its reports to the Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. CONDELL may also provide copies of your hospital or medical records in cases alleging your death or permanent bodily injury, as required under the law.
- If you are or have been a recipient of an HIV test, CONDELL may only disclose your test results in a manner in accordance with Illinois law. Please note that a recipient of your test results may not redisclose this information except as this Privacy Notice may describe.
- If you are or have been a recipient of genetic testing, CONDELL may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except when designated under the law.
- If you are a patient of a physician, the physician may not disclose any information that he or she may have acquired while attending to you regarding professional matters, without your permission, except in certain identifiable cases as designated by Illinois law; for example; in civil or criminal malpractice actions that a person has brought against the physician, disclosure is allowed.
- If you are a client of a rape crisis counselor, the rape crisis counselor may not disclose any confidential communications or testify as a witness as to any confidential communications without the written permission of either you or your authorized representative. However, please note that a rape crisis counselor may disclose confidential communications without your written permission if his or her failure to do so would likely result in a clear, imminent risk of serious physical injury or the death of you or another person.
- If you are a client of a victim aid organization, no counselor, employee, volunteer or personnel may disclose any statement or the contents of any statement that you make relating to the crime or its circumstances during the course of therapy or consultation without your written permission,

unless a court order requires disclosure of that information for a judicial proceeding.

- If you are a patient of a physician or other health care provider, either you or your guardian may refuse to consent to the disclosure of the nature or details of services CONDELL has provided to you for CONDELL's health care operations other than peer review, utilization review or quality assurance. A physician or other health care provider may not deny services to you if you refuse to consent to such a disclosure.
- If you are the victim of sexual assault, CONDELL may not release your evidence collection kit to the Illinois State Police without your written permission, or if you are a minor under the age of 13, without the written permission of your parent, guardian, appropriate representative of the Department of Children and Family Services, or an investigating law officer.
- If you are a victim of a sexual assault and CONDELL takes photographs of your injuries, CONDELL may not release the photographs without your written permission, or if you are a minor, without the written permission of your parent or guardian. If you are a minor and your parent or guardian refuses to grant permission, then CONDELL must give all existing photographs and negatives to your parent or guardian.
- If you are a patient of a home health agency, CONDELL may not allow the Department of Public Health to observe the home health agency's care of you in your home without your permission, which may be oral or written.
- If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed that your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed.
- If you are a minor under 18 years of age who is the recipient of genetic testing, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought

unsuccessfully to persuade you to notify your parent or legal guardian, or the health care provider has reason to believe that you have not made the notification as you had previously agreed.

- If you are a client of a hearing instrument dispenser, CONDELL may not allow the Department of Public Health to inspect your client records without the written permission of you or your guardian.

NOTE: References in this Privacy Notice to health care professionals include only those professionals that CONDELL employs.

### **No other uses or disclosures without your written authorization**

CONDELL may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to CONDELL.

### **Your Rights**

Federal and state law protect your right to keep your individually identifiable health information private. You may request that you receive communications from CONDELL regarding your health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to Privacy Officer, Health Information Management, Condell Medical Center, 801 S. Milwaukee Ave., Libertyville, IL 60048. CONDELL reserves the right to condition your request on the receipt of information regarding how you desire CONDELL to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require CONDELL to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

You generally have the right to inspect and obtain a copy of any individually identifiable health information in your medical record, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts CONDELL from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following:

- If you are a patient at a facility that performs mammograms, you have the right to access your original mammograms and copies of your patient reports on an unqualified basis.

- If you are a patient of a hospital, you have the right to access your patient records on an unqualified basis, upon written request.
- If you are a patient of a physician, you have the right to access your medical data on an unqualified basis upon request.

You also have the right to amend your individually identifiable health information, unless CONDELL did not create such information or unless CONDELL determines that your medical record is accurate and complete in its existing form.

You have the right to request and receive an accounting of disclosures of your individually identifiable health information that CONDELL has made 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 may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or 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. If you would like more information on how to exercise these rights, please contact CONDELL's Chief Privacy Officer at (847) 990-5256.

### **Grievances or further inquiries**

If you believe that CONDELL has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Condell Health Network and the Department of Health and Human Services. To file a complaint with Condell Health Network, please contact CONDELL's Patient Representative Department at (847) 990-5443. CONDELL will not retaliate against you for filing a complaint. You may also contact the Privacy Officer for a copy of this Privacy Notice or for further information regarding its contents.

### **Amendments**

CONDELL reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If CONDELL amends this Privacy Notice, you will be provided with a revised copy at your next visit to CONDELL, or upon your request.

**This Privacy Notice is effective on April 14, 2003.**