

NOTICE OF PRIVACY PRACTICES



Hospital Sisters
HEALTH SYSTEM

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

Federal law requires Hospital Sisters Health System (HSHS) and our health care providers to maintain the privacy of your Protected Health Information (PHI). We are required by law to give you this notice and to comply with the terms and conditions of the most current notice.

effective September 1, 2013

JOINT NOTICE

HSHS and entities under common ownership and control align with the medical staff and allied health professionals providing treatment at our facilities work together in an Organized Health Care Arrangement (OHCA). As part of the OCHA, we share your PHI as necessary for your treatment, to get paid for services, and to carry out other health care operations such as quality assessment and improvement. This joint notice describes how the health care professionals and workforce members, including colleagues, medical staff members, students and volunteers, participating in the OCHA use and disclose your health information. A Notice of Privacy Practice provided to you by any one of the following will also satisfy the HIPAA requirement to provide you with this notice.

The entities participating in the HSHS OHCA include;

In Illinois: St. Elizabeth's Hospital, Belleville; St. Joseph's Hospital, Breese; St. Joseph's Hospital, Highland; St. Mary's Hospital, Decatur; St. Anthony's Memorial Hospital, Effingham; St. Anthony's Home Health; St. Anthony's Hospice; St. Mary's Hospital, Streator; St. John's Hospital, Springfield; St. John's Hospital Home Health; St. John's Hospice; St. John's Hospital Home Infusion; St. Francis Hospital, Litchfield; Clinton County Rural Health; Prairie Cardiovascular Consultants; HSHS Medical Group

In Wisconsin: St. Vincent Hospital, St. Vincent Home Health Care, St. Vincent Hospital Renal Dialysis Center and St. Mary's Hospital Medical Center in Green Bay; St. Nicholas Hospital, St. Nicholas Home Health & Hospice and St. Nicholas Hospital Renal Dialysis Center in Sheboygan; Sacred Heart Hospital, Sacred Heart Heart & Vascular Center, Sacred Heart Obstetrics & Gynecology Clinic and Sacred Heart Behavioral Health Center in Eau Claire; Sacred Heart Head & Neck Center and Sacred Heart Renal Dialysis Center in Eau Claire and Chippewa Falls; Sacred Heart Family Care in Arcadia and Osseo; St. Joseph's Hospital and St. Joseph's Home Health & Hospice in Chippewa Falls; St. Joseph's Hospital Occupational Health and Medicine and St. Joseph's Hospital Wound Care in Chippewa Falls and Eau Claire; LE Phillips-Libertas Treatment Center in Chippewa Falls; and Libertas Treatment Center in Green Bay; Family Health Associates in Chippewa Falls; HSHS Medical Group and Prevea Health.

If you are unsure if your health care provider is part of this notice you may contact our Privacy Officer.

Each time you receive care, information may be documented electronically or on paper. The information we document includes identification and financial information as well as medical information such as your symptoms, diagnoses, test results, physical examination, and information about your treatment. This information allows us to:

- Plan for your care and treatment
- Communicate information among your health care professionals
- Legally record the care you receive
- Verify that services were provided
- Evaluate and improve the care we provide and the outcomes we achieve
- Provide a source of information for important health related research
- Educate health professionals and students
- Provide information for the hospital's planning and operations

BY LAW, WE ARE ABLE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING PURPOSES:

Treatment. We may disclose in person, by phone, mail, fax or electronically PHI about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. For example, a physician may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. This information is documented in your medical record so that other health care providers may make informed decisions about your care. As required by Illinois and Wisconsin law we will obtain your authorization before disclosing psychotherapy notes or HIV test results to other health care professionals for treatment purposes

Payment. We may use or disclose your PHI to bill and collect payment from you, your insurance company or other parties responsible for paying for your services. For example, we may disclose your diagnosis, treatment plan, results, and/or treatment progress to your health insurer in order to receive payment, unless otherwise restricted as further described in this notice. As required by Illinois and Wisconsin law we will obtain your authorization before disclosing psychotherapy notes or HIV test results for payment purposes.

Health Care Operations. We may use your PHI to assist us in improving the quality or cost of care we provide. This may include evaluating the care provided by your physicians, nurses and other health care professionals, or comparing the effectiveness of your treatment to patients in similar situations. We may also use your health information to educate students preparing for health-related careers and to further educate our current employees. We may disclose your PHI to accreditation, certification and licensing organizations who review the quality of our services.

Facility Directory. Unless you object, when you are admitted as an inpatient or for short stay services we will include your name, location in our facility and religious affiliation in our directory. We may provide the information in our directory to anyone who asks for you by name or to your church if requested.

Notification and Communication with Family and Friends. We may disclose your PHI to a family member, your personal representative or other person responsible for your care or payment for your care, to notify them of your location, general condition, or death. We may also disclose your PHI for notification purposes to public or private entities assisting in disaster relief efforts. We will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable to agree or object to a disclosure, or in cases of emergency, we will use our best judgment in communicating with your family and others.

Communications to you. We may use your information to remind you of appointments, give you test results, or recommend treatment alternatives or wellness services that may be of interest to you or provide you with surveys regarding your care.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Required or Permitted by Law. We may disclose PHI to law enforcement officials for purposes such as identifying or locating a suspect, fugitive or missing person, victims of abuse, neglect or complying with a court order or other law enforcement purposes. In addition, as required by law we may disclose PHI to the proper authorities for patient's in the custody of law enforcement or in a correctional institute.

Public Health Activities. We may disclose your PHI for public health activities. These activities generally include but are not limited to the following: to prevent or control disease, injury, or disability; to report deaths; to report to cancer registries or other similar registries; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; 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; and to notify the appropriate government authority if we believe a patient has been the 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 your PHI to health oversight agencies responsible for overseeing our operations; this may include audit, investigation, and inspection related to oversight of the health care system or government benefit programs. For example, we may disclose your PHI to regulatory agencies conducting a review of our quality of care.

Death. We may disclose PHI to funeral directors as needed and to coroners or medical examiners to identify a deceased person, determine cause of death, or perform other functions required by law. For example, we may provide HIV test results to a funeral director or other persons who prepare a body for burial.

Organ, Eye or Tissue Donation. We may disclose PHI to facilitate the donation and transplantation of organs, eyes and tissue.

Research. We may use and disclose your PHI to conduct research only under certain circumstances and after a special approval process.

Philanthropy. We may use your information, including but not limited to name, address, gender, date of birth, treating physician, department of service and outcome information, to contact you for our own fundraising purposes which support important activities of our hospital ministries through the Hospital Sisters of St. Francis Foundation. You may opt out of receiving fundraising communications from us at any time.

Serious Threat to Health or Safety. We may disclose your PHI to the necessary authorities if we believe in good faith that it will prevent or lessen a serious and imminent threat to the health and safety of you or the public. For example, we may disclose your PHI to the Department of Transportation if your medical condition affects your ability to safely drive a car.

Essential Government Functions. We may use or disclose PHI to carry out certain essential government functions. For example, we may disclose PHI to a government agency for national security or intelligence activities, correctional institution and other law enforcement as required by law.

Worker's Compensation. We may disclose your PHI to the appropriate persons in compliance with workers' compensation laws. For example, we may provide your employer with information about your work-related injury.

Shared Medical Record/Health Information Exchange. We may maintain your PHI in a shared electronic medical record. List of participants utilizing the shared electronic medical record are available on the website or by contacting the Privacy officer. Unless you object, we may also submit your PHI to an electronic health information exchange (HIE). Participation in an HIE allows us and other providers to see and use information about you for your treatment, payment and health care operations.

Marketing and Sales. We will obtain your authorization before using your PHI for marketing or sales purposes, as required by law. For example, we will obtain your authorization if we want to use your PHI in an article about the hospital. You may revoke this authorization at any time.

Other Uses of Your PHI. We will ask for your written authorization before using or disclosing your PHI for situations not described in this notice. You may revoke your authorization at any time.

RECEIVE A COPY OF THIS NOTICE.

You have the right to receive a copy of our Notice of Privacy Practice. We may change our privacy practices described in this notice at any time. Changes to our privacy practices apply to all PHI we maintain. You may choose to review our current notice on our websites, at the registration/admitting desk of any of our facilities, or by contacting the Privacy Officer.

www.steliz.org
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