

**LAWRENCE COUNTY MEMORIAL HOSPITAL**  
Lawrenceville, Illinois

**NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**Revised May, 2013**

**Revised April 2016**

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

**Our Duties**

**We are Required By Law To:**

- Maintain the privacy of your health information.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html).

**Who Will Follow Our Practices:** The practices described in this notice apply to the following person or groups of persons:

- All hospital personnel and student in training in all departments and units of the hospital and at all hospital locations.
- Any health care professional authorized to enter information or obtain information from your hospital record.
- Any volunteer or member of a volunteer group that assists you while you are in the hospital.
- Medical Staff members, attending physicians, radiologists, pathologists, anesthesiologists, surgeons, internal medicine physicians, emergency department physicians who work at the hospital whether as employees or members of an organized health care arrangement.

The hospital, and those listed above, may share information with each other for treatment, payment or health care operations as described in this notice.

### **How We May Use and Disclose Your Health Information**

**Treatment:** We will use your health information for treatment. For example: Information gathered by a nurse, doctor, or other member of your treatment team will be entered into your record and used to determine your course of treatment. They will also record their assessment of your response to treatment.

This information may also be shared with other parties involved in your care including consulting health care providers and other facilities to which you may be transferred. Your health information may also be used to coordinate your care and to inform you of alternative treatments, providers or setting of care that are thought to be of potential benefit to you.

**Payment:** We will use and disclose your health information to obtain payment for the services provided to you. For example, when you register for service, we will use your information to verify that you have insurance coverage. After you have received service, a bill that identifies you and contains your diagnosis and the procedures performed will be sent to your insurer or to you. We may also send your contact information to collection agencies if your payment is overdue. You have the right to request restrictions on PHI disclosures to your individual health plan for health services or items paid out-of-pocket in full and the covered entity must comply with such request.

**Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes (if recorded by the hospital) will require the individual's authorization.

**Health Care Operations:** We will use and disclose your health information for health care operations. For example, we may use your health information to review the skills of our health care professionals, to conduct training or education programs, and to perform quality reviews of appointment reminder. We may also share your contact information with hospital administration so they are aware of the presence of persons in our hospital.

Your health information may be disclosed to students who observe treatment and other hospital procedures during supervised programs within our facility.

**Fundraising:** Lawrence County Memorial Hospital chooses not to disclose information to the Endowment and Development Foundation for use in raising money for the hospital.

**Hospital Directory:** Unless you object, we may include your name, location in the hospital, general condition (e.g., good, fair) and religious affiliation in a hospital directory. If anyone asks for you by name, we will give them the information you have agreed for inclusion in the directory, except for your religious affiliation. If members of the clergy request, we will give them your directory information. You may request restriction on the content of your hospital directory listing by notifying the Admissions Clerk.

**Notification:** We may use information we've gathered about you to notify your family, personal representative or others involved in your care about your location in our facility and your general condition.

**Communication with Family:** Unless you object, we may discuss your health care with members of your family, close friends or other individuals you identify who may be involved in your care or the payment for

your care. In addition, we may disclose medical information about you to our entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**Research:** We may disclose information about you to researchers whose research has been approved by an institutional review board. The review board will establish protocols to appropriately protect the privacy of your information.

**As Required By Law:** We will use or disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** When necessary, we may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to those to whom the threat is relevant.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, and other authorized persons of foreign heads of state to conduct special investigations.

**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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Worker's Compensation:** If you are receiving treatment under Worker's Compensation, we will disclose your health information related to a work-related illness or injury to your employer, case manager, other health care providers and workers comp insurers as permitted by state law.

**Public Health Activities:** We may disclose your health information to public health authorities for public health activities such as:

- To report certain diseases, disabilities or injuries that are authorized to be reported to local, state, or federal health agencies.
- To report births and deaths to the appropriate state registries.
- To report child or adult abuse or neglect to the appropriate authorities.
- To report reactions to medications to problems with medical products to the FDA.
- 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.

**Health Oversight Activities:** We may use or disclose your health information to a health oversight agency for audits, investigations, inspections, licensure and other monitoring activities authorized by law.

**Legal Disputes:** We may disclose your health information in response to a court or administrative order or other court proceeding that compels release of the information.

**Law Enforcement:** We may release your health information to local, state, or federal law enforcement officials when required by law. We may release limited patient information to local, state or federal law enforcement officials for identification or location purposes, national or state security, or to notify them of known or suspected criminal conduct.

We may disclose protected health information about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse neglect or domestic violence.

**Coroners, Medical Examiners and Funeral Directors:** we may use or disclose health information to a coroner or medical examiner as required by law. We may also release limited health information about deceased patients of the hospital to funeral directors as necessary to carry out their duties.

## **Your Rights Regarding Health Information About You**

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the information we maintain on you in your medical records, billing records and other records used to make decisions about your care.

To inspect and obtain a copy of this health information, you must submit your request in writing to our Medical Records Department. Please note that we charge a fee for the costs of copying, mailing or 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 health information for certain reasons, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the one of the persons involved in the initial denial. We will comply with the determination made by the review.

**Right to Amend Information:** If you believe that the health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as we keep your information.

Your request for amendment must be in writing and sent to our Medical Records Department. You must include a reason that supports your request for amendment.

*We may deny your request for an amendment if it does not include a reason to support the request.* In addition, we may deny your request 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 the make the amendment.
- Is not part of the health information kept by or for the hospital.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to an Accounting of Disclosures:** We are required to keep an account of certain disclosures we make of your health information and you are entitled to a copy of that account.

To request a list of such disclosures, you must submit your request in writing to our Medical Records Department. Your request must state the time period for which you want the list of disclosures, but the time period cannot be any longer than the preceding six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. However, if you request additional lists during this period, we will charge you for the costs of providing the list.

**Right to Request Restrictions:** You have the right to request a restriction on how we use or disclose the health information we use for the purposes of treatment, payment, or health care operations. You also have the right to request a limit on your health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request restrictions to our use or disclosure of your health information, you must make your request in writing to the Medical Records Department.

We cannot restrict disclosures made of your directory information to particular individuals except if you opt out of inclusion in the directory. We cannot accept restriction on information whose release is required by law. We cannot restrict disclosures made prior to your request for restriction. The restrictions you request will not apply to disclosures made directly to you.

*We are not required to agree to your request for restrictions nor provide a reason for our denial.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if we later inform you that we have reversed our decision.

**Right to Request Alternative Delivery of Information:** You have the right to request that we communicate with you about health matters via alternative means or at alternative locations. For example, you may request that we only telephone you at work or that we mail your records to you at a location other than your home.

To request alternative delivery of information, you must make your request in writing to the Medical Records Department. Your request must specify how or where you wish to be contacted. We will accommodate requests that we can reasonably meet.

**Right to a Paper Copy of Notice:** You may obtain a paper copy of the Notice of Privacy Practices from the Admitting Office at the hospital.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will

04/2016

post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right hand corner, the effective date of the notice.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at Lawrence County Memorial Hospital or write to the Privacy Officer at the following address: 2200 West State Street, Lawrenceville, Illinois 62439. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **Other Uses of Health Information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may, in most cases, revoke that permission, in writing, at any time. Please understand that we are unable to take back any disclosures that were previously made with your permission, and that we are required to retain our records of the care that we provided to you.

**LAWRENCE COUNTY MEMORIAL HOSPITAL**  
**Lawrenceville, Illinois**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

By signing this form, you acknowledge that Lawrence County Memorial Hospital has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

I have received Lawrence County Memorial Hospital's Privacy Notice.

Lawrence County Memorial Hospital has given me chance to discuss my concerns and questions about the privacy of my health information.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature or Person Acting on  
Patient's Behalf

\_\_\_\_\_  
Print Name

---

Lawrence County Memorial Hospital Admitting staff should complete if Acknowledgement Form is not signed:

1. Does patient have a copy of the Privacy Notice?

Yes       No

2. Patient's Name: \_\_\_\_\_

3. Please explain why the patient was unable to sign an acknowledgement from and Lawrence County Memorial Hospital's efforts in trying to obtain the patient's signature:

\_\_\_\_\_  
\_\_\_\_\_

[ ] Lab work delivered by courier. Patient not present to receive Privacy Notice.

Staff Signature: \_\_\_\_\_

**Place on Inside Cover of Medical Record**