

## 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 REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the limited ways in which Morris Hospital and Healthcare Centers (MHHC) may use and disclose your health information. It also describes your rights and our obligations with respect to such information. We are required by law and committed as an institution to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We also are required by law to comply with the terms and privacy practices stated in our notice that is currently in effect and we pledge to you that we will do so.

This notice applies to all use and disclosure of your health information that is made by health care professionals, staff, employees, students, trainees, volunteers and certain associates of MHHC at each facility in the MHHC system. It also applies to any sharing of information among practitioners employed by MHHC and MHHC facilities and locations. If your personal doctor is not employed by MHHC, s/he may have different policies regarding use and disclosure of your health information. You should check with each of your personal doctors to obtain a copy of the notice of privacy practices applicable to their respective use and disclosure of your health information.

### HOW WE USE AND DISCLOSE INFORMATION ABOUT YOU

The different ways in which MHHC may use and disclose your health information are described below. Each different type of use or disclosure is explained below. Some information, such as HIV-related information, genetic information, substance use disorder information, and information about your mental health may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as applicable.

*Treatment.* We may use and disclose your health information to provide you with treatment and health care services. For example, a doctor employed by MHHC may use the readings created from taking your blood pressure to determine which medications may or may not be appropriate for you. We may use the results of tests that are performed on you to diagnose your condition or an illness that you may have, or we may disclose your health information to employed and independent doctors, nurses, technicians, medical students and other health care professionals who are involved in your care.

*Payment.* Your health information may be used and disclosed for payment purposes, including facilitating, processing, and receiving payment for health care treatment and services that you receive from MHHC employees and at MHHC facilities. For example, we may send your health plan or insurance company a detailed bill describing your treatment so that we can be paid (or you can be reimbursed) for care provided and services rendered. We also may disclose your information to other providers of care to you for their own payment activities. If federal or state law requires us to obtain a written authorization from you prior to disclosing your health information for payment purposes, we will ask you to sign an authorization.

*Health Care Operations.* We may use and disclose your health information in various ways to run our organization. For example, we may combine your health information with that about other patients to help us evaluate our performance and to determine whether additional medical services are necessary in our community. We may use your health information to review, assess, compare and improve the skills of individual MHHC staff members, the overall level of care provided at a particular MHHC facility, or the different levels of success achieved by a particular treatment among various MHHC facilities and the possible causes for such differences.

*Fundraising.* We may use your health information to contact you in an effort to raise funds for MHHC and its operations, as permitted by applicable law. If you do not wish to receive fundraising solicitations from us, you may opt out of receiving such communications. If you do not want us to contact you for fundraising purposes, please call the MHHC Foundation Office at 815-942-2932, extension 1435. You also may submit your opt-out request in writing to the Privacy Officer listed below.

*Facility Directory.* When you are a patient of an MHHC facility, we may disclose certain information about you to others who ask about you by name. This information may include your name, location in the MHHC facility, and your general condition (for example, fair, stable, etc.). We may disclose this information, as well as your religious affiliation, to members of the clergy who counsel MHHC patients. If you would like to opt out of participation in the MHHC facility directory, please contact your MHHC provider or the Privacy Officer listed below.

*Individuals Involved in Your Care or Payment for Your Care.* We may use or disclose to a family member, other relative, close personal friend, or any other person you identify, information about you relevant to that person's involvement in your care or payment related to your care. We may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your care. If you would like to restrict disclosures made to a family member, other relatives, close friends or any other person you identify, please contact your MHHC provider or the Privacy Officer listed below.

*Disaster Relief Efforts.* In case of emergency, we may release information about you to entities assisting in a disaster relief effort so that they may notify your family members of your location and general condition. If you do not want us to disclose your health information for this purpose, you must communicate this to your provider so that we do not do so except as necessary to respond to the emergency.

*Research.* Under certain circumstances, we may use and disclose your health information for research purposes. Before they begin, all research projects conducted at MHHC are carefully reviewed, both with regard to the purpose and scope of the project itself and with regard to their use

and disclosure of your health information. Except in very limited circumstances as permitted by applicable law, we will ask for your specific written permission if your health information will be used or disclosed in connection with a research project.

*As Required by Law.* MHHC will use and disclose your health information when we are required to do so by federal, state or local law.

*Serious Threats to Health or Safety.* We may use and disclose your health information when necessary to prevent a serious threat to your health or safety, or the health and safety of other individuals or the public in general. For example, as further described below, we may be required to report cases of certain contagious or infectious diseases to public health authorities, or to report possible cases of child abuse or neglect to the proper authorities.

*Health Oversight Activities.* We may use and disclose your health information to health oversight agencies for the appropriate oversight of the health care system, governmental benefit programs and regulatory or statutory compliance. For example, we may disclose information to appropriate federal or state agencies to facilitate and enable certain audits, investigations, inspections, licensing determinations and disciplinary actions.

*Public Health.* We may disclose your health information for various public health activities and programs as authorized by law, generally including the following:

- To prevent or control disease, injury or disability;
- To report vital statistics, such as births and deaths;
- To report child abuse and neglect to the appropriate authorities;
- To notify the appropriate authorities, if required by law to do so, of suspected cases of abuse, neglect or domestic violence;
- To report adverse reactions or events related to food or dietary supplements, product defects or problems, or biological product deviations;
- To notify persons of recalls of products that they may be using; and
- To notify persons who were exposed to a disease or may be at risk for contracting or spreading a disease or condition.

*Law Enforcement.* We may disclose a limited amount of your health information to law enforcement officials as permitted by law. Some of the circumstances in which we may do so include:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person; and
- To report criminal conduct on the premises of a MHHC facility.

*Workers Compensation.* We may release your health information to comply with workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

*Organ and Tissue Donations.* We may use or disclose your health information to facilitate organ, eye or tissue donation and transplantation, or to an organ, eye or tissue donation bank.

*Legal Proceedings.* We may share your health information in response to a court or administrative order, discovery request, subpoena, or other lawful process, as authorized by applicable law.

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

*Military, National Security and Protective Services.* Under certain conditions, we may disclose your health information for special government functions such as certain military, national security, and presidential protective services.

*Business Associates.* We may disclose your health information to our "business associates" – individuals or entities that provide service to MHHC. For example, business associates include the companies that assist MHHC with its claims processing, its software vendors and other service providers. MHHC requires its business associates to treat your health information in the same confidential manner as it treats the information.

## **YOUR RIGHTS CONCERNING HEALTH INFORMATION ABOUT YOU**

You have certain rights regarding the health information that we maintain about you. These rights include the following:

*Restrictions.* You have the right to ask us not to use or share your health information for treatment, payment or operations purposes. We are not required to agree to any such requests, except that we will agree not to disclose your information to a health plan for payment or health care operations purposes if the requested restriction is limited to information about a health care item or service for which we have been paid out-of-pocket in full. To request a restriction on use and disclosure of your health information, you must submit your request in writing to the Privacy Officer listed below.

*Confidential Communications.* You have the right to ask that we communicate with you about your health in a particular manner or at a particular location. For example, you might ask us to send test results and bills to an address other than your home, or that we email information

about you to an email address that you provide. We will agree to your request for confidential communications so long as is reasonable. To make such a request, you must submit your request in writing to the Privacy Officer listed below. Your request must specify the alternative means or location for communication with you.

*Access.* With certain exceptions, you have a right to review and get a paper or electronic copy of your medical record and other health information that we maintain about you. To request review or a copy of the health information that we maintain about you, please submit your request in writing to the Privacy Officer listed below. We may charge you a reasonable cost-based fee for copies.

*Amendment.* You have a right to request that we amend the health information that we have about you if you believe that information is incorrect or incomplete. To request an amendment, please submit your request in writing to the Privacy Officer listed below, along with a description of the reason for your request. We may deny your request, but if we do, we will provide you with a written explanation of why we denied the request and of your rights.

*Accounting of Disclosures.* You have the right to receive a list of certain disclosures we have made of your health information. You may submit your request in writing to the Privacy Officer listed below. You must include the dates for which the list should cover, which may not be longer than six years prior to the date of your request. You also should indicate the form in which you wish to receive the accounting (for example, on paper or on electronic media). We will not charge you for the first accounting that we provide to you in any 12 month period. We may charge you a fee to cover our costs for producing any additional lists that you request in a 12-month period.

*Notification of a Breach.* You will receive notification of breaches of your unsecured your health information as required by law.

*Paper Copy of Notice.* You have the right to receive a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a paper copy of our notice at any time by asking for one at any MHHC facility or contacting our Privacy Officer listed below.

### **OTHER USES AND DISCLOSURES OF INFORMATION ABOUT YOU**

Other than as generally described in this notice, we will use and disclose your health information only with your prior written authorization. We will obtain your authorization before (a) using or disclosing your health information for certain marketing activities of others, (b) selling your health information, and/or (c) disclosing notes of psychotherapy sessions, with some exceptions. You may revoke any such authorization, in writing, at any time. After you revoke your authorization, we will not further use or disclose your health information for the purposes covered by the revoked authorization. However, your revocation will not apply to uses or disclosures that were made or other actions taken, in reliance on the authorization or for those that are required by law. You may make revoke your prior authorization by contacting our Privacy Officer listed below.

### **CHANGES TO THIS NOTICE**

We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all health information we maintain. [If we amend this notice, we will make the revised version available to you on our website \(www.morrishospital.org\) and we will provide you with a copy of the notice that is currently in effect upon your request.](#)

### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with us by sending a brief written description to the Privacy Officer listed below. You also may 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, or by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. At MHHC, we constantly strive to improve our service and are eager to listen to feedback from our patients. Please be assured that you will not be penalized or retaliated against in any way for filing a complaint.

### **CONTACT**

We would be happy to discuss our privacy practices further with you and ease any possible concerns that you might have. If you have any questions about this notice or any of our privacy practices, please contact us at:

Morris Hospital and Healthcare Centers  
150 W. High St.  
Morris, Illinois 60450  
Attn: Privacy Officer

Telephone: (815) 942-2932  
Fax: (815) 942-3154  
ALERTLINE: (800) 93ALERT (800-932-5378)

This Notice of Privacy Practices becomes effective on 10/18/2019, and replaces all earlier versions.