

IVCH ORGANIZED HEALTH CARE ARRANGEMENT

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 has been created for and applies to the Organized Health Care Arrangement known as "IVCH". It describes how the participating entities may use and share your health information for treatment, payment, or operations purposes. These entities are:

- **Illinois Valley Community Hospital**-an acute care hospital (includes swing bed program) located at 925 West St., Peru, Illinois 61354; and The Center for Physical Rehabilitation and Aquatics located at 300 Walnut Drive, Peru, Illinois 61354;
- **Illinois Valley Community Hospital Medical Staff**-the organized members of the Medical and Allied Health Professional Staff at Illinois Valley Community Hospital;
- **Hospital Radiology Services**-group practice for Radiologists who interpret X-rays and scans performed at Illinois Valley Community Hospital. Their business office is located at 8 Route 6 West, Peru, Illinois 61354;
- **Central Illinois Pathology**-business office for the Pathologists who analyze specimens and review laboratory testing performed at Illinois Valley Community Hospital. This office is located at PO Box 9817, Peoria, Illinois 61612;
- **Peru Anesthesia**-billing office for Anesthesia providers, located at 925 West St., Peru, Illinois 61354;
- **Cardinal Sleep Disorders Center of America**-agency that performs sleep studies on patients at Illinois Valley Community Hospital. Their office is located at 2077 W. Jefferson St. Suite 210, Joliet, Illinois 61435;
- **Medical Outsourcing Services, LLC**-agency that provides PET Scan services at Illinois Valley Community Hospital. Their office is located at 1315 Macom Drive Suite 103, Naperville, Illinois 60564;
- **Illinois Valley Hospice**-a hospice agency located at 1305 6th St., Peru, Illinois 61354;
- **Family Pharmacy**-a retail pharmacy located at 920 West St., Peru, Illinois 61354;
- **Family Home Medical Equipment**-a supplier of medical equipment and supplies for home use, located at 1319 4th St., Peru, Illinois 61354;
- **Fast Care** - retail clinic located in Wal-Mart at 5307 Rt. 251, Peru, Illinois 61354;
- **Care Today** - urgent care clinic located at The Center for Physical Rehabilitation and Aquatics located at 300 Walnut Drive, Peru, Illinois 61354;
- **IVCH Medical Group**-Medical office practices for Internal Medicine, located at 710 Peoria St., Peru, Illinois 61354; Obstetrics/Gynecology, located at 920 West St., Peru, Illinois 61354; and Oglesby Medical Clinic, located at 520 W. Walnut St., Oglesby, Illinois 61348, Internal Medicine, located at 2937 N IL Route 178, Utica,

Illinois 61373, Illinois Valley Orthopedics, located at 920 West St. Suite 211, Peru, Illinois 61354; Family Medicine Clinic, located at 920 West St. Suite 216, Peru, Illinois 61354; Mark A. Fernandez, M.D., located at 920 West St, Building B, Peru, Illinois 61354; Ricardo J. Calderon, M.D., located at 128 Bucklin St. Suite A, LaSalle, IL 61301;

- **Hygienic Institute Community Health Clinic**-an Outpatient Health Clinic, located at 2970 Chartres St., LaSalle, Illinois 61301; and
- **Illinois Valley Adult Day Services**-an outpatient day care center for Adults located at 1020 2nd St., LaSalle, Illinois 61301.

IVCH understands that medical information about you and your health is personal. We are committed to protecting your medical information. This notice tells you about your rights and our obligations regarding the use and disclosure of your medical information.

IVCH is required by Law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices; and
- Follow the terms of the notice that is currently in effect.

Understanding your health record/information: Each time you receive services from, or have contact with IVCH in connection with your treatment or with payment issues associated with your treatment, a record is made. This record usually contains your symptoms, treatment and a plan for future care or treatment. The medical record is the property of IVCH, but the information in the medical record belongs to you. This record of your information serves as a:

- Basis for planning your care and treatment;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Source of information for public health officials charged with improving the health of the nation;
- Tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

If you have questions about any part of this notice or if you want more information about the privacy practices, you may contact the IVCH Compliance Officer.

Effective Date of This Notice: September 1, 2011

I. How IVCH may use or disclose your health information

The following categories describe ways that we use and disclose information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information fall within one of these categories.

A. Treatment. We will use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the

coordination or management of your health care with a third party that has already obtained your permission to have access to your health information.

The following are examples of uses and disclosures for treatment purposes under the IVCH Organized Health Care Arrangement:

1. Hospital-specific information collected by staff including name, past medical history, and current symptoms are used to confirm the correct services will be performed to accurately diagnose a patient's condition.
2. Medical Staff and Hygienic Institute-the results of tests and services performed at the hospital are sent to the physician who ordered them so they can plan the appropriate treatment.
3. Hospice-Hospice staff uses the patient's information to create a plan of care which is to be followed by all staff involved in the patient's treatment.
4. Hospital Radiology/Central Illinois Pathology/Peru Anesthesia/Cardinal Sleep Disorder Centers of America/Medical Outsourcing Services, LLC-Patient specific information including name, symptoms, and past medical history are shared with these health care providers to assist in the interpretation of diagnostic testing and/or the safe provision of Anesthesia services to the patient.
5. Family Pharmacy-the doctor or nurse will disclose information including name, date of birth, and medication when calling a prescription into Family Pharmacy staff for a patient.
6. Family Home Medical Equipment (HME)-the social worker from the Hospital, or Hospice discloses information when coordinating/ordering equipment for the patient to use at home.
7. Adult Day Services-the social worker from the Hospital discloses information to the Adult Day Center staff when coordinating services for the patient's post-discharge care.

B. Payment. Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may also disclose your information to our collection agency to obtain payment.

The following is an example of how your protected information is used for payment purposes:

All entities-staff provide information about your condition and treatment to your insurance company or their designee to receive payment. One provider, such as the hospital, may share information they collected about your insurance (such as name, contact information, your identification number) with another provider such as your

physician or home health agency to assist them with submitting claims for payment on your behalf.

C. Health Care Operations. We may use or disclose your health information to support the business activities of each covered entity. These activities include but are not limited to quality assessment activities, employee review activities, training of medical and other health care related students, licensing, and conducting or arranging for other business activities.

Examples of uses and disclosures for operations purposes include:

Hospital and Medical Staff-Medical and Nursing students may participate in your care and treatment and would see your health information.

All other entities-your health information may be used to monitor the entity's compliance with state and federal laws and regulations.

D. Information provided to you.

E. Business Associates: There are some services that are provided by IVCH through contracts with other product or service providers, known as IVCH "business associates." Examples of business associates include claims processing administrators or copy services used when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require each business associate to agree in writing to appropriately safeguard your information.

F. Directory. We may list your name, where you are located in our facilities, your general medical condition and your religious affiliation in our directory. This information, except your religious affiliation, may be provided to other people who ask for you by name. Your religious affiliation may be released to a member of the clergy even if they do not ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

G. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. This includes disclosures of your health information in the event of a disaster to the appropriate legally authorized agency. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

H. Required by law. As required by federal, state, or local law, we may disclose your health information.

I. Public Health. We may disclose your health information for public health activities and purposes related to: preventing and controlling disease; injury or disability; vital

events such as birth, death, or certain types of injury; reporting child or elder abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; reporting disease or infection exposure; and work related illness or injury.

J. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

K. Judicial and administrative proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

L. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as required reporting of certain injuries; if you are, or are suspected to be, the victim of a crime, if we believe a crime occurred on our premises; identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena and other law enforcement purposes.

M. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

N. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

O. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Illinois Valley Community Hospital's Medical Executive Committee.

P. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Q. Specialized government functions. We may disclose health information for the following:

- Military and Veterans-as required by military command authorities, including foreign military personnel;
- National Security and Intelligence-as required to authorized federal officials for intelligence, counter-intelligence, and other national security activities;
- Protective Services-to federal officials who provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations; and
- Correctional institutions-an institution or its representatives as necessary for the health and safety of the individual and/or others at the institution.

R. Worker's compensation. We may disclose your health information as necessary for worker's compensation and similar programs that provide benefits for work-related injuries or illness.

S. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

T. Fund-raising. We may contact you to participate in fund-raising activities for IVCH.

U. Change of Ownership. In the event that any of the listed entities are sold or merged with another organization, your health information/record will become the property of the new owner.

II. When IVCH May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, IVCH will not use or disclose your health information without your written authorization. If you do authorize IVCH to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

A. You have the right to request restrictions on certain uses and disclosures of your health information, however IVCH is not required to agree to the restriction that you request. To request restrictions, you must submit your request in writing to the IVCH Compliance Officer.

B. You have the right to request that we communicate with you confidentially, by alternative means or at alternative locations, and we will accommodate all reasonable requests. To request confidential communications, you must submit your request in writing to the IVCH Compliance Officer.

C. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or obtain a copy of your records you must submit your request in writing to the Health Information Management department of the hospital, or the office manager of any of the other listed entities. We may charge a fee for the costs of copying, mailing or other services or supplies associated with your request.

D. You have a right to request that IVCH amend your health information that you believe is incorrect or incomplete. IVCH is not required to change your health information and will provide you with information about IVCH's denial and how you can disagree with the denial.

E. You have a right to receive an accounting of disclosures of your health information made by IVCH, except that IVCH does not have to account for the disclosures

described in parts A (treatment), B (payment), C (health care operations), D (information provided to you), E (directory listings) and Q (certain government functions) of section I of this Notice of Privacy Practices.

F. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Compliance Officer
c/o Illinois Valley Community Hospital
925 West St.
Peru, IL 61354
815-780-3591

IV. Changes to this Notice of Privacy Practices

IVCH reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, IVCH is required by law to comply with this Notice.

The most current Notice of Privacy Practices will be available in paper form at the organization as well as on our website: www.ivch.org. You may also obtain a copy by contacting us at the address and phone number listed above.

V. Complaints

You have a right to complain about this Notice of Privacy Practices or how IVCH handles your health information without fear of retaliation. Your complaint should be directed to:

Compliance Officer
c/o Illinois Valley Community Hospital
925 West St.
Peru, IL 61354
815-780-3591

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region V
Office of Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601