

# NOTICE OF PRIVACY PRACTICES

## Provena Health

**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.**

**If you have questions about this notice or our privacy practices, please call *Provena Health's AlertLine at 1-800-93ALERT.***

At Provena Health, we care about your privacy and are committed to protecting and preserving it. We understand that health information about you is personal and that you may be concerned over how it is used. This Notice of Privacy Practices describes the limited ways in which Provena Health may use and disclose health information about you. It also describes your rights and our obligations with respect to personal health information. We promise to comply with the privacy practices described in this notice and to do our best to treat personal health information about you with the utmost care.

This notice applies to all use and disclosure of health information about you that is made by health care professionals, staff, employees, students, trainees, volunteers and certain associates of Provena Health at each facility in the Provena Health system. It also applies to any sharing of information among Provena Health facilities and locations. Your personal doctor may have different policies regarding use and disclosure of health information about you. You should be sure to check with each of your personal doctors and obtain a copy of the notice of privacy practices applicable to their respective use and disclosure of health information.

We are required by law and committed as an institution to maintain the privacy of protected health information and to provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. We are also 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. Please review this notice carefully and feel free to contact us about how we use protected health information about you.

### **How we Use and Disclose Information About You**

The different ways in which Provena Health may use and disclose protected health information about you are described below. Each different type of use or disclosure is explained and at least one example is provided. Every use or disclosure of protected health information that we may be permitted or required to make about you is for one of the purposes described below.

- ◆ **Treatment.** We may use protected health information that we create or receive about you to provide you with health care and related services. For example, a doctor at a Provena Health facility 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. We may disclose protected health information about you to doctors, nurses, technicians, medical students and other health care professionals who are involved in providing you with care at a Provena Health facility. For example, one of our doctors may wish to consult with another doctor, whether associated with Provena Health or some other health care organization, to obtain a second opinion about your proper treatment. Protected health information about you may be shared among different departments at a particular Provena Health location in order to facilitate your treatment. For example, radiology may send your x-rays to the doctor who will be setting your broken leg. In certain instances, protected health information may be shared among different Provena Health facilities, for example, if you are moved from one facility to another, or seek related care at two or more Provena Health facilities.

We may disclose health information about you to certain associates of ours who provide services in connection with your health care, such as a laboratory that determines the results of a test performed on you. Consistent with the spiritual mission of our organization, we may disclose protected health about you to members of our pastoral care staff so that they may provide you and your family members with emotional and spiritual counseling and support appropriate to the circumstances and your condition. We may also disclose very limited protected health information (such as your name, general condition, religious affiliation, and location in our facility) to members of the clergy who are not part of Provena's staff. In limited circumstances, we may disclose certain protected health information about you to other persons outside of Provena Health, such as your family members, legal decision maker and disaster relief organizations.

- ◆ **Payment.** Protected health information about you may be used and disclosed to facilitate process and receive payment for health care treatment and services that you receive at Provena Health 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 at a Provena Health facility. Similarly, an independent physician who treats you at a Provena Health facility may also disclose protected health information about you in order to receive payment for that treatment. In some instances, a third party may be used to process the payment transactions with your insurance company or health plan. We may also need to describe a proposed treatment to your health plan or insurance company before we can treat you, so that we may obtain their prior approval, or so that they can determine whether the proposed treatment is covered.
- ◆ **Health Care Operations.** We may use and disclose protected health information about you in various ways in the operation of Provena Health facilities. These uses and disclosures help us to provide you and the communities we serve with better quality care in a more efficient manner. We may combine protected health information about you with that about other patients to help us evaluate our performance. For example, we may use health information about you to review, assess, compare and improve the skills of individual Provena Health staff members, the overall level of care provided at a particular Provena Health facility, or the different levels of success achieved by a particular treatment among various Provena Health facilities and the possible causes for such differences. Another example of how we may use health information about you might be in a study of dietary requirements to develop cafeteria menus and improve the meals that we provide to our patients. We may disclose protected health information about you to health care professionals and students who were not involved in your treatment for medical review and educational purposes. We may use and disclose health information about you in our fraud and abuse detection and compliance programs, and for business management and administrative activities, such as cost management.
- ◆ **Appointment Reminders.** We may use and disclose protected health information about you in contacting and reminding you of your upcoming appointments for care or treatment at a Provena Health facility. For example, we might call your home telephone number to remind you of your appointment to have a specific test performed next week.
- ◆ **Treatment Alternatives.** We may use and disclose protected health information about you in contacting and providing you with information about possible treatment options or alternatives, and possibly in recommending particular alternatives. For example, we might mail you information comparing the success rates of possible different treatments for the particular condition which you have been diagnosed as having.
- ◆ **Health-Related Benefits and Services.** We may use and disclose protected health information about you to inform you of other services or benefits offered by Provena Health that may be of interest to you. For example, we may inform you of the opening of our new cardiac care facility or the availability of a new physical therapy program.

- ◆ **Fundraising.** We may use and disclose protected health information about you (such as your name, address, phone number and the dates that you received service at Provena Health facilities) to contact you in our efforts to raise funds for Provena Health and its operations. We may disclose certain information about you to a foundation related to Provena Health so that it might contact you in its attempts to raise money for particular purposes. The money raised through these activities is used to help Provena Health improve its ability to provide you and the community with improved care and services. For example, if there is a fund drive that is trying to raise funds for specific new health care equipment or facilities, a fund-raiser employed by the foundation might call your telephone number or mail you a letter in hopes of receiving a donation.

If you do not wish to be contacted for fundraising purposes, please notify Provena Health's System Privacy Officer, as listed below. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, for further information. In all correspondence with us, please be sure include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity.

- ◆ **Marketing.** In certain circumstances and for certain purposes, we may use and disclose protected health information about you to communicate with you about certain products or services that we or others make available and that we think you might find helpful or useful. For example, we might send you a list describing the various Provena Health facilities and the types of care available from each of them, or a list of those Provena Health facilities that offer a specific type of care. As part of your treatment at a Provena Health facility, a doctor might also discuss various products or services that he thinks are particularly suited to you and your care. You might also sometimes be provided with sample products for you to try. We may also send you, from time to time, Provena Health newsletters, health care bulletins or possibly a Provena Health calendar or other small token of our appreciation during the holiday season.

If you do not wish to receive any of our newsletters or other information, please notify Provena Health' System Privacy Officer, as listed below. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, for further information. In all correspondence with us, please be sure include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity.

- ◆ **Facility Directory.** We may disclose certain limited information about you in the facility directory of a Provena Health location while you are a patient there. This information may include your name, location in the Provena Health facility, your general condition (for example, fair, stable, etc.) and your religious affiliation. Except for your religious affiliation, the information about you that is listed in a facility directory may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy (such as a priest, pastor or rabbi), even if they don't ask for you by name. This sharing of information is so people who care about you can visit you and find out how you are doing.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may disclose to your family member or close personal friend the protected health information about you that is directly relevant to that person's involvement with your care. We may also disclose protected health information about you to notify, or assist in notifying, your family members and others responsible for your care of your location, general condition or death. For example, if you are admitted to a Provena Health facility after a car accident, we may call your spouse and tell him or her where you are hospitalized and how you are doing. In certain cases, we might also release information to an entity assisting in a disaster relief effort so that they may notify your family members of your location and general condition.
- ◆ **Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. Before they begin, all research projects that are conducted at Provena Health are carefully reviewed, both with regard to the purpose and scope of the project itself and with regard to their use and disclosure of protected health information. We attempt to balance the need for medical research with your and other patients' need for privacy. Some use and disclosure of protected health information within Provena Health may be necessary in order to evaluate the usefulness or potential value of a proposed research project. For example, a researcher may need to identify patients with certain conditions or specific needs to determine whether a research project is worth pursuing.

If approved, a research project may involve the use or disclosure of protected health information about you to those conducting the project and certain others. If possible, all information that can be used to identify you or other specific individuals will be removed from data used in research projects. Except in very limited circumstances, we will always ask for your specific permission if protected health information that identifies you will be used or disclosed in connection with a research project.

- ◆ **As Required by Law.** Provena Health will use and disclose protected health information about you when we are required to do so by federal, state or local law. For example, as further described below, we will release information about you if a court or administrative tribunal orders, or a law enforcement official asks us to do so. We are also required by law to disclose certain information to various governmental or public health authorities or agencies for a broad range of purposes, such as reporting vital statistics about births and deaths, reporting vaccinations of children and many other examples.
- ◆ **Serious Threats to Health or Safety.** We may use and disclose protected health information about you 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 protected health information about you to health oversight agencies for certain activities authorized by law for the appropriate oversight of the health care system, governmental benefit programs and regulatory or statutory compliance. For example, we may disclose information to facilitate and enable certain audits, investigations, inspections, licensing determinations and disciplinary actions.

## Special Situations Regarding Information Use and Disclosure

While not an inclusive list, further examples of the purposes for which we may use or disclose protected health information about you (as described above) include the following special or notable circumstances or situations:

- ◆ **Public Health.** As mentioned above, we may disclose protected health information for various public health activities and programs, authorized by law, to a number of different public entities or organizations, 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 may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ◆ **Law Enforcement.** We may disclose protected health information about you if asked to do so by a law enforcement official. 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;

- In response to a law enforcement official's request for information about an individual who is or is suspected to be a victim of a crime, in certain situations;
  - To report information about a death that we believe may be the result of criminal conduct;
  - To report criminal conduct on the premises of a Provena Health facility; and
  - In emergency circumstances, to report a crime or information about the crime, its victims or perpetrators.
- ◆ **Workers Compensation.** We may release protected health information about you for workers' compensation relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
  - ◆ **Organ and Tissue Donations.** If you are an organ donor, we may use or disclose protected health information about you, as necessary to facilitate organ, eye or tissue donation and transplantation, to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ, eye or tissue donation bank.
  - ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process, but only after we have attempted to contact you to tell you about the request or to allow you to obtain a protective order.
  - ◆ **Decedents.** We may release health information about decedents to coroners, medical examiners and funeral directors in order for them to perform their respective duties. For example, we may release information to assist in the identification of a deceased person or to determine the cause of death.
  - ◆ **Military Personnel.** If you are a member of the United States armed forces, we may release protected health information about you as deemed necessary by the appropriate military command authorities. We may also release health information about you to the appropriate foreign military authority if you are a member of foreign military forces.
  - ◆ **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for the protection of certain governmental officials and foreign heads of state, to conduct special investigations, or for intelligence, counter-intelligence and other national security purposes.
  - ◆ **Inmates.** If you are an inmate of a correctional institution, or in the custody of a law enforcement official, we may release protected health information about you to that correctional institution or law enforcement official in order for you to be provided with appropriate care by the applicable institution, to protect the health and safety of you and of others, and for the safety and security of the applicable institution.

## **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 request that we restrict or limit our uses and disclosures of protected health information about you to carry out treatment, payment or health care operations. You may also request that we restrict or limit the health information about you that we disclose to persons, such as family members or close personal friends, that you identify as being involved in your care or payment for your care, and that we may disclose to public or private entities authorized to assist in disaster relief efforts. You might, for example, request that we not disclose the nature of a surgery which you underwent.

**We are not required to agree to all requests for a restriction of our uses and disclosures of protected health information about you for such purposes.** We are only required to agree if the request is to restrict

disclosures to your health plan related to an item or service for which you were a self pay patient and for which you paid in full. If we do agree, we must honor the agreed-upon restriction and not use or disclose information about you in violation of it, unless use or disclosure of the restricted information is needed to provide you with emergency treatment that you are in need of or is otherwise required by law. Even if we agree to a requested restriction, it may not be effective to prevent certain other uses and disclosures of protected health information about you for which we have adequately obtained, or do not need to obtain, your permission. In many cases we may also terminate our agreement to a previously requested restriction by obtaining your agreement to, or notifying you of, such termination.

To request a restriction on use and disclosure of protected health information about you, you may make your request in person at a Provena Health facility, or submit it, either on paper or electronically, to Provena Health's System Privacy Officer, as listed below. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, for further information.

In all correspondence with us, please be sure include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity. You must also indicate what information and what individuals your request applies to, and what uses and disclosures you would like restricted or limited. Please be specific. For example, you might request that we not disclose the nature or your surgery to your spouse.

- ◆ **Confidential Communications.** You have the right to request that we communicate protected health information about you to you in some alternative means or at an alternative location. For example, you might request that we send letters to an address other than your home, or that we email information about you to an email address that you provide.

We must accommodate reasonable requests that you make for such alternative forms of communication. You must submit your request, in writing, to Provena Health's System Privacy Officer, as listed below. Please be sure to indicate where or by what method of communication you wish to be contacted. Please feel free to contact Provena Health's AlertLine, at 1-800-93ALERT, at any time for further information.

We may condition our provision of a reasonable accommodation on your providing, when appropriate, information as how any payment for care will be handled. However, we may not require that you provide an explanation of the basis for your request.

- ◆ **Access.** You have a right of access to inspect and obtain a copy of protected health information that we maintain about you and that we may use to make decisions about you and your care. This includes the medical and billing information that we keep about you, and any information that we maintain related to enrollment, payment, claims adjudication, and case or medical management systems in connection with your health plan. This right of access does not extend to all information, and excludes such things as psychotherapy notes, some information that we may compile if we have or anticipate a dispute, and information to which your access is prohibited by law.

To inspect or obtain a copy of the health information that we maintain and may use to make decisions about you and your care, please submit your request, either on paper or electronically, to Provena Health's System Privacy Officer at the address or the contact numbers given below. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, for further information. In all correspondence with us, please be sure include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity.

Generally, we must respond to your request for access to a copy of records about you within 30 to 60 days after receiving your request. In certain, limited circumstances, we may deny your request to inspect and obtain a copy of health information about you. We must inform you of such a denial in writing. If you are denied access to health information, you may have the right to have such denial reviewed.

If you do, and if you make a written or electronic request for such a review, then your request for access and our denial will be reviewed by another licensed healthcare professional that we designate. This reviewer will be someone who did not participate in our decision to deny you access. We must comply with the decision of the reviewer whether to grant or deny you access.

If your request to inspect and obtain a copy of health information that we maintain about you is granted, we must either provide you with access at a convenient time and place or, at your request, mail you a copy of the health information about you. We may charge you a small fee to cover our costs of copying and mailing, including the associated supplies and labor.

- ◆ **Amendment.** If you believe that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information in our records. Your right to request such an amendment continues for so long as we maintain the information about you.

To request an amendment of the health information that we maintain and may use to make decisions about you and your care, please submit your request, either on paper or electronically, to Provena Health's System Privacy Officer at the address or the contact numbers given below, including a reason to support your request. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, for further information. In all correspondence with us, please be sure include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity.

We may deny your request for amendment if it is not made in writing or does not include a reason supporting it. Even if made in writing and accompanied by a supporting reason, we may also deny your request for amendment of health information that:

- Was not created by Provena Health, unless you provide a reasonable basis to believe that whoever created the health information is no longer available to make the amendment;
- Is not part of the medical and billing information that we keep about you, any information that we maintain related to enrollment, payment, claims adjudication, and case or medical management systems in connection with your health plan, or any information that we use to make decisions about you or your care;
- Would not be available for you to inspect and obtain a copy of, as described above; or
- Is accurate and complete.

*Generally, we must act on your request for amendment of health information about you no later than 60 days after we receive it. If we accept your request, we must make the requested amendments, inform you that we have done so and obtain your permission to have us contact other relevant parties with whom the amendment needs to be shared. If we deny your request, we must provide you with a written denial giving the basis for the denial, informing you of how to file a written statement disagreeing with the denial, and stating that if you do not agree with the denial you may request that we provide your request for denial with any future disclosures of the protected health information for which we denied your request for amendment. We must also inform you of your right to file a complaint, as described below, if we deny your request for amendment.*

- ◆ **Accounting of Disclosures.** You have the right to receive an accounting of disclosures of protected health information about you that we have made. This is simply a list showing what protected information about you we have disclosed, to whom, for what purposes, and when such disclosures were made. Until Provena Health facility, where you are being treated has acquired an electronic health record, the accounting applies only to disclosures that you have not already approved of and that were made other than for the three (3) primary purposes described above (treatment, payment, and health care operations).

Once the Provena Health facility, where you are being treated has acquired an electronic health record, you will have the right to request an accounting of disclosures that also includes those made for treatment, payment and health care operations.

You may submit your request for an accounting, either on paper or electronically, to Provena Health at the address or the contact numbers given below. You must include the time period in the past that the accounting is to cover. This time period may not be longer than six (6) years and may not include dates prior to April 26, 2003. If the Provena Health facility has acquired an electronic health record and the disclosure was made through the electronic health record the time period is limited to three (3) years. You should also indicate the form in which you wish to receive the accounting (for example, on paper or on electronic media). Please be sure to include your full name as it appears on our records and your Social Security number, as we need to know this information to access your records and verify your identity.

We must generally respond to your request for an accounting of disclosures within 60 days after we receive your request. There will be no charge to 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 additional accountings of disclosures that you request in a 12 month period, but we must inform you in advance of the fee and provide you with the opportunity to either agree to the fee, withdraw you request, or modify your request to avoid or reduce the fee.

- ◆ **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 simply by asking for one at any Provena Health facility, by calling Provena Health's AlertLine, at 1-800-93ALERT, or by contacting our System Privacy Officer, as listed below.

## Other Uses and Disclosures of Information About You

*Other than as described above in this notice, we will only use and disclose protected health information about you with your prior written authorization. You may revoke any such authorization, in writing, at any time. After your revocation, we will not further use or disclose protected health information about you for the purposes covered by the revoked authorization. However, such a revocation will not be effective for uses or disclosures that have already been made or other actions that have already been taken, in reliance on the authorization or for those that are required by law. You may make a written revocation of your prior authorization by mailing it to the address given below or presenting it in person at any Provena Health facility.*

## Changes to this Notice

We reserve the right to change this notice, and our privacy practices stated in this notice, at any time. We may also make the revised or changed notice effective for protected health information that we already maintain about you prior to the effective date of the revised or changed notice, as well as for any health information about you that we create or receive after the new notice becomes effective. We will promptly change our notice whenever we decide to, or a change in law causes us to; revise our policies and practices in a material way, or in a way that materially affects the content of the notice. The effective date of this notice and any revised or changed notice will always be prominently included in such notice. The effective date may not be earlier than the date on which we first post the notice or otherwise make it available to you. Except when required by law, a material change to our privacy practices may not be implemented prior to the effective date of the notice in which the change is reflected.

We always have the current version of our notice posted in a clear and prominent location in each Provena Health facility and on the Provena Health Website <http://www.provena.org>. A version of the notice currently in effect will be made available to you each time that you register or are admitted to any Provena Health facility for treatment or health care services as an inpatient or an outpatient. If we deliver service to you electronically, we will include or attach an electronic copy of our current notice automatically when we respond to your first request for such service.

If you receive an electronic copy of our notice, you are always still entitled to receive a paper copy upon request. Anyone may request a paper copy of our current notice at any time and for any reason, by simply asking for one at any Provena Health facility, by calling Provena Health's AlertLine, at 1-800-93ALERT, or by contacting our System Privacy Officer, as listed below.

## **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with Provena Health or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, please send a brief written description, either on paper or electronically, to Provena Health at the address or the contact numbers given below. You may also, at any time, contact Provena Health's AlertLine, at 1-800-93ALERT, or our System Privacy Officer, as listed below, for further information.

At Provena Health, 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:

Provena Health  
Attn: System Privacy Officer  
19065 Hickory Creek Drive, Suite115  
Mokena, IL 60448  
Telephone: (708) 478-6300  
Fax: (708) 478- 6332