



Northwest Community Hospital
Northwest Community Day Surgery Center
Northwest Community Medical Group

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE APRIL 14, 2003.

Northwest Community Healthcare (NCH), which includes Northwest Community Hospital, Northwest Community Day Surgery Center, and Northwest Community Medical Group, are required by law to maintain the privacy of your health information and to provide you with notice of their legal duties and privacy practices with respect to such information. NCH and certain groups of independent hospital based physicians at NCH, use this "Privacy Notice" to comply with federal and state privacy rights and protections for patients whose rights are described below.

You or your legal representative may waive your right to the privacy and confidentiality of your individually identifiable health information. If, however, you choose not to waive this right, it will have no impact on your receipt of hospital, physician or other health care services.

USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

NCH may use your health information for treatment, payment and health care operations. Some examples include but are not limited to:

- "Treatment" could include consulting with or referring your case to another health care provider. The type of health information that NCH could use or disclose includes blood type, diagnosis, and test results. NCH may use or disclose your health information for its own provision of treatment or may disclose such information to your physician.
- "Payment" could include NCH or their agents' efforts to obtain payment from you or your insurance company, another health plan or health care clearinghouse.
- "Health care operations" could include activities such as quality improvement, case management or care coordination activities and audits of the process of billing you or your insurer. As part of the treatment provided to you by NCH and operation of a health care organization, NCH may contact you by phone or by mail, to provide appointment reminders or to provide information about your treatment or treatment alternatives or other health-related services or benefits that may be of interest to you. If you have paid for your treatment in full, and you request in writing that your health information not be released, your health information will not be sent to your health plan.

USES OR DISCLOSURES NCH MAY MAKE WITHOUT YOUR AUTHORIZATION

NCH may use or disclose individually identifiable health information without your written authorization: (i) for certain public health activities including reporting of adverse product events to the Food and Drug Administration, (ii) to report suspected abuse, neglect or domestic violence, (iii) to health oversight agencies for activities such as audits, (iv) in the course of judicial and administrative proceedings, (v) for certain law enforcement purposes, (vi) to a medical examiner, coroner or funeral directory, (vii) to assist an organ procurement agency or organ bank with organ or tissue donation and transplantation, (viii) for limited research purposes, (ix) to avert a serious and imminent threat to public health safety, (x) for specialized government functions, including activities related to the military, veterans, or national security, (xi) to comply with workers' compensation laws, or (xii) as otherwise provided by law.

In addition, NCH may use and/or disclose your health information as follows:

- **Business associates:** There are some services provided in NCH through non-employed contractors including vendors, professionals and those who assist with treatment, payment or health care operations and are in need of access to your protected health information. These may include billing or copy services, consultants or external labs. To protect your health information, we require the business associate to appropriately safeguard your information under the same regulatory standards with which NCH must comply.
- **Directory:** Unless you object, we will use your name, location in the facility and general condition for directory purposes. This information will be provided to people who ask for you by name. This information may also be provided to members of the clergy of the religious body to which you have indicated an affiliation.
- **Notification:** Unless you object, we may use or disclose information to notify a family member, any person responsible for your care or a personal representative of your location and general condition.
- **Communication with family:** Unless you object, we may use or disclose to a family member, other relative or close personal friend, health information relevant to that person's involvement in your care or payment for services.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes.
- **Limited Data Sets:** We may use or disclose data from which your identifying information has been removed for purposes of research, public health, or health care operations.
- **Our Foundation:** Unless you object, demographic information (your name, address and phone number) may be given to our Foundation who may contact you after your stay about support for the Hospital. A staff member of Northwest Community Hospital Foundation may also visit you during your stay in the hospital in order to inquire about the quality of your stay or to offer any needed assistance. Prior to any visit, you will be contacted by phone and given the opportunity to decline.

DISCLOSURE OF HEALTH INFORMATION WITH YOUR PERMISSION OR BY LAW

Disclosure of certain types of health information require your specific permission or a law which allows its disclosure. Examples include:

- *HIV testing*
- *Genetic testing*
- *Evidence of sexual assault*
- *Mental health treatment information*

REVOCAION OF AUTHORIZATION

In the event that you provide NCH written authorization to disclose your individually identifiable health information, you may revoke such authorization at any time if you provide written notice to NCH. The written revocation should be given to a representative in Health Information Management. It does not impact the release of information prior to receipt of this revocation.

MARKETING

We and our business associates will need your written authorization to use and disclose your health information for marketing purposes, unless the marketing is a face-to-face communication or if it involves a promotional gift of nominal value.

YOUR RIGHTS

Your Right to Receive Confidential Communications and to Request Restrictions. You may request that you receive communications from NCH regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the Health Information Management Office. *NCH reserves the right to condition your request on the receipt of information regarding how you desire NCH to handle payment and/or on the availability of an alternative address or method of contact.* You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require NCH to agree to the requested restrictions.

Your Right to Inspect and Copy. You have the right to inspect and obtain a copy of any protected health information in your medical records, with the exception of psychotherapy notes and certain other health information which the law restricts NCH from disseminating.

Your Right to Amend. You also have the right to request an amendment of your individually identifiable health information, unless NCH did not create such information or unless NCH determines that your medical record is accurate and complete in its existing form.

Your Right to an Accounting. You have the right to request and receive an accounting of disclosures of your health information that NCH has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required NCH to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create patient directories or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement or to inform you of the content of your medical records.

The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail.

GRIEVANCES OR FURTHER INQUIRIES

If you believe that NCH has violated your privacy rights with respect to protected health information, you may file a complaint with NCH or the Department of Health and Human Services. To file a complaint with NCH, please contact the Patient Advocate at (847) 618-4390. You may also contact the above office for a copy of this Privacy Notice or further information regarding your rights. This notice is available on our website at www.nch.org.