

# Notice of Privacy Practices

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to your PHI. **Please review it carefully.**

## Your PHI. Your Rights. Our Responsibilities.

### Main Addresses

Elmhurst Memorial Hospital  
155 East Brush Hill Road  
Elmhurst, IL 60126

Edward Hospital &  
Linden Oaks Hospital  
801 South Washington Street  
Naperville, IL 60540

[EEHealth.org](http://EEHealth.org)

### Your Rights

You have the right to:

- ▶ Get a copy of your paper or electronic medical record
- ▶ Correct or make changes to your paper or electronic medical record
- ▶ Request confidential communication
- ▶ Ask us to limit the PHI we share
- ▶ Get a list of those with whom we've shared your PHI
- ▶ Get a copy of this privacy notice
- ▶ Choose someone to act for you
- ▶ File a complaint if you believe your privacy rights have been violated

See PAGE 2  
for more  
information on  
these rights  
and how to  
exercise them

### Your Choices

You have some choices in the way we use and share your PHI as we:

- ▶ Tell family and friends about your condition
- ▶ Provide disaster relief
- ▶ Include you in a hospital directory
- ▶ Provide mental healthcare
- ▶ Market our services and sell your PHI
- ▶ Raise funds

See PAGE 3  
for more  
information on  
these choices  
and how to  
exercise them

### Our Uses and Disclosures

We may use and share your PHI as we:

- ▶ Treat you
- ▶ Bill for your services
- ▶ Help with public health and safety issues
- ▶ Do research
- ▶ Comply with the law
- ▶ Respond to organ and tissue donation requests
- ▶ Work with a medical examiner or funeral director
- ▶ Address workers' compensation, law enforcement and other government requests
- ▶ Respond to lawsuits and legal actions
- ▶ Operate our healthcare facilities
- ▶ Contact you with an appointment reminder or other health-related service communication via mail, e-mail, text, or secure patient portal

See PAGE 5  
for more  
information on  
these uses  
and disclosures

**When it comes to your PHI, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- ▶ You can ask to see or get an electronic or paper copy of your medical record and other PHI we have.
  - ▶ Your request must be in writing and submitted to the EEH Health Information Management Department.
  - ▶ We will provide a copy of a summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee for the copy.
  - ▶ In certain circumstances, we may say “no” to your request, but we’ll give you the reason why in writing within 30 days.
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### Ask us to correct/amend your medical record

- ▶ You may request us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and submitted to the EEH Health Information Department.
- ▶ We may refuse your request, but we’ll explain in writing within 60 days.

If you would like to amend, restrict or make arrangements for copies of your medical records, please submit your written request to our Health Information Management Department at

Edward-Elmhurst Healthcare  
Attn: Health Information Management Dept  
801 S. Washington Street  
Naperville, IL 60540 Phone: 331-221-6990

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### Request confidential communications

- ▶ We may contact you to remind you of an appointment or to give you instruction about a scheduled procedure, etc.
  - ▶ We usually communicate in person, by telephone, or in writing, including secure e-mail or secure patient portal.
  - ▶ We may leave messages for you on your answering machine or voicemail.
  - ▶ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You do not need to provide the reason for your request.
  - ▶ We will agree to all reasonable requests.
  - ▶ To request confidential communications in a certain way or at a certain location, you must make your request in writing, to the EEH Health Information Management Department. Your request must clearly state how or where you want to be contacted.
  - ▶ If we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.
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### Ask us to limit what we use or share

- ▶ You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or is required by law.
- ▶ We participate in Epic Care Everywhere. Care Everywhere allows health care organizations that use Epic electronic health record (EHR) and other participating systems to share your medical records via secure, encrypted connections for purposes of enabling your treating providers to access your medical records when treating you. Care Everywhere allows a treating physician real-time access to his or her patient’s medical history, previous diagnoses, results of diagnostic tests (e.g., labs, cardiology, radiology), medications, allergies, progress notes and other crucial medical information without having to wait for these records to be transferred from one facility to another.
  - We will make your Edward-Elmhurst Health medical record, excluding any records related to your mental or behavioral health treatment, available to other health care organizations through Care Everywhere.

- If you do not want your medical record to be shared through Care Everywhere, please contact our Edward-Elmhurst Health Information Management Department at (331) 221-6990 and ask them to complete the necessary steps to remove you from the Care Everywhere program.
- If you pay for a service or health care item out-of-pocket, in full, before or at the time of your care, you can ask us not to share that information with your health plan or insurer. We will say "yes" unless the law requires us to share that information.
  - This billing request will only apply to Edward Hospital, Elmhurst Memorial Hospital, Linden Oaks Hospital, Edward Medical Group, Linden Oaks Medical Group, Elmhurst Clinic or Elmhurst Medical Associates-controlled billing.
  - If you would like this request to apply to third-party billers such as pharmacies, radiologists, and physicians, you must make your request to them separately.

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#### Get a list of those with whom we've shared your PHI

- You can ask for a list (accounting) of the times we've shared your PHI for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, healthcare operations and certain other disclosures (such as any you authorized us to make). We'll provide one accounting per year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- Your request must be in writing, state the time period for which you are asking, and submitted to the EEH Health Information Management Department.

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#### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

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#### Choose someone to act for you

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

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#### File a complaint if you feel your rights have been violated

- You can complain if you feel we have violated your rights by contacting the EEH Privacy Officer (see page 1 for contact information).
- 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.



#### For certain PHI, you can tell us your choices about what we share.

If you have a clear preference for how we share your PHI 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 PHI with your family, close friends, domestic partner, care partner or others involved in your care
- Share PHI in a disaster relief situation
- Include your information in an EEH 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 PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.

If there is someone to whom you do not wish us to disclose the above information, please notify Registration or your healthcare staff.

## Hospital Directory

- ▶ We may list certain information about you in a hospital directory while you are an inpatient at an EEH facility so that you may receive visitors, calls, cards, flowers, etc. during your hospital stay
  - ▶ This information may include your name, where you are in the hospital, a general description of your condition (e.g. fair, stable, etc.) and your religious preference.
  - ▶ Unless you choose not to have your information listed or “opt out,” EEH can disclose this information, except your religious preference, to people who ask for you by name.
  - ▶ If you choose to opt out, and wish to be confidential, please call our Admitting Department at **Edward Hospital** 630-527-3350 or in-house extension 7-3350 **Elmhurst Memorial Hospital** 331-221-8672 and ask them to remove you from the Hospital Directory.
  - ▶ **Linden Oaks Hospital** does not provide information to a hospital directory.
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## In the following cases, we never share your PHI unless you give us written permission:

- ▶ Use of your PHI in organizational marketing materials – see below for further explanation
- ▶ Sale of your PHI

**Illinois law is more protective of certain information than the federal Privacy Rule. Accordingly, except as stated in this Notice, EEH will not disclose your information relating to treatment for psychotherapy notes, alcoholism, or drug dependence, without in each case obtaining your authorization unless otherwise permitted or required by Illinois or federal law.**

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## In the case of fundraising:

- ▶ We may contact you for EEH fundraising efforts, but you can tell us not to contact you again.
- ▶ By law we may use the following information to contact you: name, address, telephone number, dates of service, age, gender, department of service, treating physician, outcome information, and health insurance status.
- ▶ The way for you to opt out of any future fundraising mailings will be described on the correspondence that you receive from EEH.
- ▶ If you wish to opt out prior to receiving any fundraising materials from the Edward Foundation or the Elmhurst Memorial Hospital Foundation or have any questions regarding fundraising by EEH, please contact  
**Edward Hospital Foundation 630-527-3954**  
**Elmhurst Memorial Hospital Foundation 331-221-4483**

## In the case of marketing:

- ▶ We must obtain your authorization to use or share your PHI for marketing purposes, except for
    - Face-to-face communications with you
    - Promotional gifts of minimal value
    - Communications with you related to currently prescribed drugs, such as refill reminders
  - ▶ We may use or share your PHI to tell you about or recommend possible treatment options or alternatives, and by law this type of communication is not considered marketing.
  - ▶ We may also send you information about health-related products or services that we make available. **For example, your name, address, and electronic mail address may be used so that we can send you newsletters or healthcare bulletins about EEH and the services we provide.**
  - ▶ If you do not wish to receive any EEH newsletters or similar information, you may have your name removed from the contact list.
  - ▶ The way for you to opt out of any future mailings will be described on the correspondence that you receive from EEH or please call our Marketing Department at Edward Hospital 630-527-3902 Elmhurst Memorial Hospital 331-221-6900
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## How do we typically use or share your PHI?

We typically use or share your PHI in the following ways:

### Treatment

We can use your PHI and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

### Facility Operations

We can use and share your PHI to operate our facilities, improve your care, and contact you when necessary.

Example: We may use your PHI to assess quality, train our staff, and improve our services.

### Billing

We can use and share your PHI to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

### Help with public health and safety issues

We can share PHI about you for certain situations such as:

- ▶ Preventing or controlling disease
- ▶ Helping with product recalls
- ▶ Reporting vital statistics such as births or deaths
- ▶ Reporting adverse reactions to medications
- ▶ Reporting suspected abuse, neglect, or domestic violence
- ▶ Preventing or reducing a serious threat to anyone's health or safety
- ▶ Disaster relief

### Do research

- ▶ We can use or share your PHI for clinical research.
- ▶ We may use or share your PHI, without your permission, if the Board that oversees research formally approves the use or sharing of your PHI consistent with requirements under the law.

### Comply with the law

- ▶ We will share PHI about you if state or federal laws or judicial or administrative proceedings require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- ▶ We can share PHI regarding suspected child or elder abuse, neglect or physical injury; violent crimes and death; animal bites; injuries related to firearm discharge, and other information in order to comply with the law.
- ▶ We can also share PHI regarding infants relinquished 30 days old or less.

### Respond to organ and tissue donation requests

We can share PHI about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share PHI with coroners, medical examiners, or funeral directors when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share PHI about you

- ▶ For worker's compensation claims
  - ▶ For law enforcement purposes or with a law enforcement official
  - ▶ With health oversight agencies for activities authorized by law
  - ▶ For special government functions such as military, national security, and presidential protective services
  - ▶ If you are a member of the armed forces, we may share PHI with military command
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## **Respond to lawsuits and legal actions**

- ▶ We can share PHI about you in response to a court or administrative order, and also, if required, in response to a subpoena, warrant, or summons.
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## **How else can we use or share your PHI?**

- ▶ We can share your children's immunization record with his or her school
- ▶ We can share your PHI with our Business Associates. Business Associates are individuals or businesses that we contract with to perform jobs or services for EEH and may require them to maintain, use, and/or disclose your PHI.

**If you have concerns regarding your privacy, please contact the EEH Privacy Officer at (630) 527-5861 or [privacyofficer@EEHealth.org](mailto:privacyofficer@EEHealth.org).**

## **Our Responsibilities**

- ▶ We are required by law to maintain the privacy and security of your PHI.
- ▶ We will let you know promptly if the privacy or security of your PHI has been compromised.
- ▶ 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 PHI 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.
- ▶ We will protect your genetic information.
- ▶ We will make every effort to provide your PHI to you in the electronic format you wish. We may say "no" to your request only because we do not have the capacity to do so and will make other arrangements with you.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our Compliance Department, and on the EEH web site.

Effective date of this Notice: (Date after approved by Committee): February 2, 2016

**This Notice of Privacy Practices applies to the following organizations:**

Edward Health Ventures; Edward Hospital; Edward Medical Group; Linden Oaks Hospital; Linden Oaks Medical Group; Edward Neuroscience Institute and Elmhurst Memorial Healthcare. Elmhurst Memorial Healthcare includes all of the following: Elmhurst Memorial Hospital; Elmhurst Memorial Medical Group; Elmhurst Clinic LLC; Elmhurst Medical Associates, LLC and all of their departments, units, employed health care professionals, students, and members of volunteer groups who are allowed to help you while you are staying in or being treated at an Edward-Elmhurst facility. All of these entities follow the terms of this Notice of Privacy Practices, and may share your information with each other for treatment, payment or health care operations. This list may be updated from time to time. For a current list, contact the EEH Privacy Officer.

Edward-Elmhurst Healthcare maintains its Designated Record Set through the use of an electronic health record ("EMR System") shared with DuPage Medical Group and its affiliates, and other local physician practices that participate in Illinois Health Partners ACO, an accountable care organization (the "ACO"). Through the EMR System, PHI of patients of Edward-Elmhurst Healthcare patients is combined with that of others that participate in the EMR System (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), such that each patient has a single, longitudinal health record with respect to health care services provided by the Participating Covered Entities.

Through the EMR System and the ACO, the Participating Covered Entities have formed an organized system of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"). With limited exceptions, as OHCA participants, all Participating Covered Entities and the ACO may use and disclose the PHI contained within the EMR System for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants and/or the ACO.

Finally, Edward-Elmhurst Healthcare and certain non-employed hospital-based medical staff members have organized and are presenting you this Notice as a joint notice. Those physician groups are: Naperville Radiologists, SC; DuPage Valley Anesthesiologists, Ltd; Associated Pathology Consultants - Edward, LLC; DuPage Neonatology Associates, SC; Pediatric Critical Care Specialists, PC; Fox Valley Radiation Oncology, LLC; Cardiac Surgery Associates, SC; Illinois Urogynecology, Ltd; Northwestern Medicine; CyberKnife Center of Chicago, LLC; Associated Pathology Consultants - Elmhurst, SC; Elmhurst Emergency Medical Services, Ltd; Elmhurst Anesthesiologists, PC; Elmhurst Radiologists, SC; and Suburban Surgical Associates, Ltd. PHI from Edward-Elmhurst Healthcare facilities will be shared with these physicians as necessary to carry out their treatment, payment, and health care operations. Since we work closely with these physicians, we may share access to your records, in paper, electronic or other forms, to make the flow of information for your health care run smoothly.