



PRIVACY NOTICE

**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.**



1051 West South Street
P.O. Box 747
Kewanee, IL 61443
309.852.7500 • 800.369.6771
www.kewaneehospital.com

Effective April 14, 2003

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice. Kewanee Hospital and its related entities which includes: KH Family Health Clinics, KH Rehabilitation Services, KH Home Medical Equipment, KH HomeCare and KH Hospice and its Medical Staff, which includes all KH employed physicians and Independent physicians, which provide care to Kewanee Hospital patients for HIPAA purposes only, we are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health operations in Kewanee Hospital facilities.

USES AND DISCLOSURES

How We May Use and Disclose Your Medical Information:

For Treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and other like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and other students for educational purposes. And we may combine medical information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

GRIEVANCES OR ANY FURTHER INQUIRIES

If you believe that Kewanee Hospital has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Kewanee Hospital and the Department of Health and Human Services. To file a complaint with Kewanee Hospital, please call the Kewanee Hospital Corporate Compliance Hotline at **(309) 853-6161**. Kewanee Hospital will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

AMENDMENTS

Kewanee Hospital reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If Kewanee Hospital amends this Privacy Notice, you will be provided with a revised copy at your next visit to Kewanee Hospital, or upon your request. The revised Privacy Notice will also be available on Kewanee Hospital's web site, www.kewaneehospital.com.

This Privacy Notice is effective on April 14, 2003.

YOUR RIGHTS

Federal and state law protects your right to keep your individually identifiable health information private.

Your Right to Receive Confidential Communications and to Request Restrictions. You may request that you receive communications from Kewanee Hospital 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 office listed below. Kewanee Hospital reserves the right to condition your request on the receipt of information regarding how you desire Kewanee Hospital to handle payment and/or on the availability of an alternative address or method of contact that you may request. 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 Kewanee Hospital to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

Your Right to Inspect and Copy. You generally have the right to inspect and obtain a copy of any protected health information in your medical record, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts Kewanee Hospital from disseminating.

Your Right to Amend. You also have the right to amend your individually identifiable health information, unless Kewanee Hospital did not create such information or unless Kewanee Hospital 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 individually identifiable health information that Kewanee Hospital 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 Kewanee Hospital 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 an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, please contact Kewanee Hospital Director of Health Information Management at **853-6007**.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it.
- To remind you that you have an appointment for medical care.
- To assess your satisfaction with our services.
- To tell you about possible treatment alternatives.
- To tell you about health related benefits or services.
- To contact you as part of fund raising efforts.
- To inform Funeral Directors consistent with applicable law.
- For population based activities relating to improving health or reducing health care costs.
- For conducting training programs or reviewing competence of health care professionals.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the lab and radiology, certain laboratory tests and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Patient Directory: If admitted as a patient, certain limited information about you may be included in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (e.g., good, fair, poor, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the **Opt Out Form** from the admission staff.

Notification: Health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, 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 health care. If you would like to opt out of disclosures made to a family member, other relatives, close personal friends or any other person you identify, please request the **Opt Out Form** from the admissions staff.

Individuals Involved in Your Care or Payment for Your Care:

Health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, 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 health care. If you would like to opt out of disclosures made to a family member, other relatives, close personal friends or any other person you identify, please request the **Opt Out Form** from the admissions staff.

Disaster Relief: We may use or disclose medical information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, location.

USES AND DISCLOSURES KEWANEE HOSPITAL MAY MAKE WITHOUT YOUR AUTHORIZATION

In addition to treatment, payment and healthcare operations, and unless this Privacy Notice recites a more stringent restriction under Illinois Law, the law permits or requires Kewanee Hospital to make, use, and/or disclose individually identifiable health information without your written authorization:

- For certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration,
- To report suspected abuse, neglect or domestic violence.
- To submit information to health oversight agencies for oversight activities, such as audits, authorized by law.
- In the course of judicial and administrative proceedings.
- For law enforcement purposes.
- To a medical examiner, coroner or funeral director.
- To assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation.
- To further research, provided that Kewanee Hospital complies with federal requirements.
- To avert a serious and imminent threat to public health safety.
- For specialized government functions, including activities related to the military, veterans, or national security.
- To comply with workers' compensation or similar laws. Kewanee Hospital will make the above uses and/or disclosures of information in accordance with applicable law. In addition, Kewanee Hospital may use and/or disclose your individually identifiable health information as follows:

Incidental Uses and Disclosures: We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.

Limited Data Sets: We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, Illinois requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, Kewanee Hospital must follow the state law even though certain federal health information privacy laws may not require permission.

MARKETING AND FUNDRAISING

We will obtain your written authorization prior to using and disclosing your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby the Plan discloses your PHI to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does *not* include our describing a health-related product or service (or payment for such product or service) that we provide or include in our plan of benefits. For example, we may communicate to you (without your authorization) about our provider network, replacement of, or enhancements to, our health plan, and health-related products or services available only to our plan participants that add value to, but are not part of our plan of benefits. Marketing also does *not* include our communication for your treatment or for case management or care coordination purposes, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

In the interest of fundraising, we may contact you to request a tax-deductible contribution to support important activities of the Kewanee Hospital Foundation. If you wish to make a tax-deductible contribution now or do not want to receive any fundraising requests in the future, you may contact the Kewanee Hospital Foundation at (309) 853-6053.

NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Kewanee Hospital may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to Kewanee Hospital.