

### DURING YOUR STAY

#### 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 describes how we may use and disclose protected health information about you. Protected health information means any of your health information that could be used to identify you. In this notice, we call all of that protected health information (PHI).

This notice also describes your rights and our duties with respect to your PHI. In addition, it tells you how to inform us if you believe we have violated your privacy rights.

This notice applies to the entities named above, as well as the emergency medicine physicians, radiologists, anesthesiologists and pathologists who may provide care for you at the Hospital and its off-site treatment facilities. The independent medical staff members listed herein agree to protect the privacy of your PHI and abide by the terms of this notice while caring for you at the Hospital and its off-site locations.

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. Your PHI is personal.

#### How we may use and disclose your PHI

A record of the care and services you receive at our facilities is needed to provide you with quality care. We promise to protect your PHI according to all laws regarding your privacy. The law also requires us to provide a copy of this notice to you to explain our legal duties and privacy practices in regard to your PHI. In addition, it tells you how to contact us with concerns or questions about your privacy rights.

#### How we may share your PHI

We share your PHI for a number of different purposes. Each of those purposes is listed below.

##### I. TREATMENT

We may share your PHI to provide or coordinate your healthcare. We may share it with doctors, nurses, hospitals and other healthcare providers who are involved in taking care of you. Examples of this may be radiologists and pathologists. We may also refer you to another provider for care, and we will provide your PHI to continue your treatment. Once you leave the Hospital, we may share your PHI with a provider, for continuum of your care.

An example of this would be if you were being treated for a broken leg and the physician needed to know if you had diabetes because diabetes may slow the healing process. The physician treating your leg may refer you to another physician who specializes in treating diabetic patients and may share your PHI. The physician will share your PHI with a dietitian so that we can arrange for appropriate meals for you. X-rays will need to be taken and read, and your PHI will be shared with the radiologist.

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##### II. PAYMENT

We may share your PHI so that we can be paid for the services that we provide for you. This will include billing you or your insurance company.

An example of this would be if you were admitted to the Hospital for care and wanted your insurance company to pay for your services. We may need to give your insurance company information about the services we provide, such as your dates of admission and discharge, and occasionally about your medical condition while you were in the Hospital.

We may also share your insurance information with other providers who care for you while you are receiving care here so that they may submit bills for your services.

##### III. HEALTHCARE OPERATIONS

We may share your PHI to run the healthcare system. This is necessary to run our organization and make sure that our patients are receiving quality care and cost-effective services.

An example of this would be reviewing the quality of our care, its effectiveness, developing new programs and evaluating the staff caring for you. We may also combine your PHI with PHI from other healthcare organizations to improve our services. When we do so, we may remove information that identifies you as an individual from the shared PHI.

Additionally, we may share your PHI with accrediting and licensing bodies in order to continue to be a licensed and accredited healthcare facility, and with business associates who are doing work for us with your PHI.

##### IV. HOSPITAL DIRECTORY

We may include your name, date you came to the Hospital and location in our facilities in our directory while you are an inpatient or outpatient. This information may be released to people who ask for you by name. During the registration process, you may be asked your religious affiliation, and we may share it with members of the clergy, such as a minister, priest or rabbi, who asks for you by name or who asks for a list of patients who are members of his/her church, synagogue or parish. If a telephone call or delivery arrives for you, we may acknowledge that you are a patient in our facility and either transfer the call to you or accept the delivery on your behalf.

If you do not want to be included in our directory or you want to limit the information we include in the directory, please notify the registration and admitting staff.

If your stay could cause media attention, such as if you are a celebrity or are in an auto accident, we will follow the Metropolitan Chicago Healthcare Council guidelines for release of information to the media, as long as your PHI is not governed by other laws, or you have not requested that we withhold information from the media.

If you want us to withhold information from the media, please advise the registration and admitting staff.

##### V. APPOINTMENT REMINDERS

We may share your PHI to contact you to remind you of an appointment you have with us.

We may contact you by telephone or by mail at either your home or your office. We may leave messages for you on the answering machine or voicemail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Request Confidential Communication" addressed in Section 5 in this notice.

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**VI. HEALTH-RELATED BENEFITS, SERVICES AND ALTERNATIVES**

We may share your PHI to contact you about health-related benefits, services and treatment alternatives that may be of interest to you.

**VII. FUNDRAISING**

We may share your PHI to contact you to raise funds for EMHC and its affiliates. We may disclose this to the foundation associated with EMHC so that it may contact you to raise money for the benefit of EMHC. We only release demographic information, such as your name and address, and the dates you received treatment or services from EMHC.

If you do not want EMHC or its foundation to contact you for fundraising, you will have the opportunity to remove your name from the list.

**VIII. INDIVIDUALS INVOLVED IN YOUR CARE**

We may share your PHI with a family member, other relative, close personal friend or any other person identified by you. We may share any PHI that is relevant to that person's involvement in your care or payment related to your care.

We may also use or disclose your PHI to notify, or assist in notifying, those persons of your location, general condition or death.

If there is a family member, other relative, close personal friend or other person to whom you do not wish us to disclose the above information, please notify registration and admitting staff or the person who is providing care to you of your request.

**IX. DISASTER RELIEF**

We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend or other person identified by you of your location, general condition or death.

**X. PUBLIC HEALTH AND GOVERNMENT FUNCTIONS**

We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions.

We may share your PHI with agencies that audit, investigate and inspect healthcare-related programs for the public's health.

Examples of this type of reporting include notifying the Center for Disease Control of infectious diseases and reporting adverse events from drugs or medical devices to the Food and Drug Administration.

**XI. REQUIRED BY LAW**

We are required by law to release your PHI as it relates to laws regarding these issues and many others:

- suspected child or elder abuse
- relinquishment of an infant 30 days old or less
- abuse, neglect, physical injury
- violent crimes and death
- animal bites
- injuries due to the discharge of a firearm

We may also release your PHI to a court-appointed guardian, an agent under Healthcare Power of Attorney, and if you are in custody or incarcerated, to the appropriate law enforcement official or correctional institution.

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##### XII. JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your PHI for these other reasons:

- subpoena
- order of the court or administrative tribunal
- discovery request
- other legal process, but only if efforts have been made to tell you about the request, it appears from the request that you know of its existence, or an order is obtained protecting the information to be disclosed

##### XIII. LAW ENFORCEMENT PURPOSES

We may disclose your PHI to a law enforcement official for the following law enforcement purposes:

- as required by law
- in response to a court, grand jury or administrative order or subpoena
- to identify a suspect, fugitive, material witness or missing person
- about an actual or suspected victim of a crime
- regarding a death that may be the result of a crime
- about crimes that occur at our facility
- to report a crime in an emergency situation

##### XIV. CORONERS AND MEDICAL EXAMINERS

We may disclose your PHI to a coroner or medical examiner for purposes such as identifying a deceased person or determining cause of death.

##### XV. FUNERAL DIRECTORS

We may disclose your PHI to funeral directors as appropriate under the circumstances.

##### XVI. ORGAN, EYE OR TISSUE DONATION

We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues.

##### XVII. RESEARCH

Under certain circumstances, we may disclose your PHI for research.

All research projects are approved through a process that evaluates the needs of the research project with your need for privacy of your PHI.

For example, a research project might compare the health and recovery of all patients who received one medication to those who received another medication for the same condition.

For this type of project, we remove information that identifies you from your PHI. In other cases, you will be asked to give your consent if we would like you to participate in a research project. You may choose not to participate in a research project, and your care and treatment will not be affected by your decision.

##### XVIII. SERIOUS THREAT TO HEALTH OR SAFETY

We may disclose your PHI if we believe that it would be necessary to stop or lessen a serious threat to the health or safety of a person or the public.

##### XIX. MILITARY

If you are a member of the Armed Forces, we may use and disclose your PHI for activities deemed necessary by the military command authorities to assure the success of a military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

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**XX. NATIONAL SECURITY**

We may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence and other national security activities authorized by law.

Additionally, we may also disclose your PHI to authorized federal officials so they can provide protection to the president of the United States, certain other federal officials or foreign heads of state. We may use your PHI to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

**XXI. INMATES AND PERSONS IN CUSTODY**

We may disclose your PHI to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary to provide healthcare to you, for the health and safety of others or the safety, security and good order of the correctional institution.

**XXII. WORKERS' COMPENSATION**

We may disclose your PHI to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness.

**XXIII. OTHER USES AND DISCLOSURES**

Some of our affiliated entities maintain records and other information about your healthcare. Since we work closely with them, we may share access to your record, in paper, electronic or other form to allow your healthcare to run smoothly. Those entities included but are not limited to:

- Elmhurst Memorial Hospital
- Elmhurst Memorial Healthcare
- Elmhurst Memorial Physician Practice Division
- CyberKnife Center of Chicago, LLC
- Elmhurst Memorial Home Health, Hospice and HME
- ELMCARE, LLC
- Elmhurst Clinic, LLC
- Elmhurst Memorial Primary Care Associates, LLC
- Elmhurst Memorial Hematology/Oncology Associates, LLC
- Elmhurst Medical Associates, LLC

Other uses and disclosures not mentioned in this Notice of Privacy Practices will be made only with your written authorization. You may take back such authorization at any time by notifying:

**Medical Records Department  
Elmhurst Memorial Hospital  
155 E. Brush Hill Road  
Elmhurst, IL 60126  
Phone: (331) 221-6755  
Fax: (331) 221-3726**

expressing your desire to withdraw it. However, if you do this, it will not have any effect on actions taken before your notice to us.

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#### Notice of privacy practices (cont.)

##### Application of notice of privacy practices

The Hospital and entities listed at the top of the notice have entered into an agreement with the emergency medicine physicians, radiologists, anesthesiologists, nuclear oncologists, neonatologists, pathologists and other in-house physicians to share this notice of privacy practices to make the flow of information for your care smoother. This is to make it more convenient for you to get care here and deliver PHI to your doctor.

Even though they agreed to this, the physicians are independent contractors and are not agents or employees of the Hospital and are solely responsible for their judgment and conduct in treating you and for their compliance with state and federal privacy laws. Nothing in this notice is meant to imply, infer or create any agency or employment relationship between the physicians and the Hospital, either actual or apparent, nor is this privacy notice intended to alter or limit any other consents for treatment or procedures you may sign during the time you are provided care at the Hospital and our off-site facilities.

##### “Minimum necessary” standard

Each person accessing your PHI makes every reasonable effort to limit the use and disclosure of your PHI to that information necessary to accomplish the intended purpose, job or request.

##### Your protected health information (PHI) rights

###### 1. RIGHT TO REQUEST RESTRICTIONS

You have the right to request that we limit the use or disclosure of your PHI to carry out your treatment, payment of your bill or healthcare operations.

You have the right to request that we limit the uses or disclosures we make to someone who is involved in your care or the payment for your care. This may be a family member, spouse or ex-spouse.

Make this request to:

**Medical Records Department**  
**Elmhurst Memorial Hospital**  
**155 E. Brush Hill Road**  
**Elmhurst, IL 60126**  
**Phone: (331) 221-6755**  
**Fax: (331) 221-3726**

Please specify what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply.

We are not required to agree to your request if it will make it difficult to provide for your care, treatment, payment or our operations, including management of the organization.

If we do agree to your restriction, we will comply with your request unless the information is needed to provide treatment to you. If we must later disclose this information for your treatment to another healthcare provider, we will ask that provider to not use or disclose the information unless it is for their own treatment purposes.

If you want the restriction to end, you can request orally, or in writing, that we end the restriction. We will document an oral request to lift the restriction in your medical record.

We may also decide to end the agreement and lift the restriction, and we will advise you of our decision.

If you don't want your insurance company notified of your service, you may request that we don't bill, but you must pay out of pocket in full for that service.

This request only applies to hospital or clinic-controlled billing. Third-party billers, such as radiologists and physicians, must be contacted separately, as well as Elmhurst Memorial Home Health and Hospice, and Action Medical Equipment.

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### Notice of privacy practices (cont.)

#### 2. RIGHT TO INSPECT AND COPY

You have the right to see your PHI with certain limits allowed by law:

- In the Hospital, just ask your physician or nurse.
- As an outpatient, your request must be made to the Medical Records Department by filling out an authorization form.
- For billing records, contact the Patient Business Services Department.
- For Home Health and Hospice, and Action Medical Equipment, contact the agency directly.

We may charge you for the costs associated with providing the copies. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will respond within 30 calendar days of receipt of the completed authorization form.

We may deny your request if the information involves psychotherapy notes or information compiled for purposes of use in an upcoming court case or another legal proceeding.

If we received the PHI from someone other than a healthcare provider under a promise of confidentiality, and your accessing it would reveal the source of the information, we may deny your request.

We may deny your or your legal representative's request if we feel that in doing so it would endanger the life or physical safety of you or another person.

If we deny your request, we will tell you why, in writing, and how you may have the denial reviewed, and how you may complain. If you request a review, it will be done by a licensed healthcare professional chosen by us, who was not directly involved in the denial. We will comply with that person's findings.

#### 3. RIGHT TO AMEND

You have the right to ask us to change your PHI as long as we maintain it. You may request the change by filling out an "Amendment" form and sending it to:

**Medical Records Department  
Elmhurst Memorial Hospital  
155 E. Brush Hill Road  
Elmhurst, IL 60126  
Phone: (331) 221-6755  
Fax: (331) 221-3726**

The Medical Records Department will provide a written response to you within 30 calendar days of when it receives your form.

We may deny your request if we believe that your PHI:

- Was not created by us
- Is not part of the record set
- Is protected from access by law
- Is accurate and complete

#### 4. RIGHT TO A LIST OF DISCLOSURES

You have the right to a list of disclosures that we have made of your PHI. We will not include disclosures to you or your legal representative, disclosures to carry out treatment, payment and healthcare operations, those disclosures made when you sign an authorization or those discussed in the sections above.

To request a list of disclosures, you should submit your request in writing to the Medical Records Department. Your request must indicate a time period for the disclosures.

You have a right to receive a list of disclosures for a period of six years from the date of treatment. The first list you request from us within a 12-month period will be provided at no charge. We may charge you for the costs associated with providing additional list(s). We will notify you of the cost involved, and you may choose to withdraw/modify your request at that time before any costs are incurred.

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##### 4. RIGHT TO A LIST OF DISCLOSURES (cont.)

The list of disclosures will include the following information about the disclosures:

- The date the disclosure was made
- The name and address of the person or entity to which it was made
- A brief description of what was disclosed
- A brief statement of the purpose of the disclosure

We will attempt to provide the list to you within 60 days after receipt of your request. If we are unable to do so within that time frame, we will let you know.

##### 5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to ask that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you by mail or at work.

We usually communicate in person, by telephone or in writing. If you want us to contact you in some other way, we ask that you let us know in writing to the Medical Records Department. Please state how or where you can be contacted, but you do not have to give the reason for the request. We will try to accommodate all reasonable requests.

##### 6. RIGHT TO REVOKE AUTHORIZATION

Other uses and disclosures not mentioned in this Notice of Privacy Practices will be made only with your written authorization. You may take back such authorization at any time by notifying:

**Medical Records Department**  
**Elmhurst Memorial Hospital**  
**155 E. Brush Hill Road**  
**Elmhurst, IL 60126**  
**Phone: (331) 221-6755**  
**Fax: (331) 221-3726**

of your desire to withdraw it. However, if you do this, it will not have any effect on actions taken before your notice to us.

##### 7. RIGHT TO COMPLAIN

If you think your privacy rights have been violated, you may call the Hospital PRIDE Line at **(331) 221-1115**. Indicate that you have a complaint regarding a privacy violation. The privacy officer of EMHC will address your complaint. To reach the United States Department of Health and Human Services, contact:

**Office of Civil Rights**  
**U.S. Department of Health and Human Services**  
**233 N. Michigan Avenue., Suite 240**  
**Chicago, IL 60601**  
**Voice Phone: (312) 886-2359**

There will be no retaliation against you for making that report.

##### Important note regarding this Notice of Privacy Practices

A copy of the current notice will also be posted on our website at **www.emhc.org**. In addition, each time you register at a site covered by this notice, a copy of the current notice will be made available to you.

We reserve the right to change this Notice of Privacy Practices and to make the new arrangements effective for all PHI that we maintain, including PHI created or received by us before the effective date of the new notice.

If you have any questions after reading this notice, please contact:

**EMHC Privacy Officer**  
**Elmhurst Memorial Hospital**  
**155 E. Brush Hill Road**  
**Elmhurst, IL 60126**