

This Notice Describes How Medical Information about You May Be Used  
and Disclosed and How You Can Get Access to This Information

PLEASE REVIEW CAREFULLY.

If you have any questions about this notice, please contact the Facility Privacy Officer at the appropriate facility listed at the end of this Notice.

**Our Pledge Regarding Medical Information:** We understand that your medical information is personal. We are committed to protecting your medical information. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information in the doctor's office or clinic.

This Notice will tell about the ways in which the Facility may use your medical information and disclose your medical information to others outside the Facility. The law requires the Facility to:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the Notice that is currently in effect; and
- Notify you if your medical information is affected by a breach.

**Who Will Follow This Notice:** The Facility and all of its sites and locations will follow the terms of this Notice. The following people will also follow the terms of this Notice:

- All employees, contractors, volunteers, and other agents ("authorized personnel") of the Facility.
- Health care professionals authorized to enter information into your medical records at the Facility.
- Members of the Facility's medical staff and their authorized personnel.
- Health care providers who share an electronic medical record with the Facility may also use this Notice (although they may have their own, which they will follow).

**How the Facility May Use and Disclose Your Medical Information:** We may use your medical information or share it with others for the following purposes:

**Treatment.** Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to doctors, interns, nurses, technicians, volunteers, students, and others involved in your care at the Facility. We may also share your medical information with health care providers and their staff outside the Facility. We may also use your medical information to contact you to provide appointment reminders or to give you information about treatment options or other health related benefits and services that may interest you.

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. The doctor may need to tell the dietitian about the diabetes so appropriate meals can be arranged. Different departments of the Facility may also share medical

information about you in order to coordinate your different needs, such as prescriptions, lab work and x-rays. The Facility also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as family members, home health agencies, and others who provide services that are part of your care.

**Payment.** Your medical information may be used and disclosed so that the treatment and services received at the Facility may be billed and payment may be collected from you, your insurance company and/or a third party. Please note, we will comply with your request not to disclose your health information to your insurance company if the information relates solely to a healthcare item or service for which you have paid out of pocket and in full to us.

For example: If insurance will be responsible for reimbursing the Facility for your care, the health plan or insurance company may need information about surgery you received at the Facility so they can provide payment for the surgery. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.

**Health Care Operations.** Your medical information may be used and disclosed for purposes of furthering day-to-day Facility operations. These uses and disclosures are necessary to run the Facility and to monitor the quality of care our patients receive. We may also share your medical information with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are called "Business Associates" and are required by HIPAA to keep your medical information confidential.

For example: Your medical information may be:

1. Reviewed to evaluate the treatment and services performed by our staff in caring for you.
2. Combined with that of other Facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective.
3. Disclosed to doctors, nurses, technicians, and other agents of the Facility for review and learning purposes.
4. Disclosed to healthcare students, interns and residents for educational purposes.
5. Combined with information from other facilities to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of medical information may be removed so others may use it to study health care and health care delivery without knowing who the specific patients are.

**Participation in a Shared Electronic Medical Record.** The Facility participates in a shared electronic medical record with other health care providers in the community. We do this so that it is easier for your health care providers to have access to your health information and it improves the quality of your care. If you would like a list of the health care providers that participate in the shared medical record, please contact the Facility Privacy Officer.

**Facility Directory Information.** If the Facility utilizes a Patient Directory, you will be asked if you would like to participate in the Patient Directory. Only limited information including your room number and general condition, e.g., good, fair, poor, will be disclosed to those who ask for you by name. If you provide a religious affiliation, it may be provided only to members of the clergy unless you object.

**Private Accreditation Organizations.** Your medical information may be used to fulfill this facility's requirements to meet the guidelines of private facility accreditation organizations such as the Joint Commission, NCQA, etc.

**Participation in Health Information Exchanges.** We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment and permitted healthcare operations purposes with other participants in the HIE, including entities that may not be listed under "Who Will Follow This Notice" on the first page of this notice. Depending on State law requirements, you may be asked to "opt-in" in order to share your information with HIEs, or you may be provided the opportunity to "opt-out" of HIE participation. HIEs allow your health care providers to efficiently access your medical information that is necessary for treating you and other lawful purposes. We will not share your information with an HIE unless the HIE is subject to HIPAA's privacy and security requirements.

**Individuals Involved in Your Care.** We may share your medical information with a family member, guardian or other individuals involved in your care, or who helps pay for your care. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. If you have any objection to sharing your medical information in this way, please contact the Facility Privacy Officer listed at the end of this notice.

**Research.** Under certain circumstances, your medical information may be used and disclosed for research purposes. All research projects involving patients' medical information must be approved through a special review process to protect patient confidentiality.

A researcher may have access to information that identifies you only through the special review process, or with your written permission. In addition, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a consent form.

**Marketing or Sale of Health Information.** Most uses and disclosures of your medical information for marketing purposes or any sale of your medical information will require your written permission. We may communicate with you about our own products or services.

**Appointment Reminders.** Your medical information may be used to contact you as a reminder of an appointment you have for treatment or medical care at the Facility.

**Treatment Alternatives.** Your medical information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** Your medical information may be used to tell you about health-related benefits or services that may be of interest to you.

**As Required by Law.** Your medical information will be disclosed when we are required to do so by federal, state, or local authorities, laws, rules and/or regulations.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, your medical information may be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement.** Your medical information may be released to law enforcement as authorized or required by law.

For example, we may release your information:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
4. About a death we believe may be the result of criminal conduct;

**To Prevent a Serious Threat to Health or Safety.** We may use or share your medical information when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Health Oversight Activities.** We may disclose your medical information to a health oversight facility for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Organ and Tissue Donation.** If you are an organ or tissue donor, your medical information may be released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.

**National Security and Intelligence Activities.** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** Your medical information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Workers' Compensation.** If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers' compensation claims. Once state-specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.

**Public Health Purposes.** We may release your medical information for public health activities, such as activities:

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. To notify people of recalls of products they may be using;

6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Coroners, Medical Examiners, and Funeral Directors.** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons:

1. For the institution to provide you with health care;
2. To protect the health and safety of you and others;
3. For the safety and security of the correctional institution.

**Information with Special Protection:** HIPAA provides additional protection for psychotherapy notes, and most uses or disclosures of psychotherapy notes require your written permission. Psychotherapy notes are the personal notes of a mental health professional about a private or group counseling session. In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission in the Facility's Condition of Admission form if permitted by law. If you have any questions about this, contact the Facility Privacy Officer at the end of this notice.

**Other Uses and Disclosures:** If the Facility wants to use or disclose your medical information for a purpose that is not discussed in this notice, the Facility will ask for your written permission. If you give your permission to the Facility, you may revoke (take back) that permission at any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Privacy Officer listed at the end of this Notice in writing.

**Your Rights Regarding Your Medical Information:** You have the following rights regarding your medical information:

**\*\* NOTE: All Requests Must Be Submitted in Writing to the Facility Privacy Officer listed at the end of this Notice\*\***

**Right to Request Access to Your Medical Information.** With certain exceptions, you have the right to see and get a copy of your medical information that may be used to make decisions about your care. To

see or get a copy of your medical information, you must submit a written request. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see your medical information.

**Right to Request an Amendment of Your Medical Information.** If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete.

**Right to a List of Disclosures.** You have the right to request a list of the disclosures we made of your medical information for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.

**Right to Request Restrictions on How Your Medical Information is Used or Disclosed.** You have a right to request that we change the way we use or disclose your medical information for treatment, payment or health care operations. To request restrictions, you must make your request in writing. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both;
3. To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except that we will not share your medical information with your health insurance company if you pay for the entire amount due for the services you receive (unless we are required by law to share the information with your health insurance company).

**Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location that you think will be more confidential. For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Be Notified of Breach.** We will notify you if we discover a breach of your unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

#### **ADDITIONAL INFORMATION CONCERNING THIS NOTICE:**

**Changes To This Notice.** We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The facility will post a current copy of the notice with the effective date. In

addition, each time you register at, or are admitted to, the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints. You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. Some States may allow you to file a complaint with State's Attorney General, Office of Consumer Affairs or other State agency as specified by applicable State law. To file a complaint with the facility, submit your complaint to the facility's Privacy Office in writing.

**Please contact the Facility Privacy Office by calling the appropriate facility below.**

**Effective Date: February 2, 2020**

MJ Cares of Illinois – (224) 205-7200

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.