

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 complain to us if you believe we have violated your privacy rights.

This notice applies to Elmhurst Outpatient Surgery Center (EOSC), as well as the radiologists, anesthesiologists, and pathologists who may provide care for you at the facility. 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 EOSC.

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. Your PHI is personal. A record of the care and services you receive at our facility is needed to provide you with quality care and to comply with legal requirements. The law requires us to make sure that your PHI is kept private. The law also requires us to provide a copy of this notice to you which explains our legal duties and privacy practices with respect to your PHI, and follow the terms of this notice currently in effect. 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 health care. 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 facility for care, and we will provide your PHI to continue your treatment. Once you leave EOSC, we will also share your PHI with the facility or provider that continues 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 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.

II. Payment

We may share your PHI so we can be paid for the services 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 they may submit bills for your services.

III. Healthcare Operations

We may share your PHI to run the facility. 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 our 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. Patient List

We may include your name and location in our facility, in our patient list while you are a patient in our facility. This information may be released to people who have accompanied you to the facility and who ask for you by name.

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

Please note that EOSC does not release information to the media.

V. Appointment Reminders

We may share 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 Communications” addressed in later of this notice.

VI. 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, 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.

VII. 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.

VIII. 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 health programs for the public’s health.

Examples of types of this 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.

IX. 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 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.

X. Judicial and Administrative Proceedings

We may disclose your PHI for these other reasons:

- Order of the court or administrative tribunal
- Subpoena
- 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

XI. 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 result of a crime
- About crimes that occur at our facility
- To report a crime in an emergency situation

XII. 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.

XIII. Serious Threat to Health or Safety

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

XIV. 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

XV. 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.

XVI. 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.

XVII. 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.

XVIII. Other Uses and Disclosures

Some affiliated entities maintain records and other information about your health care. Since we work closely with them, we may share access to your records, in paper, electronic, or other form to allow your healthcare to run smoothly.

Elmhurst Memorial Hospital
Elmhurst Memorial Healthcare
Elmhurst Memorial Physician Practice
Division
Elmcare, 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 the Medical Records Department of your desire to withdraw it. You can contact the Medical Records Department via mail at the following address:

Elmhurst Outpatient Surgery Center
1200 S. York Road | Suite 1400
Elmhurst, IL 60126

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

Application of Notice of Privacy Practices

EOSC has entered into an agreement with the radiologists, anesthesiologists, and pathologists, to share this notice of privacy practices the 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 have agreed to this, the physicians are independent contractors and are not agents or employees of EOSC 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 EOSC, 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 EOSC.

“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 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 the Medical Records Department at the address in **Section XXI**. 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 impossible to provide 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 EOSC's billing. Third-party billers such as radiologists, anesthesiologists and physicians must be contacted separately.

2. Right to Inspect and Copy

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

- While at EOSC, just ask your physician or nurse.
- After your discharge from EOSC, your request must be made to the Medical Records Department by filling out an Authorization form.
- For billing records, contact the EOSC Collection Department.

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 that may be used 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 you 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 the Medical Records Department at this address.

Elmhurst Outpatient Surgery Center
1200 S. York Road | Suite 1400
Elmhurst, IL 60126

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 feel that your PHI:

1. Was not created by us
2. Is not part of the record set
3. Is protected from access by law
4. Or we believe our PHI is accurate and complete

4. Right to a List of Disclosures

You have the right to a list of disclosures 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 6 years, beginning with the date of 1/1/2009 or later if you became a patient here after that date.

The first list you request from us within a 12-month period will be provided at no charge. For additional lists, we may charge you for the costs associated with providing the list. 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.

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

1. Date the disclosure was made,

2. Name and address of the person or entity to which it was made,
3. Brief description of what was disclosed, and
4. 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 don't have to say 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 the Medical Records Department of your desire to withdraw it. Medical Records can be contacted via mail at:

Elmhurst Outpatient Surgery Center
1200 S. York Road | Suite 1400
Elmhurst, IL 60126

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

7. Right to Complain

If you think your privacy rights have been violated, you may contact our Privacy Officer at (630) 758-8849.

Please indicate you have a complaint regarding a privacy violation. The privacy officer will address your complaint. To contact the United States Department of Health and Human Services please contact:

Office of Civil Rights
U.S. Dept. of Health & Human Services
233 N. Michigan Ave., 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 our current Notice of Privacy Practices will be posted in the patient registration area. The effective date of this notice is located on the bottom of each page of this notice.

A copy of the current notice will also be posted on our web site at www.eosc.org.

In addition, each time you register at EOSC, 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 the EOSC Privacy Officer.

Elmhurst Outpatient Surgery Center
1200 S. York Road | Suite 1400
Elmhurst, IL 60126