

SARAH BUSH LINCOLN JOINT NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

Due to common ownership, Sarah Bush Lincoln Health Center, Sarah Bush Lincoln Health Foundation, Sarah Bush Lincoln Health Management Services, Lincolnland Home Care, Lincolnland Hospice, and Lincolnland Home Medical Equipment, collectively, "Sarah Bush Lincoln" have been designated as Affiliated Covered Entities. In addition to treatment, payment, and health care operation purposes, we may share your health information for the joint management and operation of these entities. This sharing does not mean that one organization is responsible for the activities of another, it rather means we are all committed to protecting our patients' privacy rights.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will create a revised notice.

Understanding Your Health Record/Information

Each time you visit a hospital or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A source of data for medical research.
- A source of information for public health officials to improve the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.

- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to the following subject to limitations in the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Request that your health information not be shared with your insurer, if you pay your bill for services at the time of registration.
- Request a restriction on certain uses and disclosures of your information. This should be discussed with your provider. Sarah Bush Lincoln is required to consider all requests for restrictions carefully, we are not required to agree to your request. If Sarah Bush Lincoln agrees, we will comply with your request, unless the information is needed to provide you emergency treatment.
- Obtain a copy of the Health Information Privacy Notice upon request. These are kept primarily at each registration area in Sarah Bush Lincoln entities.
- Inspect and receive a copy of your health record.
- Amend your health record. While we may review each amendment request carefully, Sarah Bush Lincoln may deny your request if we believe that the information that you would like to amend is accurate and complete, or other circumstances apply. If your request for an amendment is denied, you will be notified of the reason for the denial.
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment, healthcare operations, or an authorization that has been signed by you.
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Director of Medical Record Management at (217) 258-2532. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at (217) 258-2457. In addition, you can file a written complaint to the Secretary of U.S. Department of Health and Human Services. Persons filing a complaint in good faith shall not be subject to retaliation.

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment.

For example: Information obtained by a nurse, medical provider, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical provider will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the medical provider will know how you are responding to treatment.

We may disclose your health information in the following circumstances.

- When we attempt to obtain your consent and are unable to do so, because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented with these barriers to communication.

SARAH BUSH LINCOLN JOINT NOTICE OF PRIVACY PRACTICES

Examples of Disclosures for Treatment, Payment and Health Operations continued:

We may disclose your health information in the following circumstances.

- When you require emergency treatment.
- When we are required by law to disclose your health information.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular business operations.

For example: Members of the medical staff and process improvement teams may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, external lab service for certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to enter into an agreement with Sarah Bush Lincoln.

Directory: Unless you notify us that you object, we will use your name, location in the facility and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Unless you notify us that you object, health professionals, using their best judgment, may 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.

Research: We may disclose information without your authorization to researchers when our Institutional Review Board has approved a waiver of authorization for disclosure. The researcher has established protocols to ensure the privacy of your health information.

Medical Examiner: We may disclose health information to a medical examiner as authorized by law.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or

other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Disaster Relief: We may use or disclose health information for disaster relief purposes to the extent authorized by law.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may use certain information (name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for Sarah Bush Lincoln and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to the Sarah Bush Lincoln Health Foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Sarah Bush Lincoln.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health : We may disclose health information for the following public health activities and purposes:

- To report for the purposes of preventing or controlling disease, injury, or disability, as required by law and public health concerns.
- To report suspected abuse, neglect, or exploitation of children or vulnerable adults to public health or other government authorities authorized by law.
- To report information about products under the jurisdiction of the U.S. Food and Drug Administration.
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition.
- To report information to your employer as required by law.

Examples of these agencies are State and local health departments and Prevention, and Occupational Safety and Health Administration (OSHA).

Health Oversight Activities: We may disclose your health information to health oversight agency that ensures that Sarah Bush Lincoln is complying with the rules of government programs such as Medicare and Medicaid.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law, in response to a valid subpoena, or in compliance with a court order. We may also disclose limited health information to police or law enforcement officials for identification and location purposes and to assist with criminal investigations.