

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is Covered by this Notice?

This Notice describes the way your health information may be used and disclosed by us, and describes your rights and our obligations concerning your protected health information.

This Notice covers the health care services provided at SwedishAmerican Health System, including SwedishAmerican Hospital and our affiliated clinics and treatment sites, and covers those physicians and other health care providers on our SwedishAmerican Hospital Medical Staff and those providing health care services in such affiliated SwedishAmerican Health System locations.

The SwedishAmerican clinics and treatment sites covered by this Notice are:

SwedishAmerican Hospital;
SwedishAmerican Emergency Department;
SwedishAmerican Home Health Care;
SwedishAmerican Durable Medical Equipment;
SwedishAmerican Infusion Services;
SwedishAmerican Medical Group clinics;
Medical Arts Center, Dixon
Medical Arts Center, Rochelle
Northern Illinois Surgery Center and Medical Office Building, Dixon
Medical Arts Center, Sterling
SwedishAmerican Immediate and Occupational Care;
SwedishAmerican Center for Complementary Medicine;
SwedishAmerican Center for Women;
SwedishAmerican Physical Medicine & Rehab;
SwedishAmerican Ambulatory Rehab Therapy Services
and SwedishAmerican Wound Care Clinic.

Although most of the physicians and providers on our Medical Staff are independent practitioners, not employees or agents of SwedishAmerican Health System, they are part of the SwedishAmerican health care arrangement, and may share health information about you as is necessary for treatment, payment, or health care operations.

Your doctors and other health care providers may also have independent private practices, and may have a separate Notice of Privacy Practices which would apply to the services and practices of such independent offices or outside treatment sites.

For further information concerning the providers or sites covered by this Notice, you may contact our SwedishAmerican Health System Privacy Official at (815) 489-4540.

How we may use and disclose your health information:

For treatment, payment, and health care operations: SwedishAmerican Health System and your health care providers may use or disclose your health information in order to provide you treatment, to obtain payment for such treatment, and for health care operations, which are activities related to the provision of health care.

For example, we may use or disclose your health information for treatment purposes in order to provide, coordinate, or manage health care and related services among your health care providers, such as when one physician refers you to another health care provider or requests a consultation by a specialist.

We may use or disclose your health information for payment purposes, such as to bill your insurance company or Medicare in order to obtain reimbursement for the health care services provided you.

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We may use or disclose your health information for health care operations purposes, such as for improving quality of care, reducing health care costs, conducting training programs for students or practitioners, and other activities such as for health system accreditation or provider licensing or credentialing activities.

In addition, we may contact you to provide appointment reminders, to inform you about treatment alternatives or other benefits or services that may be of interest to you.

We may also use and disclose limited information about you, and may contact you, in connection with certain marketing activities on behalf of SwedishAmerican Health System.

Facility directory, friends and family: In the event you need to seek treatment or services at SwedishAmerican Health System, we will include your name, your location in the hospital, and your general condition and religious affiliation in our facility directory, unless you object or request us not to.

We may release your name, location, general condition and religious affiliation to a clergy member, and may release your location, and general condition to any person who asks for or about you by name, unless you request us not to. If you are incapacitated or involved in an emergency, such information may be included in the facility directory without opportunity for you to object.

With respect to your friends, family, relatives and others whom you have identified, we may disclose certain information related to such persons' involvement in your care or payment for care, unless you request us not to. If you are incapacitated or involved in an emergency, we may disclose such information without opportunity for you to object.

We may also disclose health information concerning your location and condition in an attempt to notify or locate your family, personal representative, or other person responsible for your care, or to assist disaster relief authorities in such notification activities, again, unless you have objected, and without opportunity to object if the situation involves emergency or incapacitation.

Finally, we may exercise professional judgment in allowing persons to act on your behalf in situations such as picking up your prescriptions, medical supplies, x-rays, or other forms of your health information.

Additional disclosures made pursuant to law or for public health purposes: There are a number of situations in which we may use or disclose certain health information about you without requesting your authorization to do so, such as for public health activities and where the law authorizes such uses and disclosures of your health information. Such disclosures may involve situations such as reporting obligations to health oversight activities, judicial or administrative proceedings, law enforcement purposes, coroners and funeral home directors, certain research activities involving institutional review board waiver of authorization approval, disclosures necessary to avert serious threats to health or safety, certain government functions, and for workers' compensation purposes as authorized by State law.

We will abide with laws requiring disclosure of information. If a certain use or disclosure is addressed by more than one law, we will abide by the more stringent law.

Additional disclosures will be made only with your written Authorization:

For a use or disclosure of your health information not previously mentioned, we will first obtain written Authorization from you to do so.

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If you sign such an Authorization, you have the ability to later revoke it in writing, with certain exceptions such as if and to the extent that we have already relied on the original Authorization. For questions regarding the procedure for revoking an Authorization, you should contact our Health Information Management Services Department, Clinic Management or Home Care Management.

Your Rights With Respect to Your Own Health Information:

Under the law, you have the right to ask that we restrict certain types of uses and disclosures of your health information, specifically, those involving treatment, payment or health care operations, and those concerning facility directory and disclosure to family, friends, and for notification purposes. Although we are not obligated to agree to requested restrictions, we will abide by restrictions which we have agreed to, unless necessary to provide you emergency treatment. To make such a request you may contact our Health Information Management Services Department, Clinic Management or Home Care Management to obtain a REQUEST FOR RESTRICTION OF USES AND DISCLOSURES form.

You have the right to ask that we communicate with you in a confidential manner, such as by contacting you through a certain telephone number or by sending information to a specific address. Such requests must be reasonable and must be made in writing, and may be made by contacting our Health Information Management Services Department, Clinic Management or Home Care Management to obtain a REQUEST FOR CONFIDENTIAL COMMUNICATIONS form. It may be necessary to charge you for costs associated with your request.

You have the right to request access to inspect and obtain a copy of your medical records, billing records, and other health

information used to make healthcare decisions concerning you. Such requests must be in writing, and may be made by contacting our Health Information Management Services Department, Clinic Management or Home Care Management, to obtain a PATIENT REQUEST TO ACCESS OR COPY HEALTH INFORMATION form. We may charge you a fee for supplying the requested information. In addition, there are situations in which we may need to deny your request. In the event of such a denial, we will notify you of the reasons, and advise you of further steps you may take concerning further review or complaint.

You have the right to ask that we amend health information that we maintain about you if you believe such records are not accurate or complete. Such requests must be made in writing, and may be made by contacting Health Information Management Services Department, Clinic Management or Home Care Management to obtain a PATIENT REQUEST FOR AMENDMENT OF HEALTH INFORMATION form. If we accept your request, we will append and link such additional or clarifying information to your records. In the event we do not accept your request, we will notify you of the reasons, and advise you of further steps you may take concerning the disputed information or complaint.

You have the right to receive an accounting, or listing, of certain types of disclosures of your protected health information made by us and by any business associates we have asked to perform a function on our behalf. However, this right and accounting excludes most routine disclosures that are made for health care purposes, such as disclosures made for treatment, payment, or health care operations, disclosures made to you, disclosures made per your written Authorization, disclosures made for facility directory or to family, friends and persons involved in your care, disclosures made for national security or intelligence, disclosures made to correctional institutions or other law enforcement custodial situations, and

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disclosures that were made prior to 4/14/03. All requests for an accounting of disclosures must be made in writing, and may be made by contacting our Health Information Management Services Department, Clinic Management or Home Care Management to obtain a PATIENT REQUEST FOR AN ACCOUNTING OF DISCLOSURES form. You may request an accounting for up to the 6 year period prior to your request, and we may charge you for more than one request in any twelve month period.

You have the right to request a paper copy of our current Notice of Privacy Practices.

Our Obligations to You:

We are required by law to maintain the privacy of your protected health information, to provide you with this Notice which explains our legal duties and our privacy practices concerning your health information, and to follow the terms of the Notice of Privacy Practices currently in effect.

We may change the terms of our Notice of Privacy Practices, and such changes will apply to all protected health information maintained, including information which was created or received prior to the date of the revised Notice.

In the event we materially change the terms of our Notice of Privacy Practices, we will post any revised Notice at our affiliated locations and on our website at **www.SwedishAmerican.org**. You may obtain a copy of any revised Notice through the office of our Privacy Official, Health Information Management Services Department, or at any of our affiliated SwedishAmerican locations and treatment sites previously listed.

Concerns or Complaints:

We are committed to upholding your privacy rights. If you at any time become concerned that your privacy rights may have been violated or otherwise disagree with a

decision concerning access to or the handling of your health information, we ask that you provide us an opportunity to address your concerns by contacting the office of our SwedishAmerican Health System Privacy Official at (815) 489-4540. If you prefer to inquire or make a complaint in writing, you may send such correspondence to the attention of our Privacy Official at 1401 E. State Street, Rockford, IL 61104.

You may also send a written complaint to the Secretary, Department of Health and Human Services if you believe that your privacy rights have been violated.

You will not be penalized or retaliated against for making such inquiries or complaints.

Contact Person for Further Information:

Should you have any questions or would like further information concerning matters contained in our Notice of Privacy Practices, please contact the office of our SwedishAmerican Health System Privacy Official (815) 489-4540 or Guest Relations (815) 961-2030 ext. 4008.

This Notice is effective April 14, 2003.