

Effective Date: April 14, 2003

# Lake Forest Hospital

## *NOTICE OF HEALTH INFORMATION 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.**

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes the privacy practices followed by LAKE FOREST HOSPITAL (LFH) and the members of the LFH Medical Staff. LFH and the LFH Medical Staff may use and share your medical information with each other for treatment, payment or operations purposes as described in this notice. Other uses and disclosures of your medical information will be made only with your written authorization.

### **WHAT INFORMATION THIS NOTICE APPLIES TO:**

The privacy practices described in this notice apply to all of the records of your care generated by LFH and the LFH Medical Staff with respect to treatment provided to you at LFH, and medical records received by LFH in furtherance of your medical care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office or clinic.

Medical information regarding certain conditions, including genetic testing, HIV testing, drug and alcohol records, mental health information and sexually-transmitted diseases, may be protected by more stringent confidentiality requirements established by Illinois law. Such confidentiality protections may require your specific written authorization for the use or disclosure of information regarding those conditions. If you wish to receive information regarding the confidentiality protections for such information, you may contact the LFH Privacy Officer.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. This notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and our obligations regarding the use and disclosure of your medical information.

### **We are Required by Law To:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect.

**Understanding Your Health Record/Information:** Each time you receive services from LFH, or have contact with LFH in connection with your treatment or with payment issues associated with your treatment, a record is made. Typically, this record contains your symptoms, 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;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- source of information for public health officials charged with improving the health of the nation;
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

## **HOW LFH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information fall within one of these categories.

**Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or others who are involved in your medical care. For example, different departments of the hospital may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive at LFH may be billed to, and payment may be collected from, you or an insurance company or third party. For example, LFH may disclose your health information for its own payment, or for the payment of another health care provider, health plan, or clearinghouse. The information on or accompanying the bill may include information that identifies you, your diagnosis, and treatment provided. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

**Regular Operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use your medical information to review the quality of our treatment and services and to evaluate the performance of our staff in caring for you.

**Business Associates:** There are some services that are provided by LFH through contracts with other product or service providers, known as LFH “business associates.” Examples of business associates include claims processing administrators or copy services used when making copies of your health record. When these services are contracted, we may disclose your health information

to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require each business associate to agree in writing to appropriately safeguard your information.

**Contacting You:** We may use your information to contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health related benefits or services that may be of interest to you.

**Fundraising Activities:** We may use information about you to contact you in an effort to raise money for LFH. We would use only contact information, such as your name, address, and telephone number, and the dates you received services at LFH.

**Hospital Directory:** We may include certain limited information about you in the LFH directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition, and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be released to a member of the clergy even if they do not ask for you by name. You may choose not to be listed in the Directory.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition while in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave LFH.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to someone able to help prevent the threat.

**Organ and Tissue Donation:** If you are an organ donor or recipient, we may use and disclose medical information about you to organ procurement or transplantation organizations, or to an organ donation bank, to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We also may release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report suspected child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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;
- to report suspected abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when we are required or authorized by law to do so.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency 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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose health information for law enforcement purposes:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information 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 hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**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.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your records you may submit your request in writing to the Medical Records department of the hospital. We may charge a fee for the costs of copying, mailing or other services or supplies associated with your request.
- **Right to Amend:** If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for amendment, and if so, the reason for denying your request will be given to you in writing. To request an amendment to your records you may submit your request in writing to the Medical Records department of the hospital.
- **Right to an Accounting of Disclosures:** You have a right to obtain an accounting of disclosures of your health information, except for those made for treatment, payment, or health care operations, or those you specifically authorized. To obtain an accounting of disclosures of your health information you may submit your request in writing to the Medical Records department of the hospital.
- **Right to Request Restrictions:** You have a right to request a restriction on certain uses and disclosures of your information, however we are not required to agree to your request. To request restrictions, you may submit your request in writing to the LFH Privacy Officer.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you confidentially, by alternative means or at alternative locations, and we will accommodate all reasonable requests. To request confidential communications, you may submit your request in writing to the LFH Privacy Officer.
- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice you may submit your request in writing to the LFH Privacy Officer.
- **Right to Appeal Denial of Request:** If LFH denies any of the above requests, you may request an appeal of that decision. To request an appeal, you may submit your request in writing to the LFH Privacy Officer.

### **CHANGES TO THIS NOTICE**

LFH may change this notice and make the revised notice effective for all medical information we maintain, including information we already hold and new information we create or receive after the change occurs. We will keep a copy of the then-current notice posted in the hospital. Each notice will contain on the first page, in the top right-hand corner, the effective date. We will make the new version available to you upon request. In addition, when you register or are admitted to the hospital as an inpatient or outpatient, we will offer you a copy of the notice currently in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a formal complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the hospital, you may submit your complaint in writing to the LFH Privacy Officer. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice, or by other laws that apply to us, will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your medical information for the previously authorized reasons. Please understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

### **FURTHER INFORMATION**

If you have further questions about this notice or about LFH's privacy practices, or if you would like additional information, you may contact the LFH Privacy Officer at (847) 535-6604.