

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.

Understanding your Health Record/Information

Each time you visit any of our facilities, a record of your visit is made. Our facilities include: Graham Hospital, Graham Wellness Center, Extended Care, Graham Medical Equipment, Graham Home Care and Hospice, and Graham Medical Group. We share protected health information with each other for treatment, payment or healthcare operations. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing information. 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.
- * Tool in education for health professionals.
- * Source of data for medical research.
- * Source of information for public health officials.
- * Source of data for facility planning and marketing.
- * 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, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Our facility is required to:

- * Maintain the privacy of your health information.
- * Provide you with this 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 your requested restriction.
- * Accommodate reasonable requests you may have to communicate health information by alternative means or to an alternative location.

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, the current Notice reflecting these changes will be posted in a clear and prominent location where it is expected that individuals seeking service will be able to read the Notice and will be available to you upon your request. We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

(1) **Treatment:** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other members 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 physician 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 physician will know how you are responding to treatment. Once you are discharged from our facility, copies of various reports may be sent to healthcare providers involved in your treatment.

(2) **Payment:** We will use your health information for payment. For example, a bill may be sent to you, your insurance carrier, or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

(3) **Healthcare Operations:** We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

(4) **Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include our accountants, medical or non-medical consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we required the business associates to appropriately safeguard your information.

(5) **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, 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. We may also use your name on a nameplate next to or on your door in order to identify your room.

(6) **Notification:** 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, general condition, or death. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

(7) **Communication with Family:** Health professionals, using their best judgment, may disclose health information to a relative, close personal friend or any other person you identify to have access to that information.

(8) **Appointment Reminders:** We will call you for pre-registration information and appointment reminders unless we receive notification of your objection to do so.

(9) **Funeral Directors:** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.

(10) **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.

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

(12) **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

(13) **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.

(14) **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

(15) **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.

(16) **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

(17) **Reports:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your Health Information Rights

Although your health record is the physical property of Graham Hospital, the information in your health record belongs to you. You have the following rights:

* You may request that we not use or disclose your health information for a particular reason related to treatment, payment, our facility's general healthcare operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. For a Restriction request form, please contact the Patient Registration Department.

* If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to "Cashier, Graham Hospital, 210 W. Walnut Street, Canton, IL 61520, ATTN: HIPAA". We will attempt to accommodate all reasonable requests.

* You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the timeframes established by law. If you request copies, we will charge you a fee prescribed by law. We ask that you use the form provided by our facility to request access to your health information. To obtain a Request for Health Information Access form, please contact the Medical Records Department.

* If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we amend the existing information or add the missing information. All requests will be reviewed for approval or denial. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For an Amendment request form, please contact the Graham Hospital Medical Records Department.

* You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our Medical Records Department. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or healthcare operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

* You have the right to obtain a paper copy of this Notice of Information Practices upon request.

* You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our facility's Privacy Officer at (309) 647-5240.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from Patient Registration, Switchboard, Business Services, or Medical Records Department. When completed please return the form to the Graham Hospital Privacy Officer at "Graham Hospital, 210 W. Walnut Street, Canton, IL 61520 ATTN: Privacy Officer." You may also file a complaint with the secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003