In most cases, you may look at or get a copy of treatment or billing records, including laboratory test reports, by contacting the Privacy Office at the number or address provided below. If you request copies, we may request you to sign an authorization and charge a fee for the cost of copying and mailing them. If we deny your request, you may submit a written request for a review of that decision. If we maintain records of certain disclosures of health information about you, other than treatment, payment, and healthcare operations, you may request a limit on how we use or disclose that information. You may request that health information about you be communicated to you in a certain format or at a certain place, such as by sending mail to your work address. We will agree to reasonable requests, but, if the request may result in our not being paid for your care, then we may require you to provide additional information about how payment will be handled.

Additional Limits. You may request a limit on how we use or disclose your health information for treatment, payment or healthcare operations or to persons involved in your care. We will comply with your request unless disclosure is required by law, is needed to carry out the payment of health insurance claims or other business operations, or has been authorized by you without written revocation.

Copy of This Notice. You may get a paper copy of the current version of this Notice at any time by making a request to the Privacy Office or by contacting any of the above addresses. You can also receive this Notice electronically. To do so you may contact the Privacy Office at the address or phone number below. A current copy of this Notice is also available on our website at ChooseMemorial.org.

Complaints
If you are concerned that your privacy rights may have been violated or you disagree with a decision we made about your health information, you may write to or call our Privacy Office or our Compliance and Privacy AlertLine, a 24-hour phone service, at (800) 541-9331. You may also file a written complaint with the U.S. Department of Health and Human Services—Office for Civil Rights. We honor your right to make a complaint and will not take any action against you for filing a complaint. Our Privacy Office can provide you the address of the Office of Civil Rights.
We will obtain your written authorization before we: (1) use or disclose your health information for purposes other than treatment, payment or healthcare operations; or (2) sell your health information, such as to a marketing firm. We will ask for your written authorization in accordance with applicable law. We have provided an example for each category, but have not listed every kind of use or disclosure within the category. We will ask for your written authorization for certain other categories of uses and disclosures of your health information, which are described below under the section entitled “Other Uses and Disclosures of Health Information.”

For treatment purposes, as disclosing your health information to your doctors, nurses and others involved in your healthcare to provide and manage your care and services. This includes the sharing and/or receiving of prescription information with SureScripts, a national prescription database utilized in electronically prescribing medications for treatment. The sharing and/or receiving of prescription information with SureScripts may include prescription information related to mental health or developmental disabilities; sexually transmitted diseases or sexual assault; alcohol and drug abuse treatment; child abuse and neglect or abuse of an adult with a disability; genetic testing; and in HIV/AIDS testing or treatment. We may also contact you for appointment reminders or to describe or recommend possible treatments, alternatives or health-related benefits or services that may be of interest to you.

For payment, such as creating bills for your care and collecting payment from third-party payers. We may use your health information for treatment purposes and to collect payment for your care in the following situations: (1) if you have insurance that covers you under any plan, and the information is related to your treatment or payment of services, (2) to determine your eligibility for health care coverage, (3) to comply with laws or regulations that apply to our healthcare operations, (4) to prevent a serious threat to health or safety or that of others, (5) to prevent a death, (6) to comply with laws or regulations concerning drug abuse treatment, (7) to provide treatment or services to a person who is incapacitated and for whom you are a legal representative, (8) for a doctor who needs to treat you, (9) for a doctor who has referred you, and (10) to other facilities that treat you at any of our locations.

For healthcare operations, such as administration, management, business operations and quality improvement activities.

To legal representatives, such as to your parents if you are younger than 18 years of age.

For organ and tissue donation, such as when a patient has died or is near death who needs a donor for organ or tissue donation.

For worker’s compensation claims, such as to comply with the Illinois worker’s compensation law or similar programs that provide benefits for work-related illnesses or injuries.

For fundraising purposes, we may use and disclose limited information about you (including your name, address, phone number and dates on which you received care from us) to our affiliated fundraising organizations;

• Memorial Medical Center Foundation
• Passavant Area Hospital Foundation
• Memorial ExpressCare, LLC

We will provide you with an opportunity to opt out of receiving fundraising communications. Please contact the appropriate Foundation for further information on opt-out options and procedures.

For lawsuits and disputes, such as in response to a valid court order or subpoena.

For law enforcement, such as to respond to a law enforcement official’s request to help locate a suspect or witness or to alert law enforcement to a death that may be the result of a crime.

For avert a serious threat to health or safety, such as in order to prevent or lessen a serious threat to the health and safety of you, the public or another person.

For correctional institutions, such as to a correctional institution at which you are an inmate in order to protect your health and safety or that of others.

For military and veterans activities, such as disclosing health information about a member or veteran of the armed forces to appropriate military authorities.

For national security and intelligence activities, such as to federal officials for intelligence and other national security activities.

For research purposes.

We will provide you with an opportunity to opt out of receiving research communications. Please contact our Institutional Review Board, which oversees our research activities, for further information on opt-out procedures and options.

For postmortem examinations, if required by law or our committee which oversees our research activities.

Other Uses and Disclosures of Health Information

For any category of use or disclosure that is not described above or authorized by law, we must obtain your written authorization. If you give us your written authorization, you may revoke (cancel) it at any time by submitting a written revocation to our Privacy Office or to the department, office or location that originally received your authorization. Your revocation will be effective except to the extent that we have already taken action based upon it. We will obtain your written authorization for the following categories of use and disclosure:

• Highly Sensitive Information. Federal and state law may require us to obtain your written authorization to disclose highly sensitive health information under certain circumstances. Highly sensitive health information is health information that is: (1) in a psychotherapy record; (2) about mental illness or developmental disability services; (3) about HIV/AIDS testing, including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative; (4) about alcohol or drug treatment; (5) about sexual assault; (6) about genetic testing; (7) about minor pregnancy-related information; (8) other information given special privacy under state or federal laws. Sometimes the law even requires us to obtain a minor patient’s authorization to disclose this highly sensitive information to a parent or guardian.

• Research. If required by law or our committee which oversees our research activities, we will obtain your written authorization before using or disclosing your health information for research purposes.

• Marketing. We will obtain your written authorization before using patient information about you to send you any marketing materials, as defined by HIPAA. However, we may provide you with marketing materials in a face-to-face encounter or give you a promotional gift of minimal value without your authorization. We may also communicate with you about products or services related to treatment, payment, healthcare operations or case management or care coordination, or alternative therapies without your written authorization.

Organizations

We maintain some of our medical records through the use of an electronic health record system maintained by Springfield Clinic. Through the electronic health record, our patients’ protected health information is combined with that of other covered entities, including Southern Illinois University School of Medicine, Southern Illinois University Health Care and Springfield Clinic. Through the electronic health record, a patient has a single health record with respect to services provided by the participating organizations.

We maintain some of our medical records through the use of an electronic platform maintained by our business associate, Arcadia Solutions, LLC. Through the use of this platform, our patients’ protected health information is combined with that of other covered entities, including Southern Illinois University School of Medicine and Southern Illinois University Health Care, such that multiple data sources may be brought together.