

# Rush University Medical Center

## NOTICE OF PRIVACY PRACTICES

Effective date: 4/14/03

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.

### SUMMARY

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. This record typically contains information regarding your symptoms, diagnosis, examination and test results, current and future treatment, as well as billing-related information. This notice applies to all records regarding your care generated by Rush University Medical Center, whether made or received by our hospital personnel or given to others outside the hospital for business purposes. If your personal physician is not an employee of the hospital or does not perform services on behalf of the Medical Center, then he or she may have different policies or notices regarding the physician's use and disclosure of medical information created in the physician's office or clinic.

### WHO WILL FOLLOW THIS NOTICE?

Rush University Medical Center provides health care to our patients in conjunction with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any Rush University Medical Center employee, trainee, volunteer or employed health care professional who treats you.
- All departments and units of our organization.
- Any business associate of Rush University Medical Center with whom we share health information.
- The Rush Group Health Plan.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This

notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### USES AND DISCLOSURES OF MEDICAL INFORMATION

The following categories describe examples of the way we use and disclose medical information.

**For Treatment:** We may use your medical information to provide you treatment or health-related services. For example, different departments may share your medical information to coordinate the different things you may need, such as prescriptions, lab work, meals and X-rays or other diagnostic tests.

**For Payment:** We may use and disclose your medical information to obtain payment for services we provide you, including but not limited to clearinghouses in connection with collections and billing activities. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We also may disclose your medical information to another covered entity (e.g., your insurer) or health care provider for their payment activities.

**For Health Care Operations:** We may use and disclose your medical information in connection with our health care operations, including but not limited to the following:

- Quality assessment and improvement activities
- Related functions that do not include treatment
- Competence or qualification reviews of health care professionals
- Practitioner and provider performance evaluations
- Training programs or accreditation, certification, licensing or credentialing activities.

We may also disclose your medical information to another covered entity (e.g., a physician's office or your insurer) for their health care operations in limited circumstances, if each group or business either has or had a relationship with you.

**Directory:** We may use the following medical information in the patient information directory used by the Medical Center's information desk staff: your name, your location in our facility, your condition, described in general terms that do not communicate your specific medical information, and your religious affiliation. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures to this directory unless emergency circumstances prevent your opportunity to object.

**Individuals Involved in Your Care or Payment for Your Care:** We may use or disclose medical information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition or for making arrangements in case of your death. If you are present, then prior to use or disclosure of your medical information we will obtain your agreement or provide you with an opportunity to object to the disclosure; or, based on the exercise of professional judgment, proceed under the assumption that you do not object to the disclosure. If you are unable to consent or object to disclosure, or in emergency circumstances, we will disclose protected health information using our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice when allowing a person to pick up your filled prescriptions, medical supplies, X-rays or other similar forms of medical information.

We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so. In addition, we may use or disclose your medical information to a public or private entity (e.g., the Red Cross) authorized by law or by its charter to assist in disaster relief efforts.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may provide you information by a general newsletter or in person or by way of products or services of nominal value. We may disclose your medical information to a business associate to assist us in these activities.

**Fundraising:** We may use your medical information to contact you for our fund-raising purposes. We will limit our use and disclosure to your demographic information (e.g., age, address, etc.) and the dates that health care was provided to you. We may disclose this information to a business associate to assist us in our fund-raising activities. We will provide you, in any fund-raising materials, a description of how you may opt out of receiving future fund-raising communications.

**Group Health Plan/Plan Sponsors:** We may permit a health insurance issuer or HMO that services us to disclose summary health information to a Plan Sponsor to obtain premium bids or modify, amend or terminate the Group Health Plan as well as to perform plan administration functions.

As required by law, we may also use and disclose health information for the following professionals or organizations, including but not limited to:

- Coroners, medical examiners, funeral directors
- Organ procurement and tissue donation organizations
- Worker's compensation agents
- Health oversight agencies or government programs or their contractors
- Public health or legal authorities charged with preventing or controlling disease, injury or disability

- U.S. Department of Health and Human Services
- Food and Drug Administration

**Law Enforcement/Legal Proceedings:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to protect your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials in capturing an individual who has admitted to participation in a crime or has escaped from lawful custody.

In addition, we may disclose to military authorities the medical information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence and other national security activities.

We will not use or disclose your medical information if that disclosure is prohibited or significantly limited by other applicable law, including but not limited to the

- Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

## YOUR HEALTH INFORMATION RIGHTS

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care, with limited exceptions. You may request

that we provide copies in a format other than photocopies (e.g. an electronic file). We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies we will charge a fee to cover the staff time needed to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, to cover our expenses we will charge a fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**An Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations and certain other activities or those disclosures that you have authorized, since April 14, 2003, and up to 6 years prior to the request. We will provide you with the date on which we made the disclosure, the name of the person or group or business (e.g., a physician's office or a health care clearinghouse) to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee covering our costs for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is formally put in writing and signed. All restriction requests must be forwarded to the Privacy Office for grant/denial determination.

**Request Confidential Communications:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. For example, you may ask that we contact you at work or by U.S. mail. You must inform us that communication by alternative means or to an alternative location is required to avoid endangering you. We must accommodate your request if it is reasonable, specifies the alternative means or location and provides satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Request Changes to Medical Information:** You have the right to request that we amend or make changes to your medical information. Your request must be in writing, and it must explain why the information should be changed. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to inform others, including people you name, of the change and to include the changes in any future disclosures of that information.

**A Paper Copy of This Notice:** If you receive this notice on our Web site or by e-mail, you are entitled to receive a hard copy of this notice. Please contact us using the information listed at the end of this notice to obtain a hard copy of this notice.

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

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only after obtaining your written authorization. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

#### **QUESTIONS AND COMPLAINTS**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your records, you may contact our Privacy Office at the address listed below or call our 24-hour privacy hotline at 877-RUSH-009. You also may submit a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office will provide you the address upon request.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you have any questions about this notice, please contact our Privacy Office at 707 South Wood Street, Suite 317, Chicago, IL 60612 or (312) 942-4416 or e-mail [HIPAAQuestions@rush.edu](mailto:HIPAAQuestions@rush.edu).

