# Rush University System for Health Notice of Privacy Practices

as of February 16, 2025

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

This notification applies to all health records created or maintained by Rush University Medical Center, Rush Oak Park Hospital, Rush Copley Medical Center, and their affiliates, collectively referred to as "Rush", "we," or "us." Rush takes the confidentiality of our patients' health records very seriously, and this notice explains our privacy practices, how we may use or share your information, and your rights with respect to your health information. Rush, including all staff, trainees, volunteers, and certain vendors, will follow the practices described in this notice and notify you of any material changes.

# WHO FOLLOWS THIS NOTICE?

Rush participates in an Organized Healthcare Arrangement (OHCA) with other providers, including independent physicians and members of Rush Health. This group includes Radiology, Anesthesia, Pathology, Neonatology, ICU Intensivists, Rush Medical Group, and Emergency Department physicians. This arrangement does not form a legal partnership between Rush and the physicians. Your personal information may be shared for joint activities like treatment, payment, and operations. Note that non-Rush employed providers may have their own privacy notices.

# **OUR OBLIGATIONS**

Rush is required by law to protect the privacy of Protected Health Information (PHI), including medical, personal, and billing data. We are required to inform you if your information is used or disclosed in a way that compromises the privacy or security of your information. We are required to follow the practices we describe in this notice as of the effective date below.

# USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DO NOT REQUIRE YOUR WRITTEN CONSENT OR AUTHORIZATION

Rush can use or share your PHI for the following purposes without first getting your permission, subject to specific limitations as required by law:

**Treatment:** Rush uses PHI to support the delivery of medical care and services. Authorized personnel, including employees, students, and volunteers, access PHI to assess a patient's health status and make informed treatment decisions. For instance, a nurse might review a patient's medical chart to ensure that the patient does not have any allergies that would impact care. PHI is also shared with other healthcare providers as needed for ongoing treatment, such as sending lab results to a physician. Furthermore, various departments within Rush may exchange medical information to coordinate comprehensive care, encompassing prescriptions,

laboratory services, dietary needs, and diagnostic procedures like X-rays.

**Payment:** PHI may be used and shared to process payments for services. This includes providing necessary information to insurance companies, third-party payment processors, and for collections if needed. For example, we may send your PHI to your health insurer so that we can be paid for the services we provide to you. Only the minimum PHI required for these financial transactions will be disclosed, ensuring medical details are shared only as necessary to manage payments and reimbursements, maintaining a commitment to privacy.

**Healthcare Operations:** We may use your PHI for various administrative tasks, to contact you when necessary, and to help improve your care. For example, we may use your PHI to contact you to remind you about an upcoming appointment.

**Public Health and Safety:** PHI may be shared with public health authorities for certain safety reasons, such as certain types of illnesses, births, deaths, and drug side effects. In certain situations, it may include notifying individuals exposed to infectious diseases. PHI can be shared in cases of abuse, neglect, or domestic violence following legal requirements or with patient consent. If there is a reasonable belief that someone is a victim of such acts, their medical information may be disclosed to authorities when necessary for protecting their health and safety.

Fundraising: We may use your medical information to contact you for our fundraising purposes. We will limit our use and disclosure to (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. We may disclose this information to a business associate to assist us in our fundraising activities. We will provide you, in any fundraising materials, a description of how you may opt out of receiving future fundraising communications.

**Facility Directory:** At Rush, patient details like name, general condition, and location are listed in the directory unless you tell us not to include your information.

**Research:** Your PHI may be used or disclosed for research purposes in compliance with state and federal law. Furthermore, you might be contacted to participate in research projects for which you qualify. If you do not want to be contacted about potential research projects, please contact us by calling the Privacy Office on 312-942-5303.

**ORUSH** 

**Health Oversight Activities:** We may disclose PHI to federal or state health oversight agencies that are authorized by law to oversee the health care industry.

**Law Enforcement:** We may share your medical information with law enforcement under specific conditions like a court order, warrant, or subpoena. PHI might also be disclosed to help locate individuals who are crime victims, suspects, fugitives, witnesses, or missing persons or for reports related to crimes committed on our premises.

As required by law: PHI must be disclosed by law in certain cases, such as, for example, when we suspect child abuse, when a patient presents with a gunshot wound, or to report on certain communicable diseases. Recipients of these reports include health oversight agencies, the U.S. Department of Health and Human Services, and the FDA for regulatory compliance. PHI is only shared when legally required, with stringent legal restrictions in place.

**Coroners, Medical Examiners, and Funeral Directors:** We may also share information with coroners, medical examiners, or funeral directors when a patient dies.

**Workers' Compensation:** We may share PHI in response to a request related to workers' compensation claims that a patient makes.

**Organ Donation Organizations:** We may disclose PHI to respond to organ and tissue donation requests to facilitate a patient's organ, tissue, or eye donation or transplant.

Individuals Involved in Your Care or Payment for

Your Care: PHI may be shared with a patient's family, representative, or others involved in their care to inform them of the patient's location, condition, or death. Consent will be sought when possible before sharing. If the patient objects or in emergencies, PHI may still be disclosed based on professional judgment. PHI can also notify these individuals and assist in arrangements upon the patient's death. In emergencies or without patient consent, only relevant information will be shared. PHI can also be released to those picking up prescriptions or medical supplies on the patient's behalf. Disclosure is limited to what is necessary for care or payment. Additionally, we may disclose your medical information to entities like the Red Cross authorized to assist in disaster relief efforts.

**Specialized Government Functions and Correctional Facilities:** We may disclose PHI for specific government security needs. Medical details of inmates can be disclosed to correctional institutions or law enforcement agencies to provide necessary health care, protect the well-being of the inmate and others, and support the security and functioning of the facility. Such disclosures are allowed under certain conditions to ensure safety and order within the institution.

**Future Communications:** Your medical information may be used to inform you about health-related benefits, services, or treatment options that might interest you. This information could be shared through a general newsletter, in person, mail, or email, if you provide us with your email address and/or mobile phone number, we may contact you via email or text messaging for appointment reminders, patient surveys, or other general communications. You explicitly permit this type of contact unless you inform us that you prefer not to receive text messages or emails.

**To Prevent Serious Harm:** PHI may be disclosed to avert serious harm to the public or an individual, and only to someone capable of mitigating the threat.

**With Business Associates:** We may share PHI with our business associates – people or companies that provide services to us that involve PHI. Rush requires our business associates to protect PHI as required by federal law.

# **HEALTH INFORMATION EXCHANGES (HIES)**

We participate in various initiatives to facilitate electronic sharing of patient information, including but not limited to Health Information Exchanges (HIEs). HIEs involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. You may opt out of electronic sharing of information through our HIE activities by contacting the Privacy Office at the contact information below.

Please note that if you choose to opt out after your information has been shared through an HIE information that was previously shared will likely still be available if previously accessed by another provider although no new information will be shared. Making your information available through an HIE is not a condition of receiving care.

As a result of the Interoperability and Patient Access Rule, your admission information will also be shared with your primary care providers (PCP) whenever you are admitted as an inpatient. You may also request to opt-out of this sharing of information by contacting the Privacy Office contact below.

# LIMITATIONS ON USES AND DISCLOSURES OF PHI RELATED TO SUBSTANCE ABUSE RECORDS

Certain Substance Use Disorder Records (SUD) (Part 2 records) are protected under federal law (42 CFR Part 2). We will not disclose SUD records without a patient's written consent, except in the following circumstances:

- To public health authorities, provided the records are de-identified according to HIPAA standards.
- For research, audit, or evaluation purposes, under certain conditions.
- In response to a court order.

Patients have the right to provide a single consent for all future uses and disclosures of SUD records for treatment, payment, and health care operations. This consent allows HIPAA-covered entities and business associates to redisclose your records in accordance with HIPAA regulations.

# LIMITATIONS ON USES AND DISCLOSURES OF PHI RELATED TO REPRODUCTIVE HEALTH CARE

There are certain special protections we are required to apply related to Reproductive Health Care. Reproductive Health Care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. It is not limited by sex/gender, and it is not limited to abortion, transgender care, or pregnancy.

Unless we have received an Authorization from you, we are prohibited from disclosing your health information when someone makes the request other than you or your personal representative for either of the following activities ("Prohibited Purposes"):

 To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating Reproductive Health Care, where such health care is lawful under the circumstances in which it is provided.  The identification of any person for the purpose of conducting such an investigation or imposing such liability.

For example, we could receive a subpoena requesting PHI, and the subpoena was issued by a government agency seeking to prosecute a provider for prescribing a medication that could terminate a pregnancy or impact fertility or to prosecute a patient for taking such medication. In that situation, if the prescription or ingestion of that medication was lawful under the circumstances, we are prohibited from providing any PHI in response to the request.

If we receive a request for records from someone other than you or your personal representative, and the requested records contain PHI that potentially relates to Reproductive Health Care, we are required to obtain an Attestation from the requestor if the request is for any of the following purposes:

- · Health oversight activities.
- · Judicial and administrative proceedings.
- · Law enforcement purposes.
- Disclosures to coroners and medical examiners

The Attestation must include specific information about the request, a statement that the request is not for any of the Prohibited Purposes, a statement that knowingly signing a false Attestation is subject to criminal penalties under federal law, and the signature of the requestor or their representative. We are prohibited from responding to requests that require an Attestation if the Attestation does not meet all legal requirements.

For example, we could receive a subpoena from state law enforcement officials related to the criminal prosecution of an individual accused of illegally selling prescription drugs, unrelated to Reproductive Health Care. While the purpose of the investigation is not a Prohibited Purpose, the records requested potential contain PHI related to Reproductive Health Care, such as dates of pregnancies or fertility issues. In that situation, we will require the law enforcement official to provide a valid, signed Attestation before we will respond to the request.

Even where we receive a valid Attestation, we will still ensure that the request satisfies all requirements under federal law before we disclose any PHI.

### **PATIENT RIGHTS**

Review and Copy: Patients can view and obtain copies of their PHI from Rush. To make a request for PHI, patients should contact the Rush medical records department, which will respond within 30 days. Access may be denied to some information, with written explanations and appeal options provided. Records can be requested in different formats, like electronic files, if feasible; fees may apply for alternative formats, staff time, and postage. For a fee, Rush can provide a summary or explanation of your PHI. Contact us using the information at the end of this notice for detailed fee information. Your right to access your medical information includes when we serve as a laboratory at the request of your physician.

**Accounting of Disclosures:** Patients have the right to receive a report of specific instances when their health information was disclosed. This report includes dates, recipients, and reasons for sharing but excludes disclosures for treatment, payment, or healthcare operations. Requests can span up to six years and must

specify the period. A fee may apply if requested more than once annually. For details on fees, please refer to the contact information provided at the end of this notice.

Restrictions: Patients may request limitations on Rush's use and disclosure of their PHI. However, Rush is not required to comply with such restriction requests. If Rush agrees to a restriction, we will adhere to it unless the information is required for emergency treatment or mandated by law. These requests must be submitted in writing and should be directed to the Privacy Office, which will collaborate with the Medical Records department to determine approval or denial. Rush will refrain from sharing information about particular services with a health plan if a service is paid for out-of-pocket, it is not legally mandated to be shared and is not for purposes of payment or healthcare operations.

**Confidential Communications:** Patients have the right to request alternative communication methods or locations, like sending mail to a different address or using personal phone calls. These requests need to be submitted in writing with details of the preferred method or location. Rush will not ask for reasons but will review the request for reasonableness. Patients should provide a clear written request and might need to explain how payments will be handled with the new communication method.

Amendments: You can request corrections to your medical records if they are incorrect or incomplete by writing to us and providing details about what needs to be fixed. We will review and respond within 60 days. We may not amend records we did not create, that are not part of decision-making for your care, that you cannot access, or that are already accurate. If we do not make changes, we will explain why in writing. You can disagree in writing, and we will include your disagreement in your records. If we make changes, we will inform anyone you specify and include the corrections in future information sharing.

**Breach Notification:** Patients must be notified if their PHI is breached. A 'breach' means any unauthorized handling of PHI affecting its security or confidentiality. Rush will notify impacted patients as soon as possible, using the latest address we have on file.

**Privacy Notice:** You can request a paper copy of this privacy notice if you receive it via email or our website. Simply contact the person listed at the end of this notice for assistance.

# OTHER USES OF MEDICAL INFORMATION

We will not sell your PHI or use or disclose your PHI for marketing purposes without your written authorization. You can change this permission anytime by contacting the Privacy Officer, but actions taken based on previous consent cannot be undone. Without permission, we can only use your medical info as already described.

#### **QUESTIONS AND COMPLAINTS**

Patients are entitled to file a complaint regarding Rush's privacy practices if they believe their privacy has been violated. Complaints can be directed to the Privacy Officer, whose contact information is provided under "Contact Information" at the end of this notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Rush assures that no retaliation will be taken against those who submit a complaint.

#### **NON-DISCRIMINATION POLICY**

Rush adheres to Federal civil rights laws and ensures equal treatment for everyone, regardless of race, color, origin, age, disability, or sex. We do not discriminate against or treat anyone unfairly. If you feel Rush has not provided these services or has discriminated against you, you can file a complaint with the Patient Advocate or Patient Relations. Complaints can be submitted in person, by mail, fax, or email.

Rush and its affiliates uphold civil rights laws and guarantee equal treatment for all individuals. If you need language assistance, reach out to our interpreter services. Should you believe we have failed to provide these services or have engaged in discrimination, you may file a complaint with our civil rights coordinator either in person or by mail (600 S. Paulina Street, #403, Chicago, IL 60612), phone (312-942-5239), fax (312-942-2220), or email (civil\_rights\_coordinator@rush.edu). For help with privacy or civil rights complaints, Rush is available to assist. You can also file a complaint with the OCR online through their Complaint Portal at ocrportal.hhs.gov/ocr, via mail, or by calling 1-800-368-1019 (TTY: 1-800-537-7697). Their address is 200 Independence Ave., SW, Room 509F, HHH Building, Washington, D.C. 20201. Additionally, complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Rush offers free assistance to support individuals with disabilities and non-English speakers for effective communication. This service includes access to qualified sign language interpreters and materials in accessible formats such as large print, audio, and digital files. Additionally, for those whose native language is not English, Rush provides qualified interpreters and documents in various languages at no extra cost. Interpreter Services can be contacted by reaching out to the Rush University Medical Center/Rush Oak Park Hospital Interpreter Services (312-563-2987) or the Rush Copley Patient Advocate (630-978-4832). (TTY: 630-978-6224)

# RIGHT TO CHANGE THIS NOTICE

Rush may update this notice as necessary, which could affect both current and future health information. The updated notice will be displayed at our facilities and on rush.edu, showing when it starts to apply. We may also revise our privacy practices as allowed by law, affecting all health information we hold. Major changes will result in a revised notice, available upon request at our facilities or online. For more details or another copy of this notice, contact us using the information provided.

# **CONTACT INFORMATION**

For any questions regarding this notice or to submit a privacy rights request please reach out to our Privacy Office at 707 South Wood Street, Suite 317, Chicago, IL 60612, call 1-312-942-5303, or email privacy\_office@rush.edu.

To make a request for your medical records please contact Health Information Management at Rush University Medical Center/Rush Oak Park Hospital – 1611 W. Harrison St., Suite 001, Chicago, IL 60612, Telephone: (312) 942-7262; or Rush Copley Medical Center – 2000 Ogden Ave., Aurora, IL 60504, Telephone: (630) 978-6786

#### **Interpreter Services**

Language assistance services are available free of charge. Call 1-312-563-2987 (TTY: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-563-2987 (TTY: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### Polski (Polish)

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-312-563-2987 (TTY: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### 繁體中文 (Chinese)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

請致電 1-312-563-2987 (TTY: 1-312-563-2987)。

1-630-978-4832 (TTY:1-630-978-6224)。

#### .한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-312-563-2987 (TTY: 1-312-563-2987)번으로 전화해 주십시오. 1-630-978-4832 (TTY: 1-630-978-6224).

#### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-312-563-2987 (TTY: 1-312-563-2987). **1-630-978-4832 (TTY: 1-630-978-6224).** 

#### (Arabic) العربية

ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاثًا. اتصل بالرقم 7987-563-112. (7297-563-1312) (TTY: 1-312-978-4832) (TTY: 1-630-978-6224). 1-630-978-4832)

#### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-312-563-2987 (телетайп: 1-312-563-2987). 1-630-978-4832 (телетайп: 1-630-978-6224).

#### ગુજરાતી (Gujarati)

સ્યના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહ્રાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરી 1-312-563-2987 (TTY: 1-312-563-2987). **1-630-978-4832 (TTY: 1-630-978-6224).** 

#### (Urdu) أُردُو

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 787-563-2987 (787-563-2987) . TTY: 1-312-563-2987**) (753-630-978-6224)** 

# Tiếng Việt (Vietnamese)

CHỦ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-312-563-2987 (TTY: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-312-563-2987 (TTY: 1-312-563-2987). **1-630-978-4832 (TTY: 1-630-978-6224).** 

#### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-312-563-2987 (TTY: 1-312-563-2987) पर कॉल करें। **1-630-978-4832 (TTY: 1-630-978-6224).** 

#### Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-312-563-2987 (ATS: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-312-563-2987 (ΤΤΥ: 1-312-563-2987).

1-630-978-4832 (TTY: 1-630-978-6224).

#### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-312-563-2987 (TTY: 1-312-563-2987). **1-630-978-4832 (TTY: 1-630-978-6224).** 

