

## **NOTICE OF PRIVACY POLICIES FOR**

# ***DIGESTIVE DISEASE ENDOSCOPY CENTER***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED, & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **INTRODUCTION**

At Digestive Disease Endoscopy Center, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 15, 2003, and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR HEALTH/MEDICAL RECORD**

Each time you visit Digestive Disease Endoscopy Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, 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,
- 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,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,

- A 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

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

Although your health record is the physical property of Digestive Disease Endoscopy Center, the information belongs to you. You have the right to:

- Request a restriction or limitation on the medical information we use or disclose about you for your 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 for your care, like a family member or friend. We are not required to agree to your requested restrictions. If we do not agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- Obtain a copy of this Notice by requesting it from the Business Manager of the Endoscopy Center.
- Inspect & obtain a copy of your health record by submitting a request in writing to the Business Manager of the Endoscopy Center,
- Amend your health record if you feel that medical information that we have about you is incorrect or incomplete by requesting in writing, that an amendment be made. You must provide a reason that supports your request,
- Obtain a report of all of the disclosures of your health information that we have made,
- Request that we communicate with you about your medical information in a certain way or at a certain location.
- Revoke your authorization to use and disclose medical information about you, except to the extent that we have already used or disclosed your medical information.

### **OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION**

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice, which describes our legal duties and privacy practices with respect to information we collect about you.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or a certain location.

### **WE RESERVE THE RIGHT TO CHANGE THIS NOTICE.**

We reserve the right to make the revised and changed notice effective for medical information that we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the Endoscopy Center. The notice will contain the effective date on the first page. Each time you register at the Endoscopy Center for health care services, we will offer you a copy of the current notice in effect.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **QUESTIONS OR COMPLAINTS**

If have questions and would like additional information, you may contact, **Business Manager**, at the center.

If you believe your privacy rights have been violated, you can submit a written complaint describing the circumstances to—

**Business Manager  
1302 Franklin Ave., Suite # 1000  
Normal, IL 61761**

or to the Secretary of Health & Human Services—

**Office for Civil Rights**  
**U.S. Department of Health & Human Services**  
**200 Independence Avenue, S.W.**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**

You will not be penalized for filing any complaint.

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

Each time you visit us, a record of your visit is made. We may use or disclose the health information contained in this record. The following categories describe the different ways that we may use and disclose your medical information.

#### ***We will use your health information for treatment.***

**For example:** Information obtained by a nurse, physician, or other member of your health care 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 health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

#### ***We will use your health information for payment.***

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### ***We will use your health information for regular health care 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.

***Appointment Reminders:*** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Endoscopy Center.

***Treatment Alternatives:*** We may use and disclose medical information to tell you about, or recommend possible treatment options or alternatives that may be of interest to you.

***Health-Related Benefits & Services:*** We may use & disclose medical information to inform you about health-related benefits or services that may be of interest to you.

***Individuals Involved in Your Care or Payment of 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.

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

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

***Emergency:*** We may use & disclose medical information about you if necessary, to prevent a serious threat to your health & safety, or the health & safety of the public or another person. The Endoscopy Center, however, would only disclose the information to someone able to help prevent the threat.

***Organ & tissue donation:*** Consistent with applicable law, we may disclose health information to organ procurement organizations or others engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Business associates:*** Some of the services provided at the Endoscopy Center are provided by business associates. For example, we contract with certain laboratories to perform lab tests. When we contract for these services, we may disclose your health information to these associates so that they can perform the job we hired them to do. To protect your information, we require our business associates to appropriately safeguard your information.

***Workers compensation:*** We may release medical information about you to the extent authorized by, and to the extent necessary, to comply with the laws relating to workers' compensation or other similar programs established by law.

***Public Health Risks:*** 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.

***Health Oversight Activities:*** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil laws.

***Law Suits 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 by someone else involved in a 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 as required by law or in response to a valid subpoena.

***Coroners, Medical Examiners & Funeral Directors:*** We may release medical information to a coroner or medical examiner. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.

***Food & Drug Administration (FDA):*** We may disclose health information to the FDA related to adverse events with respect to food, supplements, products & product defects, or post-marketing surveillance to enable product recalls, repairs, or replacements.

***Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official.