

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Health Information About You May Be Used And Disclosed And How You Can Get Access To This Information.

Please review it carefully. The privacy of your health information is important to us.
Effective Date: November 17, 2016

Our Pledge:

Harrisburg Medical Center is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. Harrisburg Medical Center is required by law to abide by the terms of this notice, and we reserve the right to change the terms of this notice, making any revision applicable to all the protected health information we maintain. If Harrisburg Medical Center revises the terms of this notice, it will post a revised notice at the hospital, on our website, and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request. The notice will contain the effective date on the first page.

Uses And Disclosures Of Your Medical Information:

Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

Harrisburg Medical Center will use your medical information as part of rendering patient care. For example, your medical information may be used by the health care professionals treating you, by the Business Office to process your payment for the services rendered and by Administrative personnel reviewing the quality and appropriateness of the care you received.

Harrisburg Medical Center may also use and/or disclose your information in accordance with Federal and State laws for the following purposes:

- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Unless you object, and with the exception of Behavioral Health Patients, we may include general information, including your name, location in the hospital, general health condition, and your religious affiliation in a patient directory. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation will only be disclosed to members of the clergy.
- Unless you object, and with the exception of Behavioral Health Patients, we may disclose, when appropriate, to family members, other relatives, a close friend or any other person you identify, the medical information directly relevant to such person's involvement with your care. We may also use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care, of your location, general condition or death.
- We may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.
- We may disclose health information for public health activities. These generally include disclosures of disease, injury, disability, vital events, child abuse or neglect, a person who may have been exposed to a disease or at risk for contracting or spreading a disease, and notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- We may disclose your medical information for law enforcement purposes or other specialized governmental functions when required to do so by international, federal, state or local law.
 - We may disclose your medical information to a coroner, medical examiner or a funeral director.
 - We may disclose your medical information to any research program in which you may have elected to participate.
 - We may disclose your medical information due to specialized government functions related to: military and veteran's activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations and covered entities that are government programs providing public benefits.
 - If you are an organ donor, we may disclose your medical information to an organ donation or procurement organization.
 - We may use or disclose your medical information to prevent or lessen a serious threat to your health and safety or the health and safety of another person or the public. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
 - We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
 - We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
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Your Rights Regarding Your Medical Information:

You have the following rights with respect to your medical information:

- The right to request restrictions or limitations on certain uses and disclosures of your medical information. We are not required to agree to your requested restriction. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Your request for restriction must be in writing.
- The right to make out-of-pocket payments (you have requested that we not bill your health plan) in full for a specific item or service. You have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- The right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- The right to inspect and copy your medical information, other than psychotherapy notes. This right is subject to certain specific exceptions and you may be charged a reasonable fee for any copies of your records. Your request must be in writing and we have up to 30 days to make this information available to you. You have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. Every effort will be made to provide access to your Protected Health Information in the form or format you request.
- The right to request an amendment of your medical information. We may deny your request for specific reasons and, if denied, the hospital will provide you with a written explanation for the denial and information regarding further rights you would have at that point. You must make your request in writing.
- The right to receive an accounting of certain disclosures of your medical information we made in the six years prior to your request, except for disclosures for treatment, payment and healthcare operations or for which you provided written

authorization. To request an accounting of disclosures, you must make your request in writing and you must contact the Privacy Officer to request this information.

- The right to request a paper copy of this Notice of Privacy Practices. You may ask for a copy of this notice at any time.
- The right to be notified of a breach of any of your unsecured Protected Health Information. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- The right to opt out of fundraising communication from the hospital. Uses and disclosures of Protected Health Information for marketing purposes and disclosures that constitute a sale of your Protected Health Information will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with Harrisburg Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact our Privacy Officer at 618-253-0360, or by writing our Privacy Officer at 100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946, ATTN: Privacy Officer. You can also call our Compliance Hot Line at 618-253-0148. You will not be penalized for filing a complaint. If you would like further information regarding your rights or regarding the uses and disclosure of your medical information, you may contact Harrisburg Medical Center's Privacy Officer at 618-253-0360.