



NOTICE OF PRIVACY PRACTICES

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.

I. Who We Are

This Notice describes the privacy practices of Southern Illinois Medical Services.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your individually identifiable health information **Protected Health Information** (“PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. PHI is individually identifiable under HIPAA if it includes your name, address, zip code, geographical codes, dates of birth, other elements of dates, telephone or fax numbers, email address, social security number, insurance information, medical record number, member or account number, certificate/license number, voice or finger prints, photos or any other unique identifying numbers, characteristics or codes of you. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our “health care operations” as detailed below:

- Treatment. We use and disclose your protected health information to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or other health-related benefits and services that may be of interest to you. We may also disclose protected health information to other providers involved in your treatment.
- Payment. We may use and disclose your protected health information to obtain payment for the services that we provide to you or to your healthcare providers who treated you to receive payment for services they render to you--for example, disclosures to obtain payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some or all of your health care. We may also use and disclose your information to a third party who provides collection services on behalf of Southern Illinois Medical Services.
- Health Care Operations. We may use and disclose your protected health information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use protected health information to evaluate the quality and competence of our physicians, nurses and other health care workers. We may also call you by name in the reception when your provider is ready to see you. We may use your private health information to contact you for appointment reminders or information. We may use and disclose

your protected health information, such as your e-mail address, to contact you through a survey to ask your opinion about the quality of the services we provided to you. We may also disclose protected health information in the course of other health care operations such as participating in medical, nursing or other clinical training programs or education or conducting quality improvement activities, or for health care fraud and abuse detection or compliance.

B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your protected health information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your protected health information in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of Southern Illinois Medical Services. In connection with any fundraising, we may only disclose to our fundraising staff without your written authorization demographic protected health information about you (e.g., your name, address, phone number, age and gender), and dates on which we provided health care to you, the department that treated you, the names of your treating physicians, information regarding the outcome of your treatment and your health insurance status. SIH prohibits selling lists of patients to third parties.

D. Public Health Activities. We may disclose your protected health information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to the Illinois Department of Children and Family Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the Illinois Department of Human Services or other governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

F. Health Oversight Activities. We may disclose your protected health information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. We may disclose your protected health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose your protected health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or subpoena.

I. Decedents. We may disclose your protected health information to a coroner or medical examiner as authorized by law.

J. Organ and Tissue Procurement. We may disclose your protected health information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research. We may use or disclose your protected health information without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.

L. Health or Safety. We may use or disclose your protected health information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

M. Specialized Government Functions. We may use and disclose your protected health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers' Compensation. We may disclose your protected health information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

O. As required by law. We may use and disclose your protected health information when required to do so by any other law not already referred to in the preceding categories.

P. We may use and disclose your PHI without your consent or authorization to the Southern Illinois Health Information Exchange (SI HIE). A Health Information Exchange, or HIE, is a way of electronically sharing your health information to healthcare providers involved in your care. The purpose of the HIE is to give participating providers faster access to your health information that will facilitate safer, more timely, and efficient patient-centered care. For example, if you have an emergency and seek treatment at a Southern Illinois Healthcare hospital Emergency Department, the Emergency Department provider maybe have access to your electronic health information from your primary care provider.

If you do not want your health information maintained by Southern Illinois Medical Services to be accessible to authorized health care providers through HIE, you may opt out by completing and sending a non-participation (opt-out) form to the Privacy Officer. If you decide to opt out of the HIE, doctors, nurses and other healthcare providers will not be able to obtain and use your health information in the HIE when providing treatment to you. For further information about SI HIE and/or to obtain an opt-out form please visit www.sih.net or contact the Privacy Officer at the address found in Section VII.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we only may use or disclose your protected health information when you grant us your written authorization on our authorization form (“**Your Authorization**”). For instance, you will need to execute an authorization form before we can send your protected health information to your life insurance company or to an attorney.

B. Marketing. We must obtain your written authorization (“**Your Marketing Authorization**”) prior to using your protected health information to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your marketing authorization.) We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your marketing authorization.

C. Sale of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.

D. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and Illinois law requires special privacy protections for certain highly confidential information about you, including the subset of your protected health information that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; or (9) is about sexual assault. In order for us to disclose your highly confidential information for a purpose other than those permitted by law, we must obtain your written authorization.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your protected health information, you may contact our Privacy Officer. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint.

B. Right to Request Additional Restrictions. You may make written requests for restrictions on our use and disclosure of your protected health information (1) for treatment, payment and health care operations, (2) to individuals (such as a family

member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. We are required to comply with request for a restriction involving a disclosure to 1) a health plan for purpose of carrying out payment or health operations; and 2) the PHI pertains solely to a healthcare item or service which has been fully paid out of pocket. If you wish to request additional restrictions, please obtain a request form from our Privacy Officer and submit the completed form to the Privacy Officer. We will send you a written response.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your protected health information by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization, Your Fundraising Authorization or any written authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below. A form of Written Revocation is available upon request from the Privacy Officer.

E. Right to Inspect and Copy Your Health Information. Upon written request you may access your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. To obtain a record request form contact the Health Information Department at the facility where you were a patient. If you request copies in paper or electronic format, there may be a charge. For duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine such as x-ray films or pictures, Southern Illinois Medical Services may charge for the reasonable cost of such duplication. We may also charge you for our postage costs, if you request that we mail the copies to you.

F. Right to Amend Your Records. You have the right to request that we amend protected health information maintained in your medical record file or billing records. If you desire to amend your records, obtain an amendment request form from the Health Information Manager and submit the completed form to the Health Information department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. In the case of a requested amendment concerning information about the treatment of a mental illness or developmental disability, you have the right to appeal our decision not to amend your protected health information to an Illinois court.

G. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your protected health information made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, an estimate of the cost will be provided at the time of the additional requests.

H. Breach Notification. You have a right to receive notification from us if there is a breach of your unsecured PHI.

I. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around Southern Illinois Medical Services Offices and on our Internet site at WWW.SIMSDOCS.ORG You also may obtain any new notice by contacting the Privacy Officer.

VII. Privacy Officer

You may contact the Privacy Officer at:

Privacy Officer
Southern Illinois Medical Services
1325 Cedar Court
Carbondale, IL 62901
Telephone Number: 618-549-5361 x 68750



By signing below, I hereby acknowledge receipt of Southern Illinois Medical Services consent to the uses and disclosures described in the Notice of Privacy Practices. I further acknowledge this consent includes uses and disclosures to the Southern Illinois Health Information Exchange (SI-HIE).

_____, 20____
Signature of Patient (or Personal Representative) Date of Signature

Patient Name

Southern Illinois Medical Services Use Only

It is the responsibility of the department distributing this Notice of Privacy Practice to a patient or his/her personal representative to make a "good faith effort" to obtain a written acknowledgement from the patient or his/her personal representative that they have received the Notice of Privacy Practices.

In the event that a patient or his/her personal representative does not sign the above acknowledgement, it is the responsibility of the department distributing the notice to document the reason why no acknowledgement was received.

Please indicate by checking the box next to the most accurate reason the acknowledgement was not received.

- Patient or his/her personal representative refused to sign this written acknowledgement
- Patient was physically unable to sign this written acknowledgement and was not accompanied by a person authorized to act as his/her personal representative
- Patient did not have the mental capacity to sign this written acknowledgement and was not accompanied by a person authorized to act as his/her personal representative
- Other: (Please document the reason):

