



Notice of Privacy Practices Acknowledgement Form

I hereby acknowledge that I have received a copy of the
Presence Health Notice of Privacy Practices.

Signature

Print Name

Date

OFFICE USE ONLY

Unable to obtain patient's written acknowledgement because:

- Patient refused to sign
- Patient is incapacitated and no responsible party is available prior to discharge
- Other: _____



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. PRESENCE HEALTH COMMITMENT TO PRIVACY

At Presence Health, we care about your privacy and are committed to protecting and preserving it. We understand that health information about you is personal and that you may be concerned over how it is used. This Notice of Privacy Practices describes the limited ways in which Presence Health may use and disclose health information about you. It also describes your rights and our obligations with respect to personal health information. Presence Health will comply with the privacy practices described in this notice and to do our best to treat personal health information about you with the utmost care.

This notice applies to all use and disclosure of health information about you that is made by health care professionals, staff, employees, students, trainees, volunteers and business associates of Presence Health at each ministry in the Presence Health system. It also applies to any sharing of information among Presence Health ministries and locations.

This Notice also applies to information and records regarding your health care that are maintained by this ministry, and, if the ministry has an Organized Health Care Arrangement (OHCA) with its medical staff, the records maintained by those participating physician practices.

Your personal doctor may have different policies regarding use and disclosure of health information about you. You should be sure to check with each of your personal doctors and obtain a copy of the notice of privacy practices applicable to their respective use and disclosure of health information.

We are required by law and committed as a system to maintain the privacy of protected health information and to provide individuals with this notice of our legal duties, notification requirements and privacy practices with respect to protected health information. We are also required by law to comply with the terms and privacy practices stated in our notice that is currently in effect and we pledge to you that we will do so. Please review this notice carefully and feel free to contact us with any questions or concerns.

Organized Health Care Arrangement (OHCA). This ministry is part of an organized health care arrangement and is (i) a clinically integrated setting in which individuals typically receive health care from more than one health care provider or (ii) an organized system of health care in which more than one health care provider participates. The health care providers who participate in the OHCA will share medical and billing information about you and one another as may be necessary to carry out treatment, payment, and health care operations activities. This Notice of Privacy Practices constitutes the Notice of Privacy Practices for the OHCA and all the health care providers participating in the OHCA. Certain physicians who provide medical services in this ministry are members of the ministry's medical staff and, as such, are part of the OHCA. Such physicians are, however, self-employed independent contractors; they are not the agents, servants, or employees of this ministry, and the ministry is not responsible for their judgment or conduct.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In the following sections, we explain the different ways we may use and disclose your health information. In each section, we provide you with an example. However, we do not give you an example of every use and disclosure that may occur.

For Treatment. We may use your personal health information to provide you with medical treatment or services. We may share information about you with doctors, nurses, technicians, students or other Presence Health personnel who are involved in taking care of you. For example, if we treat you for a broken leg, we may need to know if you have diabetes because diabetes may affect your healing process. In addition, we may need to tell the dietician that you have diabetes so that we can arrange for appropriate meals. We also may share your medical information with certain employees or non-employees in order to coordinate the different services you need, such as prescriptions, X-rays or blood work. We also may disclose your medical information to others in order to coordinate your care after you no longer need services from us. For example, we may need to share appropriate medical information about you to other health care providers, ambulance companies, community agencies, family members and others who are part of your continuity of care.

For Payment. We may use and disclose your medical information so that we can properly bill and collect payment for the health care services we provide to you. For example, we may need to give information to your insurance company about surgery you had in order for the company to pay for your surgery. We also may tell your insurance company about treatment you are going to have in order to make sure your insurance company will pay for the treatment.

For Health Care Operations. We may use or disclose your personal health information in order to run our business to:

- + Provide you with quality healthcare;
- + Comply with state and federal laws;
- + Comply with medical staff bylaws and rules and regulations;
- + Keep contractual obligations;
- + Follow up on patient grievances and claims;
- + Perform health education;
- + Obtain legal services;
- + Conduct business planning and development;
- + Obtain insurance coverage; and
- + Operate our business.

For example, we may use your medical information to review the treatment we provided you and evaluate the performance of our staff. We also may share your information with doctors, nurses, technicians and students for educational purposes. We may combine medical information about many patients to decide what other services we should offer, what services are not needed and what services are most effective. In addition, a representative may contact you after your services to evaluate the care we provided and find out how we can make improvements on the services we offer.

Appointment Reminders. We may use and disclose your personal health information in order to remind you that you have an upcoming appointment for medical services with us.

Treatment Alternatives. We may use and disclose your personal health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Ministry Directory. Our hospitals and nursing homes may include certain limited information about you in a directory while you are a patient/resident with us. We compile this information so that your family, friends and clergy can visit you while you are with us and know how you are doing. This information may include your name, location, general condition (for example, fair, stable, critical, etc.) your religious affiliation. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, cleric or rabbi, even if they do not ask for you by name. We also may contact your place of worship to advise them of your stay. You may restrict or prohibit the use or disclosure of this information by notifying our registration staff.

Fundraising. Presence Health may use or disclose limited medical information about you to our related foundation in order to contact you about fundraising activities. In addition, we may disclose limited health information about you to a Presence Health business associate, who may conduct fundraising activities on our behalf. In the course of such fundraising activities, we would use or disclose only: (i) demographic information (for example, your name, age, gender, address and telephone number) and (ii) the dates you received health care services from us (iii) the department where you received service, (iv) treating physician (v) outcome information and (vi) health insurance status.

In the event you have opted out of receiving information from us for fundraising purposes, you may at any time notify us that you want to opt back-in and receive information on our fundraising efforts by sending a notice to:

Presence Health Foundation 200 South Wacker Drive, Chicago, IL 60606

Funds raised will be used to expand and improve the services we provide to our community.

Marketing. We may use your medical information to provide you with information:

- + Describing or explaining the products and services offered by our health system;
- + Regarding treatment services for you;
- + For case management or to coordinate your medical care; and
- + To direct or recommend alternative treatment, therapies, health care providers or settings of care for you.

We also may use your medical information to give you details about a product or service in a face-to-face communication and to provide you with a promotional gift of nominal value.

To Avert a Serious Threat to Health or Safety. We may use or disclose your medical information if necessary to prevent a serious threat to your health or safety or the health and safety of another person or the general public. Any disclosure, however, would only be to someone able to prevent the threat.

Disaster Relief Efforts. We may disclose medical information about you to an entity assisting in a disaster recovery relief effort so that your family can be notified about your condition, status and location.

Research. Some of our ministries and providers are involved in conducting medical research. A special review committee approves all research projects conducted within the Presence Health system in order to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts. We may use and disclose medical information about our patients for research purposes, according to our policies for research.

On occasion, researchers may contact patients to ask them if they would like to participate in a research study. Your participation in these studies may occur after you have been told about the study, have had the opportunity to ask questions, and have indicated on a consent form that you would like to participate in the study.

III. SPECIAL SITUATIONS

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about you to military command authorities, as required by law. We also may release medical information about foreign military personnel to the appropriate foreign military authority, as required by law.

Organ and Tissue Donation. If you are an organ donor, we may release appropriate medical information about you to organizations that handle organ and tissue procurement in order to facilitate organ or tissue donation.

Workers' Compensation. We may use or disclose medical information about you for workers' compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health purposes. These purposes generally include the following:

- + Preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- + Reporting vital events, such as births or deaths;
- + Reporting child abuse or neglect;
- + Reporting adverse events or for surveillance related to defects or problems with products, food and medication;
- + Notifying persons of recalls, repairs or replacements of products they may be using;
- + Notifying a person who may have been exposed to a disease or who may be at risk of contracting or spreading a disease or condition;
- + Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence as required or permitted by law; and
- + Reporting quality, safety or effectiveness data on a FDA-regulated device or product to an authorized party.

Health Oversight Activities. We may disclose your medical information to agencies that oversee the health care system. This oversight might be done by the government, licensing, accreditation organizations and other agencies authorized by law.

Lawsuits and Other Legal Action. If you are involved in a lawsuit or other similar proceeding, we may disclose your medical information under a subpoena or court or administrative order. A subpoena or court order may also require us to disclose your medical information to another party to a lawsuit. We will only disclose information in this situation after we have tried to inform you of the request or tried to obtain a court order to protect the information requested.

Law Enforcement. We may release your medical information if law enforcement officials require us to do so, including:

- + To identify or locate a suspect, fugitive, material witness, or missing person;
- + To provide information about a suspected victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- + To provide information about a death that may be the result of criminal conduct;
- + In response to a subpoena, court order, warrant, summons or similar process;
- + About criminal conduct at our ministries; and
- + In emergency situations to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed a crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may disclose medical information about our patients to funeral directors in order for them to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose your medical information to authorized federal officials so they may provide protection to the President, foreign heads of state, or other officials, or to conduct investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution, as required by law.

State Laws. Unless otherwise specifically described, we will follow all state laws currently in effect that further protect the privacy of your health information. These state laws include those that protect the confidentiality of patient information related to HIV, AIDS, mental health, developmental disabilities and substance abuse treatments.

V. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Your medical information is the property of the ministry that maintains it. However, you have the following rights regarding the medical information we create or maintain about you.

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information that is contained in our records. To inspect or receive a copy of your medical information, you must give us a request in writing to:

Chief Privacy Officer Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

If you request a copy of the information, we may charge you a fee to cover the cost of providing you with copies.

In some circumstances, we may deny your request to inspect and/or receive a copy. In most cases, if you are denied access to the medical information, you may have the denial reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. You may ask us to amend your record if you believe that the medical information we have about you is incomplete or incorrect. You have the right to request an amendment or addendum for as long as the information is kept by or for us. To request an amendment, you must give us a request in writing to:

Attn: Chief Privacy Officer Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

You must tell us why you want to make the change as part of your written request.

We may deny your request to amend your record if you do not make the request in writing or you do not give us a reason for your request. We also may deny your request if you ask us to amend information that:

- + Was not created by us;
- + Is not part of the medical information that is kept by us;
- + Is not part of the information you are allowed to inspect or copy; or
- + Is already correct and complete in your record.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of medical information about you for purposes other than treatment, payment, health care operations and certain other purposes. We are not required to make an accounting for those disclosures we make under an authorization signed by you or your legal representative. To request this accounting of disclosures, you must tell us in writing that you want this information.

You must send your request to:

Attn: Chief Privacy Officer Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

Your written request must tell us how far back in time you want us to check for disclosures. Your request cannot go back farther than the past 6 years and cannot include any dates before April 14, 2003. We will provide you with one accounting free-of-charge every twelve months. If you request an account more frequently than once every 12 months, we reserve the right to charge you for the cost of providing you with the accounting. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to 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 and operations purposes. You also have the right to request that we limit our disclosure of your health information in order to treat you or get paid for the services we provide. For example, you can request that we do not tell your family or friends about a surgery you had.

We are not required to agree to all requested restriction. However, we are required to honor your request for restriction under two circumstances (a) protected health information pertains solely to health care item(s) or service(s) for which you (or a person on your behalf, other than the health plan) has paid us in full or out-of-pocket for the healthcare services provided to you; and (b) is not required by other law.

If we agree with your request, we will tell you in writing. We will comply with your request unless we must disclose your medical information in order to provide you with emergency treatment or as required by law.

To request a restriction or limitation on your medical information you must give us a request in writing to:

Attn: Chief Privacy Officer Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only contact you by mail or email. You must request such confidential communications in writing. Send your request in writing to:

Attn: Chief Privacy Officer Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

You must tell us in your written request how or where you want us to contact you We will accommodate all reasonable requests.

V. CHANGES TO PRESENCE HEALTH'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as for health information we may obtain in the future. We will post a copy of our current notice at our ministries. We will also post a copy of our current notice on our website at presencehealth.org. The notice will contain the effective date. Each time you register at or are admitted to one of our ministries, you may request a copy of the current notice.

VI. QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. If you have questions about this notice or wish to file a complaint with us, you may contact us at the following:

Attn: Chief Privacy Officer

Presence Health 200 South Wacker Drive, 12th Floor Chicago, Illinois 60606

Compliance Line: 1-855-737-3755

You will not be penalized in any way for filing a complaint.

VII. AUTHORIZATIONS

Other disclosures, which are not covered in this Notice or are required by law, will only be made after we receive your written permission. This is called an authorization. An authorization is required for a disclosure of psychotherapy notes and sale of protected health information. You may revoke this permission to disclose your medical information to a third party. You must inform us of your revocation in writing. Once we receive your request to revoke your authorization, we will no longer use or disclose your medical information to the person or entity contained in your authorization. Of course, we cannot take back any disclosures we may have made before you revoked your authorization. An exception applies, when an individual is deceased. During such circumstances, a covered entity may disclose to a family member, or any person(s) who are involved in the individual's care or payment of health.