

# NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA



## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes the privacy practices of the University of Illinois College of Medicine at Peoria. It applies to the health care services that you receive here at the College, including its physicians, nurses, staff, and volunteers. Since we provide services in an academic environment, residents, medical students, nursing students, and students of other health professions may also use or disclose your protected health information. In this Notice, the College and all of its departments, clinics, health care providers, staff, volunteers, residents, students, and trainees are collectively referred to as "we" or "us."

We are required by law to give you this Notice of our privacy practices, legal responsibilities, and your rights. We are required to follow the terms of this Notice or other notice in effect at the time we use or disclose your health information. This Notice also describes (i) the types of uses and disclosures we may make with your health information; and (ii) your rights to access and control your health. There are other laws that provide additional protections for certain medical information related to services or treatment for certain conditions including mental health, alcohol abuse, drug abuse, and HIV/AIDS. We will follow the requirements of those laws with respect to these types of medical information.

### WE MAY USE AND DISCLOSE INFORMATION FOR THE FOLLOWING PURPOSES

**Treatment:** We may use or disclose your health information to provide treatment, and to coordinate, or manage your healthcare and any related services. For example, we give information to doctors, nurses, lab technicians, students, and others, including information from tests you receive and we record that information for others to use. We may provide information to other providers outside of the College of Medicine to arrange for a referral or consultation.

**Payment:** We may use or disclose your health information, as needed, to obtain payment for our health care services. For example, we may contact your insurer to verify benefits for which you are eligible, obtain prior authorization, and give them details they need about your treatment to make sure they will pay for your care. We may also use or disclose your medical information to obtain payment from third parties that may be responsible for payment, such as family members.

**Health Care Operations:** We may use or disclose your health information, as needed, in order to perform healthcare operations. Healthcare operations include, but are not limited to: training and education, quality assessment/improvement activities, risk management, claims management, legal consultation, physician and employee review activities; licensing; regulatory surveys; and other business planning activities.

**Business Associates:** We may also disclose your health information to our third-party business associates (for example, an accounting firm or billing company) that perform activities or services on our behalf. Each business associate must agree in writing to protect the confidentiality of your information.

**Fundraising:** We may use and/or disclose to our Foundation, the University of Illinois Foundation, your name, contact information, and the dates of your care (but not your treatment information) to contact you about fundraising efforts. If you receive such a communication from us, you will be provided an opportunity to opt-out of receiving such communications in the future.

**Marketing Activities:** We may use or share your health information to discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to a product or service. For any other types of marketing activities, including sending you marketing materials, (excluding direct mail sent to targeted zip codes that are not based off patient lists) we must obtain your written permission before using or disclosing your health information.

**Directory Information:** Unless you object, we will use and disclose in our facility directory – your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation will be disclosed to people that ask for you by name, including the media. We will give your religious affiliation to clergy only, even if they do not ask for you by name. You may tell patient registration to keep your information out of the directory, but if you do florists and other visitors may not be able to find your room or contact you.

**Appointments and Services:** We may use and disclose your health information to remind you of an appointment, or to give you information about treatment alternatives, or other health related benefits or services that may interest you.

**Individuals Involved In Your Care/Disaster Relief Organizations:** We may disclose your health information to a friend or family member who is involved in your care unless you ask us not to. We may disclose information to disaster relief organizations, such as the Red Cross, so that your family can be notified about your condition and location.

### USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION, CONSENT, OR OPPORTUNITY TO OBJECT

**Required By Law:** We may use or disclose your health information to the extent that the use or disclosure is required by federal, state, or local law, but only to the extent and under the circumstances provided in such law.

**Legal Proceedings:** We may disclose your health information in response to court or administrative orders, or under certain circumstances in response to subpoenas, discovery requests, or other lawful processes.

**Law Enforcement:** We may disclose your health information to law enforcement in certain circumstances, i.e., to identify or locate suspects, fugitives or witnesses, or victims of crime, to report deaths from crime, to report crimes on the premises, or in emergencies, the commission of a crime.

**National Security:** We may disclose your health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President.

**Criminal Activity:** We may disclose your health information consistent with applicable federal and state laws if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Public Health:** We may use or disclose your health information for public health activities such as reporting births, deaths, communicable diseases, injury, or disability, ensuring the safety of drugs and medical devices, and for work place surveillance or work related illness and injury.

**Communicable Diseases:** We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, administrative or criminal investigations, inspections, licensure, or disciplinary action and monitoring compliance with the law.

**Abuse, Neglect or Domestic Violence:** We may disclose your health information to a public health authority that is authorized by law to receive reports of abuse or neglect, including reporting child and sexual abuse. In addition, we may disclose your health information if we believe you may be a victim of abuse, neglect, or domestic violence to the governmental agency or entity authorized to receive such information. This disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration (FDA):** We may disclose your health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Coroners, Medical Examiners, Funeral Directors:** We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your health information to a funeral director in order to permit them to carry out their legal duties.

**Organ Donation:** We may disclose your health information to organizations that handle organ procurement and/or eye or tissue transplantation.

**Research:** We may disclose your health information to researchers when their research has been approved by our institutional review board that has reviewed the research proposal and established protocols to ensure your privacy. If you participate in a research study that requires you to obtain hospital and/or other healthcare services, we may disclose your information that we create to the researcher who ordered the hospital or health care services. We may also use and disclose with a researcher your information if certain parts of your information that would identify you, such as your name, are removed before we share it with the researcher.

**Military Activity:** We may disclose your health information if you are in the armed forces and information is required by command authorities, or for the purposes of a determination by the Department of Veteran Affairs of your eligibility for benefits.

**Correctional Institutions:** We may disclose your health information if you are an inmate for your health and the health, and safety of others.

**Worker's Compensation:** We may disclose your health information as authorized to comply with worker's compensation laws and other similar legally established programs.

Any other uses and disclosures of your health information not described in this Notice will be made only with your authorization. Examples of uses and disclosures which require your written authorization include: (i) most uses and disclosures of psychotherapy notices (private notes of a mental health professional kept separately from the record; (ii) subject to limited exceptions (described above), uses and disclosures of your health information for marketing purposes; and (iii) disclosures that constitute the sale of your health information. You may revoke your authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

## YOUR HEALTH INFORMATION RIGHTS

**Right to Obtain a Copy of this Notice of Privacy Practices:** You have the right to obtain a paper copy of the Notice currently in effect upon request. A copy of the current Notice is available at the registration areas of our clinics.

**Right to Request a Restriction on Certain Uses and Disclosures:** You have the right to request restrictions on uses and disclosures of your medical information for the purposes of treatment, payment, or healthcare operations. We ask that such requests be made in writing. Although we will consider your request, we are not required to abide by your request except in the following situation: If you have paid an item or service out-of-pocket in full, at your request, we will not disclose information relating solely to that item or service to your health plan for purposes of payment or health care operations, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about such a request. Please contact our Compliance Officer if you have any questions about requesting restrictions on the uses and disclosures of your medical information.

**Right to Inspect and Request a Copy of your Health Record:** You have the right to inspect and obtain a copy of your health record, except in limited circumstances defined by federal and state laws and regulations. You may request that we send copies of your health record to another person designated by you. A reasonable fee may be charged to copy and/or send your record, as permitted by law. If your record is maintained electronically, we will provide you with a copy of the record in a readable electronic form and format. If you are denied access to your health record for certain reasons the denial may be reviewable. To obtain a copy of your medical record, please contact the Registration Desk located in the Clinic.

**Right to Request an Amendment to your Health Record:** You may make a written request to amend your protected health information, as long as the information is kept by or for us. You must give us a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact our Compliance Officer if you have any questions about amending your health record.

**Right to Obtain an Accounting of Disclosures of Your Health Information:** You have the right to request an accounting of some of the disclosures of your health information made by us. The first accounting will be provided to you for free, but you may be charged for any additional accountings requested during the same calendar year. Please contact the Registration Desk at the Clinic if you wish to obtain this information.

**Right to Request Communication of your Health Information:** You have the right to request that confidential communications be made by alternate means (e.g. fax versus mail) or at alternate locations (alternate address or telephone number). Your request must be in writing. We will honor your request if it is reasonable. Please make this request in writing to our Compliance Officer.

**Right to Receive Notice of a Breach:** You have the right to be notified in writing following a breach of your health information that was not secured in accordance with security standards as required by law.

### Contact for Requests or Questions About this

**Notice:** To exercise any of the rights described above, or if you have any questions about this Notice, please contact our Compliance Officer at 309.671.3000 or by mail at the University of Illinois College of Medicine at Peoria, One Illini Drive, PO Box 1649, Peoria, IL 61656-1649, Attention: Compliance Officer.

**Complaints:** If you believe that your privacy rights have been violated by us, you may file a complaint with us by contacting our Compliance Officer at 309.671.3000 or by mail to the University of Illinois College of Medicine at Peoria, One Illini Drive, PO Box 1649, Peoria, IL 61656-1649, Attention: Compliance Officer.

You also have the right to file a written complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

**Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future.

## CONTACT

To exercise any of the rights described in this brochure, or if you have any questions about this notice, please contact our compliance officer at 309.671.3000 or mail questions to:

Compliance Officer  
University of Illinois  
College of Medicine at Peoria  
One Illini Drive, Box 1649  
Peoria, IL 61656-1649