

NOTICE OF PRIVACY PRACTICES of GRAHAM HEALTH SYSTEM

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.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you.

WHO WILL FOLLOW THIS NOTICE

GRAHAM HEALTH SYSTEM. This Notice describes the privacy practices of Graham Health System (GHS) and all of its programs and departments, including its medical clinics, extended care, wellness center, wound clinic, and medical equipment store.

ORGANIZED HEALTHCARE ARRANGEMENT. This notice also describes the privacy practices of an "organized health care arrangement" or "OHCA" between the health system, eligible providers on its medical staff, Graham Extended Care, Graham Medical Equipment, Graham Medical Group, Graham Wellness Center, Graham School of Nursing, and the Wound Clinic. Because the health system is a clinically integrated care setting, our patients receive care from health system staff, from independent practitioners on the medical staff, and other Graham entities. The health system, its medical staff, and other Graham entities must be able to share your medical information freely for treatment, payment, and health care operations as described in this notice. Because of this, the health system, all eligible providers on the health system's medical staff, and Graham entities have entered into the OHCA under which the health system and the eligible providers will:

- Use this notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;
- Obtain a signed acknowledgment of receipt; and
- Share medical information from inpatient and outpatient health system visits with eligible providers so that they can help the hospital with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The following are the types of uses and disclosures we may make of your medical information without your permission. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you. Where State or Federal law restricts one of the described uses or disclosures, we follow the requirements of such State or Federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment: We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and other healthcare professionals who are involved in your care within the health system. We will also disclose your medical information to your physician and other practitioners, providers, and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

Payment: We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans, and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes. You can also request a non-disclosure to insurance by paying your bill in full at the time of service.

Health Care Operations: We may use or disclose your medical information for our health care operations. For example, medical staff members may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance provider, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for their operations.

Business Associates: We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their job. These include but are not limited to: auditing, accreditation, legal services, and consulting services. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies. These outside companies, business associates, are contracted with GHS to keep any Protected Health Information (PHI) received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical services. You authorize GHS to call the number you provided, including mobile devices, for any lawful purpose, without any reimbursement from GHS for charges that may be incurred.

Treatment Alternatives: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Health Information Exchange: Graham participates in a Health Information Exchange (HIE). This allows us to share current health information about you with other participating doctors and hospitals to assist them in providing care to you. Participation in an HIE also allows Graham to access current information about you from other providers to assist us in your treatment. In all cases, the requesting provider must have, and be able to prove they have, a treatment relationship with you. Graham participates in the Central Illinois HIE (CIHIE). For more information about how patient information is shared through CIHIE you may contact the Graham Health System Privacy Officer, or review information



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at www.cihie.org. If you do not wish to share your information via the HIE, you may contact the Graham Privacy Officer.

Fundraising: We may contact you as part of a fundraising or marketing effort. We may also disclose certain elements of your medical information, such as your name, address, phone number, dates you received treatment or services, and the department from which you received service to a business associate or a foundation related to the health system so that they may contact you to raise money for the health system. If you do not want Graham Health System or its affiliates to contact you for fundraising and you wish to opt out of these contacts, or if after opting out you wish to opt back in, you must call 309-647-5240 and leave a message or email ghsroi@grahamhospital.org. Enter "opt out" in the subject line, and then enter your name, address, and phone number in the message.

Marketing: We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you. If you do not want Graham Health System or its affiliates to contact you for marketing and you wish to opt out of these contacts, or if after opting out you wish to opt back in, you must call 309-647-5240 and leave a message or email ghsroi@grahamhospital.org. Enter "opt out" in the subject line, and then enter your name, address, and phone number in the message.

Family and Friends: We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies, or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to Graham Health System. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Required by Law: We will use and disclose your information as required by Federal, State or local law.

Public Health Activities: We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect or Domestic Violence: We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. Unless law requires such disclosure, we will only make this disclosure if you agree.



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

Judicial and Administrative Proceedings: 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 the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement: We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Deceased Individuals: We may release medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties. We may disclose PHI to a family member, relative or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to Graham Health System.

Organ, Eye or Tissue Donation: We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research: Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to Health or Safety: Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.



Specialized Government Functions: We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, to ensure your health and safety and the health and safety of others, we may disclose your medical information to the institution, its agents, or law enforcement officials.

Workers' Compensation: We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

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Incidental Uses and Disclosures: There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Employer Sponsored Health and Wellness Services: We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

Other Uses and Disclosures: Other uses and disclosures of your medical information not covered above will be made only with your written permission. Most uses and disclosure of psychotherapy notes, uses and disclosure of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

INDIVIDUAL RIGHTS

Request for Voluntary Restrictions: You have the right to request a restriction on how we use and disclose your medical information for treatment, payment, and health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree. If we agree to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. Graham Health System will agree to restrict disclosures of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual or a person other than the health plan has paid Graham Health System for in full. A request for such a restriction should be made in writing. For example if a patient pays for a service completely out of pocket and asks Graham not to tell his/her insurance company about it, we will abide by this request. To request this restriction you must inform Patient Access upon registration or contact the Business office within 3 days of service. We reserve the right to terminate any previously agreed to restrictions (other than a restriction we are required to agree to by law). We will inform you of the terminations of the agreed to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.



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Access to Medical Information: You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary. You also have a right to obtain an electronic copy of your EHR (Electronic Health Record). You may direct the provider to send it directly to another person/entity. Patients 18 years and older may access certain parts of their hospital medical record through the My Graham Patient Portal. In addition, certain parts of the Graham Medical Group patient records may be accessed through the Patient Portal. These records are available 24/7.

Right to Inspect and Copy: You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or doctor while you are an inpatient or to the Health Information Management (HIM) Department while an outpatient. Requests for copies of your PHI must go to the HIM Department. For PHI in a designated record set that is maintained in an electronic format you can request an electronic copy of such information.

Amendment: You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. Request for amending the PHI should be made to HIM. If we deny your request we will provide you with a written explanation of the reasons and your rights. You may respond with a statement of disagreement to be appended to the information you wanted to amend. We will make reasonable efforts if we accept your request to amend to inform others including the people you name on the amendment, and to include the changes in any future disclosures of that information.

Accounting: You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates. You may receive a report of who accessed your electronic protected health information during the three-year period prior to the date of your request. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

Breach notification: You have the right to be notified in the event that we, or one of our business associates, discover a breach of unsecured protected health information involving your medical information.

Confidential Communications: You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.



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ABOUT THIS NOTICE

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. You may obtain a copy of this notice on our website at www.grahamhospital.org.

Changes To This Notice: We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be available at the health system and other business entities and include the effective date. An updated version of the notice is available on the Graham Health System web site at www.grahamhospital.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Graham Health System by contacting the main number 309-647-5240 and asking for the Privacy Officer, or you may contact the Secretary of the Department of Health and Human Services at 877-696-6775. To file a complaint with the health system, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

CONTACT INFORMATION

GRAHAM HEALTH SYSTEM PRIVACY OFFICER
210 W. Walnut St.
Canton, IL. 61520
Phone: 309-647-5240

U.S. DEPT. of HEALTH & HUMAN SERVICES
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

EFFECTIVE DATE OF NOTICE: April, 2017



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