

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

The **Health Insurance Portability and Accountability Act (HIPAA)** is a **federally mandated law**. It provides guidelines to health care providers about the privacy of your medical information and requires us to inform you of our privacy policies.

This privacy notice, provided by Prairie Cardiovascular Consultants, Ltd. (Prairie), is to inform our patients, in compliance with the HIPAA law, about the uses and/or disclosures and rights pertaining to their medical information. You may be asked to acknowledge in writing your receipt of this notice.

**An audio version of the Notice of Privacy Practices is available at 217-757-6585.**

**Medical information** is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health condition and related health care services or the payment for such services.

### **Who We Are**

We are a network of clinical providers: physicians, nurses and medical professionals, in Illinois working together as part of the Hospital Sisters Health System (HSHS). Our medical professionals support the Mission of HSHS, which is dedicated to compassionate, holistic health care that treats the whole person, in the spirit and tradition of our founding Hospital Sisters of St. Francis.

### **Our pledge to you**

We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care, to share with other physicians and hospitals involved with your care, and to comply with legal requirements. This notice applies to all of the records of your medical care that we maintain, whether created by Prairie physicians and staff, your family doctor or other health care professionals. These other physicians and health care professionals may have different policies or notices regarding their uses and disclosure of medical information.

### **How we may use and disclose medical information about you**

We may use and disclose medical information about you without your prior authorization:

- **For treatment** (such as sending medical information about you to physicians, nurses, technicians, pharmacies, medical students, support staff, medical records, laboratories, transcriptionists, home health agencies, visiting nurses, hospitals, and ambulance companies).
- **To obtain payment for treatment** (such as sending billing information to your insurance company, Medicare, other third party payers, collection agencies, and/or a family member that is helping you pay for your health care).
- **To support our health care operations** (such as comparing patient data to improve treatment methods, audit functions, and monitoring quality care).

We may use or disclose medical information without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without your prior authorization for **public**

**health purposes, abuse or neglect reporting, health oversight activities, government functions, research studies, funeral arrangements, organ and tissue donation, worker's compensation, and emergencies.** We may disclose medical information when **required by law**, such as in response to judicial or administrative orders.

We may contact you about the following:

- **Potential treatment** options,
- Health related benefits and services,
- To support internal **fundraising** with an opportunity to opt out, and
- Your satisfaction with our services.

We may contact you for **appointment reminders**, to schedule medical services, to inform you of **test results**, and **payment status**. We may disclose medical information about you to a **friend, family member or other person** who is involved in your medical care. We may do so by mail, telephone and other methods, including leaving information on an answering machine. We may disclose medical information about you to **disaster relief authorities** so that your family can be notified of your location and condition.

We will use our professional judgment in determining what we disclose and to whom, based on our evaluation of your best interests.

### **Philanthropy**

We may use your information, including but not limited to name, address, gender, date of birth, treating physician, department of service and outcome information, to contact you for our own fundraising purposes which support important activities of Prairie's cardiovascular services through the Prairie Heart Foundation, a branch of the Hospital Sisters of St. Francis Foundation. You may opt out of receiving fundraising communications from us at any time.

### **Other uses of medical information**

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you, such as, marketing and sales purposes. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision except to the extent those disclosures have already been made based upon your original authorization.

### **Your rights regarding medical information about you**

In most cases, you have the **right to view and/or obtain a copy either in paper or electronic format** of medical information in a designated record set that we use to make decisions about your care by submitting a written request. We may charge a reasonable, cost-based fee for the cost of copying, mailing or other expenses. If we deny your request to view or obtain a copy in paper or electronic format, you may submit a written request for a review of that decision.

If you believe information in your record is incorrect or if important information is missing, you have **the right to request we amend the records** by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine the record is accurate. You may appeal, in writing, our decision to deny your request.

You have the **right to receive a list** of disclosures of medical information for reasons other than treatment, payment, health care operations or where you specifically authorize a disclosure, by submitting a written request. The request must state the time period desired for the list, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper form. The first disclosure list request in a 12-month period is free; other requests may be subject to a fee. We will inform you of the cost before you incur any costs.

You have the **right to obtain additional copies** of the Prairie Notice of Privacy Practices upon request.

If this Notice was sent to you electronically, you have the right to a paper copy.

You have the **right to request medical information about you be communicated** to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. We will accommodate all reasonable requests.

You have the right to **request in writing restrictions** on uses and disclosures of medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you or for notification purposes. You have the **right to restrict certain disclosures of your medical information to a health plan, in writing, for a service paid in full or out of pocket.** You may not limit the uses and disclosures we are legally required or allowed to make.

You may be notified of any breach of confidentiality within 60 days of discovery of the breach. The notification will include a brief

description of the breach and the information disclosed, steps you should take to protect yourself from harm, and a contact person to obtain additional information.

All **written requests or appeals** concerning your rights to medical information should be submitted to the HIPAA Privacy Office listed at the end of this notice.

#### **Who will follow this notice?**

Prairie provides health care to our patients in partnership with physicians and other professionals and organizations. The privacy practices in this notice will be followed by:

All employees of our organization, including staff at our affiliate sites with whom we may share information.

Any Business Associates of Prairie with whom we share medical information.

#### **We are required by law to:**

Take reasonable measures to keep medical information about you private.

Give you this notice of our legal duties and privacy practices with respect to medical information about you.

Follow the terms of the notice of privacy practice that is currently in effect.

#### **Changes to this Notice**

We may make changes to our privacy practices at any time. Changes will apply to medical information we already maintain, as well as medical information obtained after the change. If we make a significant change in our privacy practices, we will post a new Notice of Privacy

Practices in waiting room areas. You can request a copy of a current Notice of Privacy Practices at any time. The effective date is listed on the cover.

#### **Questions or Complaints**

If you are concerned your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our HIPAA Privacy Office or you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our HIPAA Privacy Office can provide you the address. You will not be penalized or retaliated against for filing a complaint in good faith.

If you have any questions, please contact our HIPAA Privacy Office at the address, phone number, or E-mail address listed below.

**Prairie Cardiovascular Consultants, Ltd.**  
**HIPAA Privacy Office**  
**619 East Mason Street- Suite 4P57**  
**PO Box 19420**  
**Springfield, Illinois 62794-6420**  
**217-788-0706**  
**HIPAA2@prairieheart.com**

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# Notice of Privacy Practices

**(Effective: March 26, 2013)**  
**(Revised: October 6, 2016)**