

Notice of Privacy Practices for Schuyler County Hospital District

Please review this Notice carefully as it describes:

- ☐ How health information about you may be used and disclosed.
- ☐ Your rights with respect to your health information.
- ☐ How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have the right to a copy of this Notice (in paper or electronic form) and to discuss it with Privacy Officer at 217-322-5266, jfield@sdcmh.org if you have any questions.

Intent of Notice

This Notice describes the privacy practices of Schuyler County Hospital District. It applies to the health services you receive at Schuyler County Hospital District. Schuyler County Hospital District will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out our treatment, payment, and healthcare operations.

Our Privacy Obligations

We are required by law to maintain the privacy of your health information and provide you with our Notice of Privacy Practices (“Notice”) of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We may update our privacy practices and the terms of our Notice from time to time. If we make changes, we will provide you with a revised Notice and post it in our office. The new Notice will apply to all health information we maintain, including information created or received before the date of the revision.

If there is a breach of your unsecured health information, we are required to notify you promptly. This means if your health information is accessed, used, or disclosed in a way that is not permitted by HIPAA, and poses a risk to your privacy, we will inform you about what happened and what steps you can take to protect yourself.

We take our legal responsibilities seriously and are dedicated to ensuring your health information is handled with the utmost care and respect. If you have questions or concerns about your privacy rights, please feel free to contact us. We are here to help.

Federal and State Law Notice

Federal and state laws require we protect your health information and federal law requires us to describe to you how we handle that information. When federal and state law differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

How We May Use or Disclose Your Health Information

We are permitted by law to use or disclose your health information for the following purposes without your written authorization:

Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to others who are involved in taking care of you. We may share your health information with another healthcare provider to deliver, coordinate, or manage your healthcare.

Payment. We may use or disclose your health information to obtain payment for services provided for you. For example, we may disclose information to your health insurance company or another payer to obtain pre-authorization for payment for treatment.

Healthcare Operations. We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting the organization.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times, it may be necessary for us to provide your health information to one or more of these outside persons or organizations to assist us with our healthcare operations. In all cases, our contracts with these business associates require them to protect the privacy of your health information.

Health Information Exchange. We may take part in or make possible the electronic sharing of health information. The most common way to do this is through local or regional health information exchange ('HIEs'). HIEs help doctors, hospitals, and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved, it helps us keep your health bills lower, for example, by avoiding repeating lab tests, and it helps us improve the overall quality of care provided to you and others. You may opt out of having your health information shared through the HIE at any time either during registration or by submitting a written request to Health Information Management Department at 238 S. Congress Street, Rushville, Illinois 62681. Opting out of the HIE sharing means your providers will need to obtain your records, as permitted, or required by law and as described in this Notice, by other means, such as fax or mail.

Other Permitted Uses and Disclosures. We may also use or disclose your information for certain purposes allowed by 45 CFR 164.512 or other applicable laws and regulations, including the following purposes:

- ☐ To avoid a serious threat to your health or safety or the health and safety of others.
- ☐ As required by state or federal law such as reporting abuse, neglect, or certain other events.
- ☐ As allowed by workers' compensation laws for use in workers' compensation proceedings.

- ☐ For certain public health activities such as required reporting of immunizations, disease, injury, birth, and death, or in connection with public health investigations.
- ☐ For certain public health oversight activities such as audits, investigations, or licensure action.
- ☐ In response to a court order, warrant, or subpoena in judicial and administrative proceedings.
- ☐ For certain specialized government functions such as military services or correctional institutions.
- ☐ For research purposes, if certain conditions are satisfied.
- ☐ In response to certain requests by law enforcement to locate a fugitive, victim, or witness, or to report deaths or certain crimes.
- ☐ To coroners, medical examiners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

Potential for Redisclosure. Please be aware that once we share your reproductive health information or any other health information with someone outside of your organization, they may not have to follow the same privacy rules we do. For example, if your information is shared with a company that is not covered by HIPAA, like a marketing firm, they may use or share your information in ways that are not protected under HIPAA. We encourage you to be careful when sharing your health information with others and to ask how they plan to use or protect it.

Disclosures We May Make Unless You Object

We may disclose your health information in the following situations unless you tell us not to:

Family Members, Friends, and Others Involved in Your Care. We may disclose your health information to designated family members, friends, and others who are involved in your care or in the payment for your care to facilitate that person's involvement in caring for you or paying for your care. If you are present and able to make decisions, we will give you the opportunity to object to these disclosures. If you are not present or are unable to make decisions, we may share your information if we determine it is in your best interest.

Disaster Relief Efforts. We may disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition, or death.

Facility Directories. If you are admitted to our facility, we may use your name, location in the facility, general condition, and religious affiliation in our facility directory. This information may be disclosed to people who ask for you by name, except for your religious affiliation, which will only be disclosed to clergy members. You have the right to object to this inclusion.

Fundraising Activities. We may use your information to contact you for fundraising efforts. You have the right to opt out of receiving these communications.

Appointments and Services. We may use and disclose your information to remind you of upcoming appointments. We may also inform you about treatment options, alternatives, or other health-related benefits and services that may be of interest of you.

School Immunization Requests. We may share your health information for purposes for school immunization requests if the school is required by law to have documentation of such immunization(s) for enrollment.

Uses and Disclosures with Your Written Authorization

We will obtain your written authorization before using or disclosing your health information for purposes not covered by this Notice or the laws that apply to us. This includes:

Psychotherapy Notes. We will obtain your specific authorization before disclosing any psychotherapy notes unless otherwise permitted or required by law, except in limited circumstances.

Sensitive Health Information. We will obtain your written authorization before using or disclosing any sensitive medical information for purposes other than those described in this Notice or as otherwise permitted or required by federal or state law. This includes getting your written authorization before sharing information about certain conditions, such as mental health, HIV/AIDS status, or genetic information.

Sale of Health Information. We will obtain your written authorization before receiving direct or indirect remuneration in exchange for your health information, except in limited circumstances.

Marketing. We will obtain your written authorization for any use or disclosure of your health information for marketing purposes, except if the communication is in the form of face-to-face communication with you or involves promotional gifts for nominal value.

Substance Use Disclosure Treatment Records. If we receive substance use disorder treatment records from programs that are covered by federal law (42 CFR Part 2), or if someone shares information from those records with us, we will keep that information private. We will not use or share those records in any court, legal, or government case against you unless you give us written permission to do so, or we get a court order, along with a subpoena or other legal requirement, which tells us that we must share the information. If a court order is involved, we will only use or share your information as allowed by the court order. When required, we will make sure you, or the holder of the information, get notice of the court order and a chance to speak up before any information is shared.

Other Uses and Disclosures. Any other uses or disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

Special Protections for Reproductive Health Information

Reproductive Health Information. We are committed to protecting the privacy of your reproductive health information. This information includes details related to pregnancy, contraception, pregnancy termination, fertility treatments, and other related services. In line with federal and applicable state laws, we will not use or disclose your reproductive health information for certain purposes without your explicit permission.

We will not use or disclose your reproductive health information for any criminal, civil, or administrative investigation or proceedings. For example, if you seek reproductive health services that are legal in your state, we will not disclose your information to law enforcement or other authorities for the purpose of investigating or prosecuting you or your healthcare provider.

We will not use or disclose your reproductive health information to impose liability on individuals seeking reproductive health care. For instance, if you travel out of state to obtain reproductive health services, we will not share your information with authorities in your home state who may seek to impose legal consequences on you or those who assisted you.

Attestation Requirement for Certain Uses and Disclosures. In some situations, we may be asked to share your health information with others, such as law enforcement, courts, or government agencies. Before we do, the person or group requesting your information must provide a statement, called an attestation, that certain conditions have been met. This ensures that your information is not used in ways that are against the law. Here is when we need an attestation:

- ☐ **Law Enforcement Requests:** If law enforcement asks for your reproductive health information for an investigation, we will only share it if they confirm that the information will not be used to investigate or prosecute you or your healthcare provider for legal reproductive health care.
- ☐ **Court Orders or Subpoenas:** If a court or lawyer requests your information for a legal case, we will require them to confirm that the information will be used properly and in accordance with the law.
- ☐ **Government Investigations or Audits:** If a government agency needs your information for auditing or investigating our healthcare practices, we will ask for an attestation to ensure the information is used only for that purpose.
- ☐ **Coroners and Medical Examiners:** If a coroner or medical examiner requests reproductive health information, we need them to provide a statement confirming that the information is needed for their official duties, such as investigating the cause of death or performing autopsies.

Your Rights Regarding Your Health Information

You have several rights concerning your health information. Understanding and exercising these rights helps ensure your privacy and the confidentiality of your information. Here are your rights and how you can exercise them:

Right of Access to Health Information. You have the right to review and obtain copies of your health information except in certain situations where access may be restricted by law. If we have your health information in electronic format, you can ask for a copy in a reasonable electronic format, which might be free or come with a small fee. To request access, please send us a written request that is signed by you or your legally authorized representative.

In some cases, we might not be able to give you access to your records. If this happens, you can ask for a review of the denial. A different licensed healthcare professional, not the one who made the original decision, will review your request and the denial. We will comply with the outcome of this review.

Right to Amend Your Records. You have the right to ask us to change or correct the health information we keep about you. To make a request, you need to submit a written request that is signed by you or your legally authorized representative and explains why you think a change is needed. We will carefully review all requests, but we are not required to make the changes. If we agree to your request, we will update your records and let you know. We cannot change what is already in the record, but we will notify others who have incorrect or incomplete information if needed.

If we deny your request, you can add a note to your record explaining your side of the story. We will send you a written notice explaining why the request was denied and your rights to add your comments.

Right to an Accounting of Disclosures. You have the right to request a list of certain times when we have shared your health information over the past six years. This list will not include every time we have shared your information, like when it is for treatment, payment, healthcare operations, or shared directly with you or with your permission. To request these lists, please send a written request signed by you or your legally authorized representative. The first list you request in a 12-month period is free; if you ask for additional lists within the same year, there will be a fee. We will let you know the fee when you make your request.

Right to Request Restrictions. You have the right to ask us to limit how we use or share your health information. For example, you might want to restrict how we use your information for treatment, payment, or healthcare activities, even if you have already given us permission. You can also ask us not to share your information with your health plan if you have paid for the healthcare service yourself. In this case, we will not share your information with your health plan unless the law requires it.

To make this request, write to us and explain what limits you want and why. We do not have to agree to every request, but we will do our best to honor reasonable ones. If we agree to your request, we will follow the restrictions unless you need emergency care, and the restricted information is needed to treat you. In an emergency, we might use or share the restricted information to make sure you get the care you need. If we agree to any restrictions, we can remove them later if needed. We will let you know if we decide to list any restrictions.

Right to Request Confidential Communications. You can ask us to contact you in different ways or at a different place if that is more convenient or private for you. For example, you might want us to call you at work instead of home or send you information by email rather than by mail. To make this request, write to us and let us know how and where you would like to be contacted. You do not need to explain why you are making the request. We will do our best to meet your request if it is reasonable and possible.

Right to Revoke. You have the right to revoke (withdraw) your permission with us to use or share your health information at any time. To revoke your written authorization, please send a written request with your name, the specific authorization you want to revoke, and your signature to the contact person below. Please note that revoking your written authorization will not affect any actions we took before we received your revocation request. If you have given us general permission to use or disclose your health information, you can cancel the permission at any time. We will stop using or disclosing your health information according to the revoked authorization once we receive your written request.

Complaints

If you believe your privacy rights have been violated, you can file a complaint, in writing, to the contact person below. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the below address. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Toll-Free Call Center: 1-877-696-6775

Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Contact

If you have questions, need further assistance regarding, or want to make a request related to this Notice, please contact our Privacy Officer for more information:

Contact Person:	Privacy Officer
Phone:	217-322-5266
Address:	238 South Congress Rushville, Illinois 62681
E-mail:	jfield@sdcmh.org

Effective Date

This Notice is effective as of January 1, 2025.