



NOTICE OF PRIVACY PRACTICES

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. WHO WILL FOLLOW THIS NOTICE:

This Notice describes the privacy practices of Ferrell Hospital at all its service delivery sites. It also applies to independent healthcare providers while providing services in our facilities, such as physicians or other healthcare providers not employed by us, who provide healthcare services in our facilities. This Notice, however, does not govern the privacy practices of these independent healthcare providers for services they provide in their private offices.

II. OUR PRIVACY OBLIGATIONS:

We are required by law to maintain the privacy and security of your medical information, to provide you with this Notice of our legal duties and privacy practices with respect to your medical information and to notify you if a breach occurs that may have compromised the privacy or security of your medical information. Medical information includes all paper and electronic records pertaining to your healthcare and payment for your healthcare. When we use or disclose your medical information, we are required to abide by the terms of this Notice.

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION:

We may use and disclose your medical information without obtaining your authorization as described below. We explain below each category of the use or disclosure, but we do not list every use or disclosure in a category.

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

Treatment: We may use and disclose your medical information to provide treatment and other healthcare services to you. For example, a doctor may need to review your medical history before treating you. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you or to follow up on your care. We may also disclose your medical information to other healthcare providers in order to provide you with various items and services, such as laboratory tests or medications and to make arrangements for home care services, rehabilitation facilities or other healthcare services you may need.

Payment: We may use and disclose your medical information to obtain payment for services that we provide to you. For example, we may disclose to your health insurance company information about what healthcare services were provided to you, so that your insurance company may pay us or reimburse you for the services. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment. We may disclose your medical information to other healthcare providers so that those providers may receive payment for services provided to you. For example, we may disclose your medical information to an ambulance company, so that the ambulance company can receive payment for services provided to you.

Healthcare Operations: We may use and disclose your medical information for our healthcare operations, which are various activities necessary to run our business and which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care we provide. For example, we may use and disclose your medical information to evaluate the performance of our healthcare providers and for quality improvement activities. We may disclose your medical information to medical or nursing students and other trainees for review and learning purposes.

B. Use or Disclosure for Directory of Individuals in Ferrell Hospital: For hospital patients, unless you object, if we maintain a facility directory we may use your name, location in the facility, general condition (e.g., fair, stable) and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. This helps your family, friends and clergy to visit you and learn about your general condition.

C. Disclosure to Relatives, Close Friends, and Others Involved in Your Care: We may disclose to your family members, close friends or to any other person you identify your medical information relevant to such person's involvement in your care or payment for your care. If you are present, we may disclose the information if either you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not say no, or if we reasonably infer that you do not object to the disclosure. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may disclose your medical information that is directly relevant to the person's

involvement with your care if we determine this is in your best interest. We may also use and disclose your medical information in the event of disaster to organizations assisting in disaster relief efforts so that your family can be notified of your condition and location.

D. Fundraising Communications: We may use and disclose to a business associate or an institutionally related foundation certain limited medical information to contact you as part of a fundraising effort on behalf of Ferrell Hospital, unless you have told us that you do not want to receive communications from us for fundraising purposes. For this purpose, we may use and disclose your name, date of birth, address, phone number and other contact information, dates of healthcare services provided to you, department of service information from which you received services at Ferrell Hospital, your treating physician's name, your treatment outcome information and your health insurance status. You have the right to opt out of receiving fundraising communications and if you receive a communication for fundraising purposes, you will be provided with instructions on how to request not to be contacted for fundraising purposes in the future. In addition, if you would like to opt out from receiving any fundraising communications, you can contact our Privacy Officer.

E. Public Health Activities: We may use and disclose your medical information for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, to enable product recalls or disclosing medical information for public health surveillance, investigations or interventions

F. Victims of Abuse, Neglect, or Domestic Violence: We may disclose your medical information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, if the disclosure is required or authorized by law.

G. Health Oversight Activities: We may use and disclose your medical information to a health oversight agency that oversees the healthcare system so they can monitor, investigate, inspect, discipline or license those who work in the healthcare and engage in other healthcare oversight activities.

H. Judicial and Administrative Proceedings: We may use and disclose your medical information in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request or other lawful process, subject to applicable procedural requirements.

I. Law Enforcement Officials: We may disclose your medical information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

J. Decedents: We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for identification of a deceased person or determining cause of death.

K. Organ and Tissue Procurement: We may disclose your medical information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

L. Research: We may use or disclose your medical information for research purposes provided that we comply with applicable laws.

M. Health or Safety: We may use or disclose your medical information to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

N. Specialized Government Functions: We may use and disclose your medical information for special government functions such as military, national security and presidential protective services.

O. Worker's Compensation: We may use and disclose your medical information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.

P. Business Associates: We may disclose your medical information to third party business associates, which are vendors that perform various services for us. For example, we may disclose your medical information to a vendor that provides billing or collection services for us. We require our business associates to safeguard your medical information.

Q. Correctional Institutions: If you are in the custody of law enforcement or a correctional institution, we may disclose your medical information to the law enforcement official or the correctional institution as necessary for health and safety of you or others, provision of healthcare to you or certain operations of the correctional institution.

R. Limited Data Sets: We may use or disclose a limited data set (which is medical information in which certain identifying information has been removed) for purposes of research, public health, or healthcare operations. We require any recipient of such information to agree to safeguard such information.

S. As Required By Law: We may disclose your medical information to the Secretary of the Department of Health and Human Services and as otherwise required by Federal or state law.

T. Health Information Exchange: Ferrell Hospital participates in Care Everywhere which allows healthcare providers to electronically exchange medical information. Through this participation we may receive your medical information from and provide access to your medical information to outside healthcare providers who are treating you unless you choose not to participate by submitting an opt out notification to Ferrell Hospital. We may participate in other health information exchanges that allow your healthcare providers to share your medical information directly through electronic medical system. You may choose to opt out from these health information exchanges by submitting an opt out notification to us.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:

A. Use or Disclosure with Your Authorization: Uses and disclosures of your medical information for any activities and purposes other than the ones described above in this Notice will be made only with your written authorization. For example, you will need to give us your authorization before we disclose your medical information to your life insurance company. Your authorization is required for most uses and disclosures of psychotherapy notes, most uses and disclosures of your medical information for marketing purposes and for sale of your medical information. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, alcohol or drug abuse treatment services or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

B. Right to Revoke Your Authorization: If you provide us with an authorization to use and disclose your medical information, you may revoke your authorization at any time. However, the uses and disclosures of your medical information before the revocation will not be affected by your action and we cannot take back any medical information that has already been disclosed by us in reliance on your previously provided authorization permitting the disclosure. To revoke any previously provided authorization you must submit a written request for revocation to our Privacy Officer.

V. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

A. Right to Request Additional Restrictions: You have the right to ask us not to use or disclose your medical information for purposes of treatment, payment or healthcare operations or to individuals who are involved in your care. To request a restriction, you must submit your request in writing to our Privacy Officer. In your request, you must tell us what information you want us not to use or disclose and to whom you want the restriction to apply (for example, disclosures to a certain family member). We are not required to agree to your request and we will notify you if we don't agree. If you pay for a service or healthcare item out-of-pocket in full and you can ask us not to share that information for the purpose of payment or our operations with your health insurer, we will agree to your request unless a law requires us to share that information. If we agree to your request, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request, we may still disclose your medical information to the Secretary of the Department of Health and Human Services and for certain other purposes described in this Notice for which disclosure is permitted without your authorization. We may end a restriction to which we previously agreed if we inform you that we plan to do so.

B. Right to Receive Confidential Communications: You have the right to request that we communicate with you in a specific way or at a specified location. For example, you can ask that we only contact you at a certain phone number or only send mail to a certain address. To make such request, you must submit your request in writing to our Privacy Officer. In your request, you must tell us how or where you wish to be contacted and to what address we may send bills for services provided to you. We will not ask you about the reason for your request. We will agree to all reasonable requests for confidential communications.

C. Right to Inspect and Copy Your Health Information: You have the right to review and receive a paper or electronic copy of your medical information. You may request that we send a copy of your medical information to a third party. To review and request a copy your medical information, you must submit your request in writing to our Privacy Officer. We may charge a reasonable cost based fee for providing you with a copy of your records.

D. Right to Amend Your Records: You have the right to request that we correct your medical information if you believe it is incorrect or incomplete. You have this right for as long as the information is kept by us. Your request for amendment must be in writing, submitted to our Privacy Officer and provide a reason that supports your request. We may deny your request if you ask us to correct information that we did not create (unless the person or entity that created the information is no longer available to make the correction), is not part of the medical information kept by us, is not part of the medical information which you may inspect and copy, or if we determine that your medical information is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you and give you a chance to submit to us a written statement disagreeing with the denial. We will add your written statement to your record and include it whenever we disclose the part of your medical information to which your written statement relates.

E. Right to Receive an Accounting of Disclosures: You have the right to request a list of the times we have shared your medical information for six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. To request this list, you must submit your request in writing to our Privacy Officer. Your request must state a time period for which you want to receive the accounting. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve months. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

F. Right to Receive Breach Notice: You have the right to receive notice following a breach of your medical information which may have compromised the privacy or security of your medical information.

G. Right to Choose Someone to Act For You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will verify that the person has this authority and can act for you before we take any action.

H. Right to Receive Paper Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask us to give you a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may still ask for a paper copy of this Notice at any time. Copies of this Notice will be available at our facilities. To obtain a paper copy of this Notice, you may also contact our Privacy Officer using the contact information listed below. You may also obtain a copy of this Notice at our website, <https://www.ferrellhosp.org/>.

VI. FOR FURTHER INFORMATION; COMPLAINTS

If you have questions or would like more information about our privacy practices, you may contact our Privacy Officer using the contact information below. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg, Washington, D.C., 20201. We will not retaliate against you if you file a complaint. To file a complaint with us, please direct your complaint to our Privacy Officer:

Privacy Officer
Ferrell Hospital
1201 Pine Street, Eldorado, IL 62930
Phone: 618-273-3361
Email: compliance@ferrellhospital.org

VII. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date: This notice is effective on November 2, 2022.

B. Right to Change Terms of this Notice: We have the right to change this Notice at any time and to apply the revised Notice to all medical information that we maintain about you. We will post copy of the current Notice on our website <https://www.ferrellhosp.org/> and have copies available at our facilities. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. In addition, at any time you may request a copy of the Notice currently in effect. You can also call or write our Privacy Officer at the address listed above in this Notice to obtain a copy of the Notice currently in effect.