

**COOK COUNTY HEALTH & HOSPITALS SYSTEM
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE TELLS YOU HOW YOUR MEDICAL RECORD MAY BE USED
AND SHARED AND HOW YOU MAY GET THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

OUR OBLIGATIONS. We are required to:

- Maintain the privacy of protected health information (PHI).
- Protect the privacy of your PHI and to give you this Notice.
- Follow the terms of our Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

This document describes the ways we may use and disclose PHI. Except as provided in this Notice, we will use and disclose PHI only with your written authorization. You may revoke such authorization at any time by writing.

TREATMENT. We may use and share your PHI to provide care and services for you. For example, we may disclose PHI to doctors, nurses, or other health care providers, including people outside Cook County Health & Hospitals System (CCHHS), who are involved in your medical care and need the PHI to provide you with medical care.

PAYMENT. We may use and share your PHI so that we or others may receive payment for the care and services we provide to you. For example, we may contact Medicare, Medicaid, your insurance company, or other company or program that arranges for or pays the cost of some or all of your health care.

HEALTH CARE OPERATIONS. We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our health care system's programs. For example, we may use and disclose PHI to make sure you receive quality care. We also may share PHI with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

APPOINTMENT REMINDERS. TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS AND SERVICES. We may use and disclose PHI to contact you and to remind you that you have an appointment with us. We may also use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS

AS REQUIRED BY LAW. We will disclose PHI when required to do so by local, state, federal, or international laws.

FAMILY AND FRIENDS. We may share PHI about you with your family members, friends or any other person you tell us who is involved in your health care or who helps pay for it. If you are in one of our facilities, we may tell your family or friends your condition. We also may share health information about you to a disaster relief agency so that your family can be told of your condition and location. You may decide not to share this information but you must let us know.

HEALTH OR SAFETY THREATS. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

EMERGENCIES. We may use or disclose PHI to provide treatment in an emergency situation.

BUSINESS ASSOCIATES. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the PHI is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose PHI other than as specified in our contract.

ORGAN AND TISSUE DONATION. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation; and transplantation.

MILITARY AND VETERANS. If you are a member of the armed forces, we may use PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

WORKERS' COMPENSATION. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

PUBLIC HEALTH RISKS. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability: report births and deaths; report communicable or sexually transmitted diseases; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, investigations, audits, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

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LAW ENFORCEMENT. We may release PHI if asked by a law enforcement official if the PHI is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES. We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose PHI to authorized federal officials so they may provide protections to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

INFORMATION NOT PERSONALLY IDENTIFIABLE. We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

OTHER USES AND DISCLOSURES

We will not use or disclose your PHI for any purpose other than those described in the previous sections without your specific Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose PHI about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose PHI about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In Illinois, a specific written authorization (different than the Authorization and Consent mentioned above) is required to disclose or release records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS treatment information.

We do not use or disclose PHI for marketing purposes or research activities.

YOUR RIGHTS

You have the following rights regarding PHI we have about you:

RIGHT TO REVIEW AND COPY. You have a right to review and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make a request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. If you request a copy of this PHI, we may charge a fee as allowed under the Illinois Law. We may deny your request in certain limited circumstances. You may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome review.

RIGHT TO AMEND. If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the PHI is kept by our office for our office. To request an amendment, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We may deny your request as permitted by law.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations which are not exceptions from an accounting or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We are not required to agree to your request. If we agree, we will comply with your request unless PHI is needed to provide you with emergency treatment.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612.

CHANGES TO THIS NOTICE. We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page underneath the title of this document.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CCHHS or with the Secretary of the Department of Health and Human Services. To file a complaint with CCHHS, contact The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. All complaints must be in writing. You will not be penalized for filing a complaint.