

with your request if it relates to a disclosure to your health plan for purposes of carrying out payment or healthcare operations and the information subject to the limitation relates solely to a healthcare item or service for which we have been paid out of pocket in full. Otherwise, we will consider your request but are not required to accept it. We will inform you of our decision on your request. If we agree, we will comply with your request unless disclosure is required by law, is necessary to provide you with emergency care or has been authorized by you without written revocation.

- COPY OF THIS NOTICE.** You may get a paper copy of the current version of this Notice at any time, even if you have agreed to receive this Notice electronically. To do so you may contact the Privacy Office at the address or phone number below. A current copy of this Notice is also available on our website at memorial.health.

Complaints

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made about your health information, you may write to or call our Privacy Office or our Compliance and Privacy AlertLine, a 24-hour phone service, at 800-541-9331. You may also file a written complaint with the U.S. Department of Health and Human Services—Office for Civil Rights. We honor your right to make a complaint and will not take any action against you for filing a complaint. Our Privacy Office can provide you the address of the Office of Civil Rights.

Compliance and Privacy Hotline
800-541-9331

Compliance Officer
217-788-4311
MHS.Compliance.Officer@mhsil.com

Privacy Officer
217-757-7526
MHS.Privacy.Officer@mhsil.com



Notice of Privacy Practices

EFFECTIVE 10/01/2022

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact our Privacy Office at the address or phone number at the end of this Notice.

Who Will Follow This Notice?

The Notice serves as a joint notice for Memorial Health's ("MH's") affiliated hospitals and ambulatory clinics (collectively referred to herein as "we" or "our"). The information privacy practices in this Notice will be followed by all MH covered entities which are legally separate, independent organizations and not partners or agents of each other. Specifically, our Notice describes our privacy practices and that of:

- Any MH affiliated hospital and healthcare professionals who treat you at any of our locations
- All of our departments and units
- All of our employees, volunteers and medical staff members
- All business associates with whom we share health information

Because we are affiliated covered entities ("ACE"), as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we may share health information with each other for purposes of treatment, payment and healthcare operations as described in this Notice.

Where This Notice Applies

This Notice applies at the following entities:

- Memorial Health
- Decatur Memorial Hospital
- Decatur Memorial Medical Group
- Jacksonville Memorial Hospital
- Lincoln Memorial Hospital
- Memorial Behavioral Health
- Memorial Care
- Memorial Home Care
- Memorial Home Hospice
- Memorial Home Medical Supply
- Memorial Medical Group
- Memorial Specialty Care
- Springfield Memorial Hospital
- Taylorville Memorial Hospital

Our Pledge to You

We understand that your health information is personal and are committed to protecting it. We create a record of the care you receive to assure quality, for billing purposes, and to comply with legal requirements. This Notice applies to all records of your care that we

maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies regarding the doctor's use and disclosure of your health information created in the doctor's office. We are required by law to:

- Keep health information about you private;
- Give you this Notice; and
- Follow the terms of this Notice.

Changes to This Notice

We may change this Notice at any time. Changes will apply to health information we already hold, as well as new information after the change occurs. Before we make a significant change in our privacy practices, we will change this Notice and post the new Notice in the front entrances of our locations and on our website at memorial.health.

How We May Use and Disclose Your Health Information without Your Written Authorization

The following items describe different categories of uses and disclosures of your health information that we may make without your written authorization in accordance with applicable law. We have provided an example for each category, but have not listed every kind of use or disclosure within the category. We will ask for your written authorization for certain other categories of uses and disclosures of your health information, which are described below under the section entitled "Other Uses and Disclosures of Health Information."

- For treatment**, such as disclosing your health information to your doctors, nurses and others involved in your healthcare to provide and manage your care. Treatment also includes the sharing and/or receiving of prescription information with SureScripts, a national prescription database utilized in electronically prescribing medications for treatment. The sharing and/or receiving of prescription information with SureScripts may include prescription information related to mental health or developmental disabilities; sexually transmitted diseases or sexual assault; alcohol and drug abuse treatment; child abuse and neglect; abuse of an adult with a disability; genetic testing; and/or HIV/AIDS testing or treatment. We may also contact you for appointment reminders, to describe or recommend possible treatment options or alternatives, and/or to describe health-related benefits or services that may be of interest to you.
- For payment**, such as creating bills for your care and collecting payment for your care. However, we will comply with your request not to disclose health information to your health plan if the information relates solely to a healthcare item or service for which we have been paid out of pocket in full.
- For healthcare operations**, such as administration, management, business planning and our other operations.

ATTENTION: Interpreting and Translation services are available free of charge in Spanish, French, American Sign Language and other languages. Call 217-588-7770 (TTY users, first dial 711). Memorial Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

- **To legal representatives**, such as to your parents if you are younger than 18 years old.
- **To persons involved in your care or payment for care**, such as to a family member or friend identified by you, if the disclosure is related to the person's involvement in your care or payment for care. In these situations, we will give you a chance to object to the disclosure unless you are unconscious or otherwise unable to object, and we believe the disclosure is in your best interest.
- **For our patient directory**, to let visitors know your location in the hospital and general condition, and also to let clergy know your religious affiliation. Prior to entering you in our patient directory, you will be given an opportunity to restrict or prohibit your information contained in the directory.
- **As required by law**, such as where we must disclose information to comply with a federal, state or local law.
- **For public health purposes**, such as to the government to report a birth or death or suspected child abuse or neglect.
- **For health oversight activities**, such as to government or private agencies as part of an audit or inspection by a government agency which issues our license.
- **For organ and tissue donation**, such as where a patient has died or is near death, and may be a candidate for organ donation.
- **For disaster relief**, such as to an organization helping with disaster relief so that your family can be told about your condition, status and location.
- **For worker's compensation purposes**, such as to comply with the Illinois worker's compensation law or similar programs that provide benefits for work-related injuries or illness.
- **For fundraising purposes**, we may use and disclose limited information about you (including your name, address, phone number and dates on which you received care from us) to our affiliated fundraising organizations;

- **Decatur Memorial Foundation:** 2300 N. Edward St., Decatur, IL 62526, Phone: 217-876-2106

- **Jacksonville Memorial Foundation:** 600 W. Walnut St., Jacksonville, IL 62650, Phone: 217-245-9541

- **Lincoln Memorial Foundation:** 200 Stahlhut Drive, Lincoln, IL 62656, Phone: 217-605-5006

- **Springfield Memorial Foundation:** 701 N. First St., Springfield, IL 62781, Phone: 217-788-4700

- **Taylorville Memorial Foundation:** 201 E. Pleasant St., Taylorville, IL 62568, Phone: 217-707-5271

We will provide you with an opportunity to opt out of receiving fundraising communications. Please contact the appropriate Foundation for further information on opt-out options and procedures.

- **For lawsuits and disputes**, such as in response to a valid court order or subpoena.
- **For law enforcement purposes**, such as to respond to a law enforcement official's request to help locate a suspect or witness or to alert law enforcement to a death that may be the result of a crime.
- **To avert a serious threat to health or safety**, such as to prevent or lessen a serious threat to the health and safety of you, the public or another person.
- **To correctional institutions**, such as to a correctional institution at which you are an inmate to protect your health and safety or that of others.
- **For military and veteran activities**, such as disclosing health information about a member or veteran of the armed forces to appropriate military authorities.
- **For national security and intelligence activities**, such as to federal officials for intelligence and other national security activities authorized by law.
- **For protective services for the President and other officials**, such as to authorized federal officials for the purpose of protecting the President or foreign heads of state.
- **For disclosures about a person who has died or is near death**, such as to a funeral director for funeral arrangements or a coroner or medical examiner to identify a person who has died.

Other Uses and Disclosures of Health Information

For any category of use or disclosure that is not described in this notice or authorized by law, we must obtain your written authorization. If you give us your written authorization, you may revoke (cancel) it at any time by submitting a written revocation to our Privacy Office or to the department, office or other location that originally received your authorization. Your revocation will be effective except to the extent that we have already acted upon it. We will obtain your written authorization for the following categories of use and disclosure:

- **HIGHLY SENSITIVE INFORMATION.** Federal and state law may require us to obtain your written authorization to disclose highly sensitive health information under certain circumstances. Highly sensitive health information is health information that is: (1) in a therapist's psychotherapy notes; (2) about mental illness or developmental disability services; (3) about HIV/AIDS testing or treatment, including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative; (4) about substance use disorder treatment; (5) about sexual assault; (6) about genetic testing; (7) about minor pregnancy test results; or (8) other information given special privacy under state or federal laws. Sometimes the law even requires us to obtain a minor patient's authorization to disclose this highly sensitive information to a parent or guardian.

- **RESEARCH.** If required by law or our committee which oversees our research activities, we will obtain your written authorization before using or disclosing your health information for research purposes.
- **MARKETING.** We will obtain your written authorization before using patient information about you to send you any marketing materials, as defined by HIPAA. However, we may provide you with marketing materials in a face-to-face encounter or give you a promotional gift of minimal value without your authorization. We may also communicate with you about products or services relating to your treatment, case management or care coordination, or alternative therapies without your written authorization.

OHCA's

We engage in a clinically integrated care setting, meaning our patients receive care from our employed staff and from other independent practitioners. We and these independent practitioners must be able to share your medical information freely for treatment, payment and healthcare operations, including joint quality assurance and/or utilization review activities, as described in HIPAA and this Notice. Because of this need for sharing, we have entered into the following organized healthcare arrangements (or, "OHCA's"):

- We maintain some of our medical records through the use of a shared electronic health record system. Through the shared electronic health record, our patients' protected health information is combined with that of other covered entities, including Southern Illinois University School of Medicine, Southern Illinois University Medicine and Springfield Clinic, such that each patient has a single health record with respect to services provided by the participating covered entities in the Springfield, Illinois, area.
- We maintain some of our medical records through the use of an electronic platform maintained by our business associate, Innovista. Through the use of this platform, our patients' protected health information is combined with that of other covered entities, including Southern Illinois University School of Medicine and Southern Illinois University Medicine, such that multiple data sources may be brought together to promote a collaborative environment to ensure treatment, payment and healthcare operations goals are met.
- Memorial Behavioral Health participates with other behavioral health services agencies (each a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, the Participating Covered Entities have formed one or more organized systems of healthcare in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of healthcare with other Participating Covered Entities, and as such, qualify to participate in an OHCA. As OHCA participants, all Participating Covered Entities

may share the PHI of their patients for the healthcare operations purposes of the OHCA.

For more information as to which Memorial Health covered providers are participants in these OHCA's, please contact our Privacy Office at the number or address provided herein.

Rights Concerning Your Health Information

You have the following rights concerning your health information, which may be exercised by contacting the Privacy Office at the number or address provided herein.

- **LOOKING AT RECORDS.** In most cases, you may look at or get a copy of treatment or billing records, including laboratory test reports. If you request copies, we may request you to sign an authorization and charge a fee for the cost of copying and mailing them. If we deny your request, you may submit a written request for a review of that decision. If we maintain your health information in an electronic health record, you may obtain a copy in electronic format or direct us to send a copy in electronic format directly to another entity or person. We may charge a fee for our labor costs in responding to your request for records in electronic format.
- **AMENDMENTS.** If you believe that information in a treatment or billing record is incorrect, you may request that we amend the record, including your reason for requesting the amendment. We may deny your request to amend a record if the information was not created by us, if it is not part of the health information maintained by us or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **ACCOUNTING.** You may request a list called an "accounting" of certain disclosures of health information about you, other than common disclosures (such as for treatment, payment or healthcare operations). Your request for the list must include the time period desired for the list, which must be less than a six-year period prior to the date of the request. You may receive the list in paper or electronic form. The first list request in a 12-month period is free; other requests will be charged according to our cost of producing the list at the time the request is received. We will inform you of the cost before you incur any costs.
- **CONFIDENTIAL COMMUNICATIONS.** You may request that health information about you be communicated to you in a certain way or at a certain place, such as by sending mail to your work address. We will agree to reasonable requests, but, if the request may result in our not being paid for your care, then we may require you to provide additional information about how payment will be handled.
- **ADDITIONAL LIMITS.** You may request a limit on how we use or disclose your health information for treatment, payment or healthcare operations or to persons involved in your care. We will comply