

NOTICE OF PRIVACY PRACTICES

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

What is covered by this Notice?

This Notice describes the way your health information may be used and disclosed by us, and describes your rights and our obligations concerning your protected health information.

This Notice covers the health care services provided at SwedishAmerican Hospital, including SwedishAmerican Medical Group, Swedish-American Home Health Care and Swedish-American Medical Center Belvidere, as well as those physicians and other health care providers on our SwedishAmerican Hospital Medical Staff and those providing health care services in such locations ("SwedishAmerican").

For further information concerning the providers or sites covered by this Notice, you may contact our SwedishAmerican Operator or the Swedish-American Privacy Officer using the telephone number or address provided at the end of this Notice.

How we may use and disclose your health information: For treatment, payment, and health care operations:

SwedishAmerican may use or disclose your health information in order to provide you treatment. For example, we may use or disclose your health information for treatment purposes in order to provide, coordinate, or manage health care and related services among your health care providers, such as when one physician refers you to another health care provider or requests a consultation by a specialist. We may use or disclose your health information for payment purposes, such as to bill your insurance company or Medicare in order to

obtain reimbursement (payment) for the health care services provided you. Disclosures for payment purposes are subject to your right to request restrictions on our uses and disclosures of your information, as described later in this Notice.

We may use or disclose your health information for health care operations purposes, which are activities related to managing our organization, in the provision of health care that may include improving quality of care, reducing health care costs, conducting training programs for students or practitioners, and accreditation or provider licensing or credentialing activities.

We use health information exchanges (HIEs) to electronically share your health information with other providers and professionals who are involved in your health care, as permitted by applicable law. Please review the attached Health Information Exchange Disclosure for additional information. Additionally, we may make your health information available to you or your personal representatives through an electronic personal health record (PHR). Your participation in HIEs and PHRs is voluntary, and you may opt out of either or both by contacting the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice.

In addition, we may contact you to provide appointment reminders, or to inform you about treatment alternatives or other benefits or services that may be of interest to you.

We cannot use or disclose your health information for marketing purposes without your authorization, except in the case of face-to-face communications and promotional gifts of nominal value. We also cannot sell PHI without your authorization, except under certain limited circumstances that are specifically permissible under law.

We may use and disclose your health information for fundraising purposes, and you have the right to opt out of receiving such communications by contacting the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice.

We may not use or disclose psychotherapy notes without your authorization except in certain limited circumstances: (i) for treatment; (ii) for supervised mental health training programs; (iii) for health oversight activities or certain permitted uses by coroners and medical examiners; (iv) to defend legal actions brought against us; (v) as required by law, and (vi) to prevent or lessen a serious and imminent threat to public health or safety.

Facility directory, friends and family:

In the event you need to seek treatment or services at SwedishAmerican, we will include your name, your location in the hospital, and your general condition and religious affiliation in our facility directory, unless you object or request us not to.

We may release your name, location, general condition and religious affiliation to a clergy member, and may release your location, and general condition to any person who asks for or about you by name, unless you request us not to. If you are incapacitated or involved in an emergency, such information may be included in the facility directory without opportunity for you to object.

With respect to your friends, family, relatives and others whom you have identified, we may disclose certain information related to such persons' involvement in your care or payment for care, unless you request us not to. If you are incapacitated or involved in an emergency, we may disclose such information without opportunity for you to object.

We may also disclose health information concerning your location and condition in an attempt to notify or locate your family, personal representative, or other person responsible for your care, or to assist disaster relief authorities in such notification activities, again, unless you have

objected, and without opportunity to object if the situation involves an emergency or incapacitation. We retain the authority to exclude or not include you in the directory if doing so may cause a threat to your safety or that of others who may provide care for you. We may exercise professional judgment in allowing persons to act on your behalf in situations such as picking up your prescriptions, medical supplies, x-rays, or other forms of your health information with your consent and presentation of government issued identification.

In situations where you are unable to object due to incapacity or an emergency treatment circumstance, our disclosures under this section will be consistent with your prior expressed preference and our professional judgment as to whether the disclosure is in your best interest. We will inform you of these disclosures and provide you with an opportunity to object to future disclosures when it becomes practicable to do so.

Additional disclosures made pursuant to law or for public health purposes:

There are a number of situations in which we may use or disclose certain health information about you without requesting your authorization to do so, such as for public health activities and where the law authorizes such uses and disclosures of your health information.

We may use and disclose your health information when that use or disclosure is required by law. For example, reporting abuse, violence or neglect against children or the elderly or responding to a Court order. We may release your information to local, state or federal public health agencies subject to the provisions of applicable state and federal law, or other persons authorized to carry out certain activities related to public health, such as for reporting communicable disease, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other

proceedings related to oversight of health care delivery.

Additionally, disclosures are made when required for judicial or administrative proceedings, law enforcement purposes, coroners and funeral home directors activities, organ or tissue procurement, certain research activities involving institutional review board waiver of authorization approval, disclosures necessary to avert serious threats to health or safety, and for certain government functions.

We may disclose your health information as authorized by Workers' Compensation injury laws or other similar programs that provide benefits for work-related injuries or illness.

We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting public safety.

Under certain and very limited circumstances, we may disclose your health information for military, national security or law enforcement custodial situations.

We are required to disclose your health information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with federal privacy rules.

We will abide with laws requiring disclosure of information. If a certain use or disclosure is addressed by more than one law, we will abide by the more stringent law.

Additional disclosures will be made only with your written Authorization:

For a use or disclosure of your health information not previously mentioned, we will first obtain written Authorization from you to do so. If you sign such an Authorization, you will have the ability to later revoke it in writing, with certain exceptions

such as if and to the extent that we have already relied on the original Authorization. For questions regarding the procedure for revoking an Authorization, you should contact the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice.

Your Rights With Respect to Your Own Health Information:

Under the law, you have the right to ask that we restrict certain types of uses and disclosures of your health information, specifically, those involving treatment, payment or health care operations, and those concerning facility directory and disclosure to family, friends, and for notification purposes. Although we are not obligated to agree to most requested restrictions, we will abide by restrictions which we have agreed to, unless necessary to provide you emergency treatment. We are required to agree to a requested restriction that pertains to disclosures to a health plan about an item or service that you intend to pay for out-of-pocket, in full, at the time of registration. To make such a request you may contact the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice to obtain a REQUEST FOR RESTRICTION OF USES AND DISCLOSURES form.

You have the right to ask that we communicate with you in a confidential manner, such as by contacting you through a certain telephone number or by sending information to a specific address. Such requests must be reasonable and must be made in writing, and may be made by contacting the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice.

You have the right to request access to, inspect and obtain a copy of your medical records, billing records, and other health information used to make healthcare decisions concerning you. Such requests must be in writing, and may be made by contacting the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice to obtain an

AUTHORIZATION TO RELEASE HEALTH INFORMATION form. If you request an electronic copy of your health information, we will provide it in the form and format you request if it is readily producible in that manner; if not, we will provide it in a readable electronic form and format as agreed upon between you and us. We may charge you a fee for supplying the requested information. In addition, there are situations in which we may need to deny your request. In the event of such a denial, we will notify you of the reasons, and advise you of further steps you may take concerning further review or complaint.

You have the right to ask that we correct health information that we maintain about you if you believe such records are not accurate or complete. Such requests must be made in writing, and may be made by contacting the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice to obtain a PATIENT REQUEST FOR AMENDMENT OF HEALTH INFORMATION form. If we accept your request, we will notify you in writing and make the change in the manner provided by applicable law. In the event we do not accept your request, we will notify you of the reasons, and advise you of further steps you may take concerning the disputed information or complaint.

You have the right to receive an accounting, or listing, of certain types of disclosures of your protected health information made by us and by any business associates we have asked to perform a function on our behalf. However, this right and accounting excludes most routine disclosures that are made for health care purposes, such as disclosures made for treatment, payment, or health care operations, disclosures made to you, disclosures made per your written Authorization, disclosures made for facility directory or to family, friends and persons involved in your care, disclosures made for national security or intelligence, disclosures made to correctional institutions or for other law enforcement custodial situations. All requests for an accounting of disclosures must be made in writing, and may be made by contacting the SwedishAmerican Privacy

Officer using the telephone number or address provided at the end of this Notice to obtain a PATIENT REQUEST FOR AN ACCOUNTING OF DISCLOSURES form. You may request an accounting for up to the 6 year period prior to your request, and we may charge you for more than one request in any twelve month period.

You have the right to appoint a personal representative to exercise your rights on your behalf, such as through a valid power of attorney. In some cases, the law gives others the right to act on your behalf, such as when you have a legal guardian.

You have the right to request a paper copy of our current Notice of Privacy Practices. This Notice is also available on the UW Health website.

Our Obligations to You:

We are required by law to maintain the privacy of your protected health information, to provide you with this Notice which explains our legal duties and our privacy practices concerning your health information, to notify you of a breach of unsecured protected health information and to follow the terms of the Notice of Privacy Practices currently in effect.

We may change the terms of our Notice of Privacy Practices, and such changes will apply to all protected health information maintained, including information which was created or received prior to the date of the revised Notice.

In the event we materially change the terms of our Notice of Privacy Practices, we will post any revised Notice at our SwedishAmerican locations and on our website at uwhealth.org. You may obtain a copy of any revised Notice from the SwedishAmerican Privacy Officer using the telephone number or address provided at the end of this Notice, or at any of our SwedishAmerican locations and treatment sites.

Concerns or Complaints:

We are committed to upholding your privacy rights. If you at any time become concerned that your

privacy rights may have been violated or otherwise disagree with a decision concerning access to or the handling of your health information, we ask that you provide us an opportunity to address your concerns by contacting the SwedishAmerican Privacy Officer at (779) 696-7225. If you prefer to inquire or make a complaint in writing, you may send such correspondence to the attention of: SwedishAmerican Privacy Officer at 1401 E. State Street, Rockford, IL 61104.

You may also send a written complaint to the Secretary, Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be penalized or retaliated against for making such inquiries or complaints.

Contact Person for Further Information:

Should you have any questions or would like further information concerning matters contained in our Notice of Privacy Practices, please contact the SwedishAmerican Privacy Officer by telephone at (779) 696-7225, or in writing to the attention of SwedishAmerican Privacy Officer at 1401 E. State Street, Rockford, IL 61104.

This Notice is revised and effective

July 1, 2018

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HEALTH INFORMATION EXCHANGE DISCLOSURE

This Disclosure describes the use of Health Information Exchange (“HIE”) technology at SwedishAmerican Hospital, including SwedishAmerican Medical Group, SwedishAmerican Home Health Care and SwedishAmerican Medical Center Belvidere (“SwedishAmerican”).

What is Health Information Exchange or “HIE”?

Health Information Exchange or “HIE” is technology that allows your doctor, specialists, hospitals, clinics, and/or labs to share your health information over a secure computer network. Allowing other providers and professionals to electronically access your health information can improve the quality of your care, and perhaps save your life.

Why Should My Health Information Be Shared?

Currently, your health information may exist in many different locations. For instance, if you visit a specialist, your primary care doctor may not have access to that information. Health care providers can make better decisions about your care when they have access to up-to-date health information such as medications, allergies, lab tests, etc.

What Types of Health Information Are Shared?

Unless you opt out, most of your health information will be available to other providers through the HIE. This may include sensitive information, such as HIV/AIDS, genetic testing, mental health, and sexual assault records. The law prohibits some information, such as certain drug and alcohol abuse treatment records, from being sent through an HIE.

Am I Required to Participate?

No. You may opt out of HIE participation by contacting the SwedishAmerican Privacy Officer using the information provided below. You may change your mind and opt in later if you choose.

Are There Exceptions to My Opt Out Rights?

Yes. In medical emergency situations, providers may access your medical records as needed to treat you. Your opt-out request cannot apply retroactively to exchanges that happened before it was processed. An opt-out request cannot be processed for only a portion of your health information; thus, if you opt out, your entire SwedishAmerican and UW Health medical record will become unavailable to other providers.

If you have any questions or concerns about HIE, or if you would like to opt-out of HIE participation, you may contact the SwedishAmerican Privacy Officer by telephone at **(779) 696-7225**, or in writing to the attention of our **SwedishAmerican Privacy Officer** at **1401 E. State Street, Rockford, IL 61104**. You may also visit uwhealth.org for more information.