

# BLESSING HEALTH SYSTEM 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.**

This Notice of Privacy Practices (“Privacy Notice”) will be used by the following Blessing System organizations (“The Blessing System”) including, Blessing Corporate Services, Inc., Blessing Hospital, Blessing Corporate Services, Inc. d/b/a Blessing Physician Services, BlessingCare Corp d/b/a Illini Community Hospital, Illini Health Services, LLC, Hannibal Clinic, Inc., Denman Services, Inc., Hannibal Medical Supplies, LLC., Keokuk Area Medical Equipment and Supply, Inc., and other affiliated clinics located in retail or employer locations.

## **Organized Health Care Arrangement (OHCA)**

The Blessing System participates in an Organized Health Care Arrangement (OHCA) as described under the Health Insurance Portability and Accounting Act (HIPAA). An OHCA is an arrangement that allows The Blessing System entities to share protected health information (PHI) about their patients or plan members with other providers to promote the joint operations of the participating entities, obtain a single signed acknowledgment of receipt of this Privacy Notice, and/or use this Privacy Notice as a Joint Notice for all inpatient and outpatient visits. The entities covered by this Privacy Notice, which are listed below in this section, have formed an OHCA and share PHI with each other.

- Blessing Hospital will use this Privacy Notice as a Joint Notice with Quincy Anesthesia Associates, P.C, West Central Pathology Specialists, S.C., Radiology Partners and OB Hospitalist.
- Illini Community Hospital will use this Privacy Notice as a Joint Notice with Radiology Partners, and AIMS Medical Services S.C.
- As a member of the clinically integrated network, Crossriver Quality Health Partners, LLC (CQHP), The Blessing System participates in an OHCA with the other CQHP participants, SIU Center for Family Medicine, Scotland County Hospital, Riverside Dermatology, and Family Eyecare, and will share information with the participants of CQHP to carry out the health care operations of CQHP, which may include, for example, information regarding a physician’s compliance with CQHP protocols in the physician’s treatment of you. Each of the independent participants in CQHP has agreed to protect any shared health information in accordance with uniform guidelines consistent with this Privacy Notice and all applicable state and federal laws.

This Joint Notice, as part of an OHCA, rather than the use of separate notices and forms under these laws is being done for convenience and to improve access to the delivery of health care services. All entities and physicians participating in the OHCA with The Blessing System are and still remain independent contractors and are not agents, servants or employees of The Blessing System and are solely responsible for their judgment and conduct in treating or providing professional services to you and for their compliance with state and federal privacy laws. Nothing in this Privacy Notice is meant to imply, infer or create any agency or employment relationship between The Blessing System and any entity or physician participating in an OHCA, either actual or implied, nor is this Privacy Notice intended to alter or limit any other consents for treatment or procedures.

## **I. HOW THE BLESSING SYSTEM MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

Federal law requires The Blessing System to maintain the privacy of individually identifiable health information (IIHI) and to provide you with notice of its legal duties and privacy practices with respect to such information. The Blessing System must abide by the terms and conditions of this Privacy Notice, as The Blessing System may revise this Privacy Notice from time to time.

### **A. Uses or Disclosures of Health Information for Treatment, Payment, & Health Care Operations**

The Blessing System may use your IIHI for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

<i>Treatment</i>	Consulting with or referring your case to another health care provider. The type of health information The Blessing System could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. Information may be shared among departments and organizations to coordinate the different things you may need, such as prescriptions, lab work, meals, x-rays, home care, hospice, or medical equipment needs. We may share or disclose medical information about you through The Blessing System’s health information exchange as part of treatment or health care operations activities. We may also provide your physician or a subsequent provider with copies of various reports that should assist him or her in treating
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	you once you are discharged from our care. We may disclose medical information about you to people outside The Blessing System who may be involved in your continuing medical care including other health care providers, transport companies, other health care facilities, family members or others that are part of your care.
<i>Payment</i>	The Blessing System's efforts to obtain reimbursement from you or a responsible third party for services The Blessing System has provided to you.
<i>Health Care Operations</i>	Quality assessment and improvement activities and audits of the process of billing you or a third party for health care services The Blessing System provides to you. As part of The Blessing System's treatment of you and operation of a health care organization, The Blessing System may contact you, by phone, by U.S. mail or e-mail to provide appointment reminders, portal registration or to provide information about treatment alternatives or other health-related services that may be of interest to you. We may also use and disclose medical information to assess your satisfaction with our services, for future communications in newsletters, mail outs regarding treatment options, disease management programs, wellness programs or other community-based initiatives our facility is partnering. The Blessing System may also contact you for fundraising purposes, although you will be provided the opportunity to opt out of any future fundraising communications. We will also use your information for conducting training programs and reviewing competence of health care professionals.
<i>Health Information Exchange</i>	We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment, and operations purposes with other participants in the HIEs. A HIE will store your medical information in a secure location that can be accessed and shared for treatment, payment, research and operations purposes by doctors, nurses, pharmacists and other health care providers to improve the speed, quality, safety and cost of patient care. You have the absolute right to opt-out of participating in the HIE. You will find more information regarding HIEs at <a href="http://blessinghealth.org">blessinghealth.org</a> .

**B. Uses or Disclosures The Blessing System May Make Without Your Consent or Authorization**

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C, the law permits or requires The Blessing System to use or disclose IIIHI without your written consent or authorization to: (i) comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration, (ii) report suspected abuse, neglect or domestic violence, as required by law, (iii) submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (iv) respond to a final order or subpoena of a court or administrative tribunal, (v) assist law enforcement personnel, as required by law, or to fulfill a law enforcement request for certain limited information for the purpose of identifying or locating a suspect, witness, or victim in an investigation, or to report a potential crime (vi) assist a medical examiner or funeral director, (vii) assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (viii) further research, provided The Blessing System complies with federal requirements, (ix) avert a serious and imminent threat to public health safety, (x) assist with government activities related to the military, veterans, or national security, (xi) comply with workers' compensation or similar laws, (xii) allow individuals responsible for your care to assist you in the event of your incapacity or an emergency, and (xiii) as otherwise required by law. With your oral agreement, The Blessing System may also disclose certain information for purposes of its patient directory or to inform relatives or other individuals directly involved in your care or payment for your care regarding your condition.

The Blessing System may use and/or disclose your IIIHI as follows:

<i>Business Associates</i>	There are some services provided by The Blessing System through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations functions on behalf of The Blessing System and all subcontracting business associates on behalf of The Blessing System or who otherwise provide services and have access to or use your PHI. Examples include physicians at Illini Hospital, in the Emergency Department, radiologists at Blessing Hospital and Illini Hospital, copy services used for making copies of your health record and patient safety organizations functions. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring they enter into an appropriate agreement with The Blessing System organization.
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<i>Directory</i>	Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and lay ministers assigned by your church or religious affiliation, or to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.
<i>Notification</i>	Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
<i>Communication with Family</i>	Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
<i>Disaster Relief</i>	We may use or disclose information for disaster relief purposes. The Secretary of Health and Human Services may waive certain provisions of HIPAA during a disaster.
<i>Incidental Uses and Disclosures</i>	We are permitted to use and disclose information incident to another use or disclosure of your PHI permitted or required under law.
<i>Limited Data Sets</i>	We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your PHI for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

**C. More Stringent Protection for Your Health Information**

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

<i>If you are a patient with high blood pressure</i> , your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
<i>If you are a patient of an advanced practice nurse</i> , neither The Blessing System nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in instances in which (i) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (ii) the nurse has surrendered his or her license while under disciplinary investigation by the Advanced Practice Nursing Board, or (iii) The Blessing System has terminated or restricted the nurse's organized professional staff clinical privileges for disciplinary violations related to your treatment. However, please note the nurse or The Blessing System may reveal your name or other means of identifying you as a patient without your written permission and may release such information as otherwise described in this Privacy Notice.
<i>If you are a patient of a physician</i> , The Blessing System may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment. However, please note The Blessing System may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. The Blessing System may also provide copies of your hospital or medical records in cases alleging your death or permanent bodily injury, provided the law requires The Blessing System to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.
<i>If you are or have been a recipient of an HIV test</i> , The Blessing System may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except The Blessing System may disclose your test results to: (i) you or your legally authorized representative; (ii) your spouse if a Western Blot Assay or a more reliable test has confirmed your results are positive, and your physician has sought unsuccessfully to persuade you to notify your spouse, or your physician believes you have not provided notification to your spouse as you had previously agreed; (iii) an authorized agent or employee of a health care facility or a health care

provider if the health care facility or a health care provider itself has authority to obtain your test results, the agent or employee provides patient care or handles or processes specimens of your body fluids or tissues, and the agent or employee has a need to know such information; (iv) the Illinois Department of Public Health and local health authorities, in accordance with rules for reporting and controlling the spread of disease, as otherwise set forth in state law; (v) a health care facility or health care provider procures, processes, distributes or uses either a human body part from you after you are deceased, or semen you have provided prior to the effective date of the AIDS Confidentiality Act for the purpose of artificial insemination; (vi) any health care provider or employee of a health facility, and any firefighter or emergency medical technician, involved in an accidental direct skin or mucous membrane contact with your blood or bodily fluids, which is of the nature that may transmit HIV, as a physician may determine in his or her medical judgment; (vii) any law enforcement officer involved in the line of duty in a direct skin or mucous membrane contact with your blood or bodily fluids, which is of the nature that may transmit HIV, as a physician may determine in his or her medical judgment; (viii) a temporary caretaker if you are a child who is in the temporary protective custody of the Department of Children and Family Services pursuant to Section 5 of the Abused and Neglected Child Reporting Act; (ix) your parent or legal guardian if you are a minor under 18 years of age and a Western Blot Assay or a more reliable test has confirmed your results are positive, and if in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes you have not provided notification to your parent or legal guardian as you had previously agreed; and (x) your school principal in accordance with state law. Please note a recipient of your test results may not redisclose this information except as this Privacy Notice may describe.

*If you are a patient of a physician*, the physician may not disclose any information they may have acquired while attending to you in a professional character was necessary to enable them to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except the physician may disclose such information (i) in trials for homicide when the disclosure relates to the facts or immediate circumstances of the homicide; (ii) in civil or criminal malpractice actions a person has brought against your physician; (iii) in all actions you or your representative, a beneficiary under an insurance policy, or the executor or administrator of your estate have brought or are defending wherein your physical or mental condition is an issue; (iv) when the validity of a document as your will is at issue; (v) in any criminal action where the charge is either first degree murder by abortion or attempted abortion or abortion; (vi) in civil or criminal actions arising from a person filing a report in compliance with the Abused and Neglected Child Reporting Act; (vii) in prosecutions where Section 11-501.4 of the Illinois Vehicle Code permits the court to admit the written results of blood alcohol tests into evidence; and (viii) in prosecutions where Section 5-11a of the Boat Registration and Safety Act permits the court to admit the written results of blood alcohol tests into evidence.

*If you are the victim of sexual assault*, The Blessing System may not release your evidence collection kit to the Illinois State Police without your written permission, or if you are a minor under the age of 13, without the written permission of your parent, guardian, appropriate representative of the Department of Children and Family Services, or an investigating law officer.

*If you are a victim of a sexual assault and The Blessing System takes photographs of your injuries*, The Blessing System may not release the photographs without your written permission, or if you are a minor, without the written permission of your parent or guardian. If you are a minor and your parent or guardian refuses to grant permission, then The Blessing System must give all existing photographs and negatives to your parent or guardian.

*If you are a resident of a nursing home facility*, The Blessing System may not allow any person who is not directly involved in your care to be present during a discussion of your case, a consultation on your condition, or your examination or treatment, without your permission, which may be oral or written. Please note we interpret “any person who is not directly involved in your care” to mean those individuals other than facility personnel (or contractors) directly responsible for rendering care to you at the facility. Thus, such individuals would include your family members and significant others who are “not directly involved in your care.” Such individuals would also include facility personnel not directly involved in the rendering of care, such as the housekeeping staff in most circumstances.

*If you are a resident of a skilled nursing facility*, The Blessing System may not allow any person who is not directly involved in your care to be present during a discussion of your case, a consultation on your condition, or your examination or treatment, without your permission, which may be oral or written. Please note we interpret “any person who is not directly involved in your care” to mean those individuals other than facility personnel (or contractors) directly responsible for rendering care to you at the facility. Thus, such individuals would include your family members and



significant others who are “not directly involved in your care.” Such individuals would also include facility personnel not directly involved in the rendering of care, such as the housekeeping staff in most circumstances.

*If you are a patient of a home health agency, The Blessing System may not allow the Department of Public Health to observe the home health agency’s care of you in your home without your permission, which may be oral or written.*

*If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes you have not provided notification to your parent or legal guardian as you had previously agreed.*

*If you are a minor who has sought counseling regarding your own drug or alcohol abuse, or of a family member, from a physician who provides diagnosis or treatment or any licensed clinical psychologist or professional social worker with a master’s degree or any qualified employee of (i) an organization is a licensee or a recipient of funding by the Department of Human Services, or (ii) agencies or organizations operating drug abuse programs that are licensees or recipients of funding by the Federal Government or the State of Illinois or any qualified person who is an employee or works in association with any public or private alcoholism or drug abuse program licensed by the State of Illinois, and you have come into contact with a sexually-transmitted disease, these professionals may not inform your parent, parents, guardian, or other responsible adult of your condition or treatment without your written permission. However, please note these professionals may disclose such information to your parent, parents, guardian, or other responsible adult without your written permission if such action is, in the person’s judgment, necessary to protect your safety or that of a family member or other individual.*

*If you are a client of a clinical psychologist, the psychologist may not disclose any information he or she may have acquired while attending to you in a professional capacity if the psychologist did not ensure you understood the possible uses or distributions of the information and without your permission, or in the case of your death or disability, without the permission of your personal representative, except the clinical psychologist may disclose such information (i) in trials for homicide when the disclosure relates to the facts or immediate circumstances of the homicide; (ii) in all proceedings in which the purpose is to determine your mental competency, or in which you have raised a defense of mental incapacity; (iii) in civil or criminal actions against the psychologist for malpractice; and (iv) when the validity of a document as your will is at issue.*

*If you are a recipient of mental health or developmental disability services, The Blessing System may not disclose your mental health or developmental disability information (not including personal/psychotherapy notes) without your written permission except as follows: (i) to the attorney of a recipient who is a minor in a court or administrative proceeding upon court or administrative order; (ii) upon court order for a deceased recipient’s records; (iii) to receive benefits in certain cases when a mental health or developmental disability provider is unable to obtain your written permission; (iv) to the Mental Health and Developmental Disabilities Medical Review Board; (v) to a regional human rights authority in certain cases pursuant to an investigation or its monitoring of recipient rights or services; (vi) to the Guardianship and Advocacy Commission when inspecting complaints in certain circumstances; (vii) to the Inspector General of the Department of Children and Family Services in connection with certain investigations; (viii) to certain parties when mental health or developmental disability services are provided pursuant to the Illinois Sexually Violent Persons Commitment Act; (ix) in certain judicial or administrative proceedings when the recipient’s mental condition or related treatment is an element of the claim or defense; (x) in certain judicial proceedings following a recipient’s death when the recipient’s mental or physical condition is an element of the claim or defense; (xi) in certain judicial or administrative proceedings involving a claim of recipient injury from mental health or developmental disability services the recipient received; (xii) in certain judicial or administrative proceedings involving court-ordered examination of the recipient; (xiii) in certain probate proceedings; (xiv) in certain judicial proceedings where court-ordered treatment of the recipient; (xv) in certain judicial or administrative proceedings involving the validity of or benefits under an insurance policy; (xvi) in judicial proceedings brought pursuant to the Illinois Mental Health and Developmental Disabilities Confidentiality Act; (xvii) in certain homicide investigations and proceedings; (xviii) to a coroner investigating a recipient’s death; (xix) in certain proceedings under the Illinois Juvenile Court Act; (xx) to the local law enforcement authority in certain cases when a mental health facility releases a recipient of services; (xxi) to the Inspector General of the Department of Human Services pursuant to an investigation of long-term care facility resident abuse or neglect; (xxii) pursuant to the Illinois Abused and Neglected Child Reporting Act; (xxiii) in certain civil commitment proceedings; (xxiv) in certain cases to*

protect the recipient or another person's health or safety; (xxv) in certain emergency treatment cases; (xxvi) in certain proceedings and investigations pursuant to the Illinois Mental Health and Developmental Disabilities Code; (xxvii) pursuant to certain Census Bureau requirements; (xxviii) in certain cases pursuant to the Illinois Sex Offender Registration Act; (xxix) pursuant to the Illinois Rights of Crime Victims and Witnesses Act; (xxx) pursuant to certain requests by the United States Secret Service or the Department of State Police; (xxxi) to the Department of State Police and the Department of Human Services in connection with the Illinois Firearm Owners Identification Card Act; (xxxii) to a requesting peace officer who transports a recipient to or from a mental health or developmental disability facility; (xxxiii) to a peace officer or prosecuting authority investigating a criminal offense or pursuing a fugitive; (xxxiv) to law enforcement and investigating agencies when suspected criminal violation or other serious incident within a mental health or developmental disability facility; (xxxv) to the local law enforcement agency in certain cases of unauthorized recipient absence from a mental health or developmental disability facility; (xxxvi) to the law enforcement agency investigating a missing person report with respect to a recipient admitted to a mental health or developmental disability facility; and (xxxvii) to a law enforcement agency investigating a felony or sex offense. With respect to certain of the above exceptions, Illinois law only permits limited mental health or developmental disability information to be disclosed. Illinois law restricts redisclosure of mental health or developmental disability information.

*If you are a minor at least 12 years of age but under 18 years of age who receives mental health or developmental disability services, your parent or guardian may inspect and copy your records if you are informed and do not object or if the therapist does not find there are compelling reasons to deny access. Should your parent or guardian be denied access by either you or the therapist, your parent or guardian may petition a court for access.*

*If you are a client of a clinical social worker, the social worker may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the case of your death or disability, with the written permission of your personal representative, a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (ii) when a communication reveals you intend to commit certain crimes or harmful acts; (iii) when you waive the privileged nature of communication by bringing public charges against the social worker; or (iv) when the social worker acquires the information during an elder abuse investigation.*

*If you are a client of a clinical licensed professional counselor or licensed clinical professional counselor, the counselor may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the case of your death or disability, with the written insurance policy on your life, health or physical condition; (ii) when a communication reveals you intend to commit certain crimes or harmful acts; or (iii) when you waive the privileged nature of communication by bringing public charges against the counselor.*

#### **D. No Other Uses or Disclosures Without Your Written Authorization**

The Blessing System may not make any other uses and disclosures of your IIHI not described in this Privacy Notice without your written authorization. You may revoke your authorization at any time if you provide written notice to The Blessing System. The Blessing System must obtain your written authorization before disclosing your IIHI in the following situations:

- Where The Blessing System would be receiving financial remuneration from another party for disclosing this, your IIHI, for the purpose of marketing the third party's product or service to you.
- The sale of your IIHI.
- Most uses and disclosures of psychotherapy notes.

## **II. YOUR RIGHTS**

Federal and state law protects your right to keep your IIHI private. You may request that you receive communications from The Blessing System regarding IIHI by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. The Blessing System reserves the right to condition your request on the receipt of information regarding how you desire The Blessing System to handle payment and/or on the availability of an alternative address or method of contact you may request. You may request other restrictions on certain uses and disclosures of PHI for purposes of treatment, payment, and health care operations; however, the law does not require The Blessing System to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

You generally have the right to inspect and obtain a copy of any IIHI in your medical record in the form and format in which you request it, including electronically if readily producible in the requested format within thirty (30) days of our receipt of your written request, unless extended by agreement to sixty (60) days, with the exception of psychotherapy notes,

information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts The Blessing System from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following:

<i>If you are a patient of a hospital, you have the right to access your patient records on an unqualified basis, upon written request.</i>
<i>If you have lab testing, you or your designee have a right to access the completed laboratory test reports upon request.</i>
<i>If you are a patient of a physician, you have the right to access your medical data on an unqualified basis upon request.</i>
<i>If you are a resident of a skilled nursing facility, you have the unqualified right to obtain from your physicians, or the physicians attached to the facility, complete and current information concerning your medical diagnosis, treatment and prognosis in terms and language you can reasonably be expected to understand. You, and your guardian or representative or parent if you are a minor, also have the unqualified right to inspect and copy your medical records that the facility or your physician maintains.</i>
<i>If you are a recipient of mental health or developmental disabilities services and if you are age 12 or older, you have an unqualified right to inspect and copy your records. The following persons also have this right: (i) your guardian if you are age 18 or older; (ii) an appointed agent under a power of attorney for health care which authorizes record access; (iii) your parent or guardian if you are under age 12; (iv) your parent or guardian if you are, at least, age 12 but under age 18 and if certain conditions are satisfied; and (v) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older.</i>
<i>You also have the right to amend your IHI, unless The Blessing System did not create such information or unless The Blessing System determines your medical record is accurate and complete in its existing form.</i>
<i>You have the right to request and receive an accounting of disclosures of your IHI The Blessing System has made in the three (3) years prior to the request date. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, or to inform you of the content of your medical records.</i>
<i>You have the right to request The Blessing System restrict disclosure of your IHI to a health plan for the purpose of carrying out payment or health care operations, if not otherwise required by law, if the information pertains solely to a health care item or service for which you or someone on your behalf, other than the health plan, has paid The Blessing System in full.</i>
<i>You have the right to request a copy of your IHI be transmitted directly to another person designated by you as long as this request is made in writing, signed by you and clearly identifies the person to receive this information and where the copy is to be sent.</i>
<i>You have the right to receive a notification in the event The Blessing System becomes aware your unsecured IHI has been impermissibly used or disclosed unless it has determined there has been a low probability the information has been compromised after conducting a risk assessment. If you would like more information on how to exercise these rights, please contact The Blessing System's Privacy Officer at (217) 223-8400, x7899.</i>

### III. GRIEVANCES OR FURTHER INQUIRIES

The Blessing System is obligated to follow the terms of this Privacy Notice. If you believe The Blessing System has violated your privacy rights with respect to IHI, you may file a complaint with The Blessing System and the Department of Health and Human Services. To file a complaint with The Blessing System, please contact the Blessing Chief Compliance Officer (the person assigned Privacy Officer responsibility) at 217-223-8400, x7899. The Blessing System will not retaliate against you for filing a complaint. You have the right to obtain a paper copy of this notice. You may contact the compliance office for a copy of this Privacy Notice or for further information regarding its contents.

### IV. AMENDMENTS

The Blessing System reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all IHI it maintains. If The Blessing System amends this Privacy Notice, you will be provided with a revised copy upon your request. The revised Privacy Notice will also be available at <https://www.blessinghealth.org/> and will be posted in registration and customer service areas at all sites of The Blessing System.

The Blessing System also reserves the right to amend policies and procedures, as necessary, regarding PHI that are designed to comply with the privacy rule.

**BLESSING HEALTH SYSTEM**  
**Acknowledgment of Receipt of Notice of Privacy Practices**

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that might occur in my treatment, payment of my bills or in the performance of The Blessing System healthcare operations. The Notice of Privacy Practices also describes my rights and The Blessing System's duties with respect to my PHI. The Notice of Privacy Practices is posted at <https://www.blessinghealth.org/>.

The Blessing System reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing <https://www.blessinghealth.org/>.

X  
\_\_\_\_\_  
(Name of Patient - Print)

X  
\_\_\_\_\_  
(Patient Date of Birth)

X  
\_\_\_\_\_  
(Date)

X  
\_\_\_\_\_  
(Signature of Patient or Personal Representative)

X  
\_\_\_\_\_  
(Description of Personal Representative's Authority)

The patient was provided a copy of the notice on \_\_\_\_\_ but refused to sign.

The patient refused the Notice of Privacy Practices on \_\_\_\_\_.