

# 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 IHI 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 IHI 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>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, Iowa law provides more stringent privacy protections of your health information than this Privacy Notice recites above. Specifically, the following:

<i>If you are a minor</i> your physician must notify one of your parents at least 48 hours prior to performing an abortion. Unless you have petitioned the court to authorize a waiver of this requirement.
<i>If you are a patient of a physician</i> , your PHI may be sent to the Iowa Birth Defects Institute to maintain a central registry for collecting and storing report data for statistical purposes on the causes, treatment, prevention and cure of genetic disorders and birth defects. Identifying information shall remain confidential.
<i>If your child is a patient of a physician</i> , health professionals are mandatory reporters of suspected child abuse. The Department of Human Services maintains data on cases of reported child abuse. The law specifies to whom information may be released, including health practitioners or mental health professionals. Mandatory reporters may receive information regarding a child as well as members of a multidisciplinary team.
<i>If your child is a patient of a physician and passes away</i> your physician must report this to the Iowa Child Death Review Team. This includes processing and reviewing confidential information relating to the death of children under age 18. Patient records and other confidential information accessed by the review team shall be maintained as confidential. However, the committee may include confidential medical treatment information regarding a child who has died in its report to the Iowa General Assembly and Governor.
<i>If you are a patient of a physician and pass away from suspected domestic violence</i> your physician must report this to the Iowa Domestic Review Team. The Iowa Domestic Review Team, prepares an annual report on the causes and manner of domestic abuse deaths, utilizing death data, patient records, and other confidential information. A person with custody of medical or other confidential information pertaining to a domestic death shall allow for inspection of the information by the department upon request.
<i>If you are a patient with HIV/AIDS</i> your health care provider may release any relevant information provided by you regarding any person with whom you have had sexual relations or have shared drug-injecting equipment.
<i>If you are a convicted sexual assault offender</i> , and have HIV-related testing completed the results can be given to the physician or other health care provider who orders the test; the victim; the parent, guardian, or custodian of the victim if the victim is a minor; the physician of the victim if requested by the victim; the victim counselor or person requested by the victim to provide counseling regarding the HIV-related test and results; the victim's spouse; persons with whom the victim has engaged in vaginal, anal, or oral intercourse subsequent to the sexual assault; members of the victim's family within the third degree of consanguinity; and the county attorney who filed the petition for HIV-related testing.

*If you are a patient whose ability to drive may be impaired your health care provider may but is not require to report physical or mental impairments that would interfere with your ability to safely operate a motor vehicle. Your health care provider must make a reasonable effort to notify you in writing that a report will be made. Reports received by the DOT shall remain confidential.*

*If you are a patient of mental health services, 1. A mental health professional or an employee of or agent for a mental health facility may disclose mental health information to the spouse, parent, adult child, or adult sibling of an individual who has chronic mental illness, if all of the following conditions are met: a. The disclosure is necessary to assist in the provision of care or monitoring of the individual's treatment. b. The spouse, parent, adult child, or adult sibling is directly involved in providing care to or monitoring the treatment of the individual. c. The involvement of the spouse, parent, adult child, or adult sibling is verified by the individual's attending physician, attending mental health professional, or a person other than the spouse, parent, adult child, or adult sibling who is responsible for providing treatment to the individual. 2. A request for mental health information by a person authorized to receive such information under this section shall be in writing, except in an emergency as determined by the mental health professional verifying the involvement of the spouse, parent, adult child, or adult sibling. 3. Unless the individual has been adjudged incompetent, the person verifying the involvement of the spouse, parent, adult child, or adult sibling shall notify the individual of the disclosure of the individual's mental health information under this section. 4. Mental health information disclosed under this section is limited to the following: a. A summary of the individual's diagnosis and prognosis. b. A listing of the medication which the individual has received and is receiving and the individual's record of compliance in taking medication prescribed for the previous six months. c. A description of the individual's treatment plan.*

*If you are a patient who has undergone psychological testing, except as otherwise provided in this section, a person in possession of psychological test material shall not disclose the material to any other person, including the individual who is a subject of the test. In addition, the test material shall not be disclosed in any administrative, judicial, or legislative proceeding. However, upon the request of an individual who is the subject of a test, all records associated with a psychological test of that individual shall be disclosed to a psychologist licensed and designated by the individual. An individual's request for the records shall be in writing and shall comply with requirements, relating to voluntary disclosures of mental health information, except the individual shall not have the right to inspect the test materials.*

#### **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>
You also have the right to amend your IIHI, 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.
You have the right to request and receive an accounting of disclosures of your IIHI 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.
You have the right to request The Blessing System restrict disclosure of your IIHI 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.
You have the right to request a copy of your IIHI 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.
You have the right to receive a notification in the event The Blessing System becomes aware your unsecured IIHI 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.

### 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 IIHI, 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 IIHI 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 \_\_\_\_\_.