

# 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 Blessing Health System (Blessing) organizations including Blessing Corporate Services, Inc., Blessing Hospital, BlessingCare Corp d/b/a Illini Community Hospital, Illini Health Services, LLC, Denman Services, Inc., Hannibal Medical Supplies, LLC., and other affiliated clinics located in retail or employer locations.

## Organized Health Care Arrangement

Blessing participates in an Organized Health Care Arrangement (OHCA) as described under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows Blessing to share protected health information (PHI) about their patients 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., Quincy Clinical Laboratory Services, Radiology Partners and OB Hospitalist.
- Illini Community Hospital will use this Privacy Notice as a Joint Notice with West Central Pathology Specialists, S.C., Quincy Clinical Laboratory Services, Radiology Partners, and AIMS Medical Services S.C.

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 Blessing are and still remain independent contractors and are not agents, servants or employees of Blessing 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 Blessing 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.

## How Blessing May Use or Disclose Your Health Information

Blessing may use your PHI for treatment, payment and health care operations. Examples include:

<i>Treatment</i>	We may disclose medical information about you to medical personnel assisting in your care and other departments or organizations to coordinate things you need, such as prescriptions, labs, meals, x-rays, home care, hospice, or medical equipment. We may disclose medical information about you to people outside Blessing who may be involved in your continuing medical care including other health care providers, transport companies, health care facilities, family members or others.
<i>Payment</i>	We may share information about you in order to bill for services and receive payment.
<i>Running the Health System</i>	We may use your PHI to contact you when necessary and to run our organization. We may also use your information for conducting training programs and reviewing competencies of our 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. You can find more information regarding HIEs at <a href="http://blessinghealth.org">blessinghealth.org</a> .
<i>Public Health and Safety</i>	We will comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration. Blessing will report suspected abuse, neglect or domestic violence, as required by law. We can use your information to avert a serious and imminent threat to public health safety.
<i>Comply with the Law</i>	Blessing will respond to a final order or subpoena of a court or administrative tribunal. We will 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. We can also assist with government activities related to the military, veterans, or national security. We can submit information to health oversight agencies for oversight activities, such as audits, authorized by law.
<i>Organ and Tissue Donation</i>	We can assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation.

<i>Coroner or Funeral Director</i>	Blessing can share health information with a coroner, medical examiner, or funeral director in the event of a death.
<i>Workers' Compensation</i>	We can release your information to comply with workers' compensation or similar laws.
<i>Research</i>	We can use your information for health research.

### Your Choice

Blessing will not use or discuss your PHI without your permission. However, if you are unable to give us instruction, for example, if you are unconscious, we can share information based on our best judgement.

<i>Directory</i>	If you allow, we will put your name, location in the facility, general condition, and religious affiliation in our directory. This would make it possible for members of the clergy and lay ministers assigned by your church or religious affiliation, or people who ask for you by name to know if you are in the hospital.
<i>Communication with Family</i>	If you allow, we may discuss your relevant PHI with a family member, other relative, close personal friend or any other person you identify.
<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>Fundraising</i>	Blessing may also contact you for fundraising purposes, although you will be provided the opportunity to opt out of any future fundraising communications.

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<i>Access your Record</i>	You generally have the right to inspect and obtain a copy of the information in your medical record in the form and format in which you request it, including electronically, if readily producible in that format. Your record is usually available in the requested format within thirty (30) days of the receipt of your request. Blessing may charge a reasonable, cost-based fee.
<i>Accounting of Disclosures</i>	You have the right to request and receive a list of who Blessing has shared your information with and why in the six (6) 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. Blessing will provide you with one accounting a year for free but may charge a reasonable, cost-based fee if you make an additional request within twelve months.
<i>Correct your Medical Record</i>	You have the right to request an amendment to your medical record. Blessing has the right to deny it if we did not create the information or Blessing determines your medical record is accurate and complete in its existing form. We will decide within 60 days.
<i>Restrict Disclosures</i>	You have the right to request Blessing restrict disclosure of your PHI 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 Blessing in full. You can ask us to restrict disclosure of your PHI for other treatment, payment, or operations purposes but Blessing is not required to agree to your request.
<i>Send your Medical Record</i>	You have the right to request a copy of your PHI 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>Breach Notification</i>	You have the right to receive a notification in the event Blessing becomes aware your unsecured PHI has been impermissibly used or disclosed. If you would like more information on how to exercise these rights, please contact Blessing's Privacy Officer at (217) 223-8400, x7899.
<i>Confidential Communications</i>	You can request Blessing to contact you in a specific way or to send information to a different address. Blessing will accommodate all reasonable requests.
<i>Choose Someone to Act for You</i>	Legal guardians and those with medical power of attorney can exercise your rights and make decisions about your health information.
<i>Copy of this Notice</i>	You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. Blessing will provide you with a paper copy.

## Additional Rights in Illinois

In certain cases, Illinois law provides more stringent privacy protections. These are listed below.

<i>Home Health</i>	Blessing 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.
<i>Mental Health or Developmental Services</i>	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 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; and (v) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older.
<i>HIV Results</i>	Blessing may only disclose your HIV test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except we 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.

## Additional Rights in Missouri

In certain cases, Missouri law provides more stringent privacy protections. These are listed below.

<i>Minor Patients Ability to Consent</i>	Minors may consent to any medical, surgical, or other treatment or procedures in cases of suspected sexually transmitted infection, pregnancy or drug or substance abuse. However, the provider may tell the minor's parent or guardian about positive results or affirm the condition. They cannot tell the parent or guardian about negative results.
<i>Minor Victim of Sexual Abuse</i>	When a minor patient is a victim of any sexual offense their parents or custodian shall be notified of confirmed positive HIV results of the offender.
<i>HIV Results</i>	Blessing may only disclose your HIV test results to people you have designated in writing, except Blessing may disclose your test results to: (i) The Missouri Department of Health; (ii) Health care personnel working directly with you who have a reasonable need to know the results for the purpose of providing direct patient health care; (iii) your spouse.

<i>Mental Health and Developmental Disability</i>	Blessing may not disclose your mental health or developmental disability information (not including personal/psychotherapy notes) without your written permission except as follows: (i) The parent of a minor patient, the guardian or other legal representative for the patient; (ii) The attorney of a patient who is a ward of the juvenile court, an alleged incompetent, an incompetent ward, or a person detained pursuant to a civil detention hearing; (iii) Law enforcement officers and agencies (to the extent necessary to carry out responsibilities); (iv) The entity or agency authorized under 42 U.S.C. § 10801 to protect and advocate the rights of persons with a developmental disability who has given authorization for the entity to have such access; (v) Mental health coordinators (to the extent necessary to carry out their duties); and (vi) Mental health liaisons for the purpose of coordination of care services; (vii) if a patient is absent because of an unauthorized disappearance from a facility or day program, and disclosure is necessary for the protection of the patient, a facility <i>may</i> notify and provide other relevant health information to relatives, law enforcement agencies, and others; (viii) When a patient is admitted, a facility or day program may release the fact of a patient's admission to a patient's next of kin, attorney, guardian, or conservator. There is also mandatory disclosure of a patient's admission to persons who may be responsible for the cost of admission when the patient is voluntarily admitted. Under these circumstances, the facility shall notify the patient's next of kin, attorney, guardian, conservator, or any other person who may be responsible for the costs incurred by the patient; (ix) A facility shall notify a patient's next of kin, attorney, guardian or conservator that the patient is seriously ill. A facility shall notify a patient's next of kin, guardian or conservator of the patient's death and its cause. Next of kin shall be notified in the following order unless otherwise indicated by the patient: (1) spouse; (2) parents; (3) children; (4) siblings; (5) other relatives according to degree of relation. The patient may indicate additional persons to notify in the event of death, serious injury, or incapacity.
<i>Missouri Department of Corrections</i>	All health care providers and facilities that treat prisoners who are supervised by the Missouri Department of Corrections must provide a copy of the prisoner's health information in their possession upon demand from the Health Care Administrator of the Department of Corrections.

**No Other Uses or Disclosures Without Your Written Authorization**

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

- Where Blessing would receive financial remuneration from another party for disclosing your PHI for the purpose of marketing the third party’s product or service to you
- The sale of your PHI
- Most uses and disclosures of psychotherapy notes

**Grievances or Further Inquiries**

Blessing is obligated to follow the terms of this Privacy Notice. If you believe Blessing has violated your privacy rights with respect to PHI, you may file a complaint with Blessing and/or the U.S. Department of Health and Human Services. To file a complaint with Blessing, please contact the Chief Compliance/Privacy Officer at 217-223-8400, x7899. To file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). Blessing will not retaliate against you for filing a complaint. You have the right to obtain a paper copy of this notice.

**Amendments**

Blessing reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all PHI it maintains. If Blessing 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 Blessing sites.

Blessing 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 \_\_\_\_\_.