



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!

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose it.

Queen of Peace Hospital is permitted to make disclosures and uses of your protected health information for treatment, payment, and health care operations. We permit access to your personal information by our staff and others only to the extent that they need the information to do their jobs and as allowed by law.

Treatment. Providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sharing your medical information with another physician for consultation or referral. We will get your written consent prior to making disclosures outside Queen of Peace Hospital for treatment purposes, except in emergency circumstances when it is not possible to get your consent.

Payment. Such activities as obtaining reimbursement for services, confirming coverage,

billing, or collection. An example of this would be sending a bill for your visit to your insurance company for payment. We will get your written consent prior to making disclosures for payment purposes.

Health Care Operations. The business aspects of running the hospital such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be using information on services you received to support budgeting and financial reporting.

Other Disclosures. We may also use and disclose your health information in the following circumstances:

► **Business Associates.** Some services may be provided in our facility that require contracts with outside agencies. We may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. Examples of business associates include outside billing services, coding services, and collection agencies.

► **Hospital Directory.** Your name, location in our facility, general condition, and religious affiliation will be available to members of the clergy and to other people who ask for you by name unless you notify us in writing that you object.

► **Notification.** We may disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

► **Communication.** Our health professionals, using their best judgment, may disclose your health information to a family member, other relative, close personal friend, or any other person you identify if you consent to such disclosure. If you are

unable to consent to the disclosure, we may disclose such information as necessary if we determine that it is in your best interest.

► **Research.** With your written authorization or as otherwise allowed by state law, we may disclose your health information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect your health information.

► **Coroners/Medical Examiners/Funeral Directors.** We may disclose your health information consistent with applicable law to help them carry out their duties.

► **Organ Procurement Organizations.** We may disclose your health information consistent with applicable law for the purpose of tissue and organ donation.

► **Marketing.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

► **Fundraising.** We may contact you as part of our fund-raising efforts unless you notify us in writing that you object.

► **Food and Drug Administration (FDA).** We may disclose your health information relative to adverse events involving food supplements, products, and product defects to enable product recalls, repairs, or replacement.

► **Workers' Compensation.** We may disclose your health information consistent with applicable law for workers' compensation or similar programs.



► **Public Health.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

► **Correctional Institutions.** Should you be an inmate of such a facility, we may disclose health information necessary for your health and the health and safety of other individuals.

► **Law Enforcement.** We may disclose your health information consistent with applicable law or in response to a valid subpoena.

► **As Required by Law.** We will disclose medical information about you when we are required to do so by federal, state or local law.

Any other uses or disclosures will be made only with your written authorization. You may revoke such an authorization in writing. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

Although your health record is the physical property of the facility that compiled it, the information belongs to you. **Queen of Peace Hospital will never sell or rent your personal information to anyone for any purpose.**

Your rights under the Federal Privacy Rule are as follows:

1. To request restrictions on the use and disclosure of your protected health information. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request. However, we are not required to agree to any other request. If we do agree, we will comply with your

request unless the information is needed to provide you emergency treatment. You need to make such requests in writing.

2. To receive confidential communications concerning your medical condition and treatment by alternative means or at alternative locations. You need to make such a request in writing.

3. To inspect and copy your protected health information. You may be charged a reasonable fee for any copies of your records. You need to make such a request in writing. If we maintain your health information in an electronic health record, you have the right to receive a copy of your health information in electronic form. You may also direct us to provide such electronic health information directly to an entity or person clearly and specifically designated by you in writing.

4. To amend your protected health information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point. You need to make such a request in writing.

5. To receive an accounting of how and to whom your protected health information has been disclosed during the last six years (or following April 14, 2003). You need to make such a request in writing.

6. To revoke your authorization to use or disclose your protected health information. You need to make such a request in writing.

7. To receive a printed copy of this notice upon request.

Queen of Peace Hospital Responsibilities

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by state and federal laws and regulations. Upon request, we will provide you with the most current copy of this notice. The revised policies and practices will apply to all protected health information we maintain. This notice is also available on our website at: www.queenofpeacehospital.com.

For More Information or To Report a Problem

If you have questions and would like additional information, you may contact the Director of Health Information Services at 952-758-4431.

If you feel that your privacy rights have been violated, you have the right to file a written complaint with the Director of Health Information Services, Queen of Peace Hospital, or with the Department of Health and Human Services, Office of Civil Rights Region V, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601.

You will not be punished or retaliated against for filing a complaint.

Effective Date: April 14, 2003
1st Revision Date: January 1, 2006
2nd Revision Date: February 18, 2010