

Notice of Privacy Practices



**Mount Sinai Hospital
Schwab Rehabilitation Hospital
Sinai Medical Group
Sinai Community Institute
Affiliate: Access Community Health Network**

Effective Date: April 14, 2003

**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.**

If you have questions, call Sinai's Business Integrity Helpline, 1-877-435-7559. It's a free call.

Our Responsibilities

Every time you come to Sinai Health System, a record is kept of the services and care you get. This record usually lists your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. We use this record to give you the best possible care and to follow certain laws.

We know, though, that information about you and your health is personal, so we are committed to protecting your privacy. By law, we have to keep your health information private and to let you know how we do that. That's the reason for this notice. We want you to know which information we keep, how we use it, who we share it with, and what rights you have to see it or limit its use.

This notice covers all records of your care at Sinai, whether someone on the staff makes them, or your own doctor. All Sinai staff must follow the rules in the current version of this notice.

General Uses and Disclosures

Here are some ways Sinai may use your medical information or share it with others:

Treatment: We may use medical information about you when you need treatment or services. Doctors, nurses, technicians, medical students, or other Sinai staff may see it and use it when caring for you. For example: A doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of the health system also may share medical information about you so they can provide the different services you need, such as prescriptions, lab work, meals, and X-rays.

We also may give copies of some reports to your doctor or a health-care provider who treats you later, to help him or her care for you once you leave the hospital.

Payment: We may use medical information about your treatment and services, and share it with others, so we or they can bill you and collect payment from you, your insurance company, or some other agency that pays for your care (a third-party payer). We also may use or release that information if your insurance company or third-party payer needs to pre-approve you for eligibility or benefits. For example, we may need to give your insurance company information about your surgery so it will pay for the treatment. We also may tell your health plan about treatment you are going to receive, so we know whether your plan will cover it.

Health-Care Operations: Our medical staff and quality-improvement team may use information in your health record to double-check the care you get and track how well it worked. They look at information about your case, and others like it, so they can improve the care all our patients get. For example, we may combine medical information about many patients to see if new services or treatments are needed. We may share information with doctors, nurses, and medical students as part of their continuing education. And we may combine medical information we have with information from other hospitals, to see where improvements can be made. When we do this, we may leave out information that identifies you so we can protect your privacy.

Business Associates: Some services at Sinai are provided by business associates who aren't Sinai employees. Examples include laboratory-testing companies and the business that makes copies of your health record. When we ask these or other companies that have contracts with Sinai to provide services, we may share your health information with them so they can do their job and bill you, or your health plan, for the work. To protect you, we require all business associates to keep your information private.

Directory: If you are a patient in the hospital, we may list some information about you in a directory. This information may include your name, where you are in the hospital, your general condition (fair, stable, etc.), and your religion. Members of the clergy and people who ask for you by name will be given this information. If you don't want to be listed in the directory, be sure to tell the admission staff.

Friends or Family Involved in Your Care or Payment for Your Care: We may give medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an agency assisting in a disaster relief effort so that your family can be told about your condition, status, and location. You can object to these releases by telling us that you do not want any or all persons involved in your care to be given this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release important information to someone who is involved in your care or to an agency assisting in a disaster relief effort.

Future Communications: We may contact you by newsletter, mail or other means to let you know about treatment options, health information, disease-management programs, wellness programs, or other community activities that our hospitals, doctors, or staff participate in.

State-Specific Requirements: We may disclose medical information if Illinois or another state requires us to report it. Many states require health-care providers to supply such information so it can be used for programs that may improve health, reduce health-care costs, or for other reasons.

We also may use and disclose medical information about you:

To remind you about your appointments for medical care;

To ask if you are satisfied with our services;

To tell you about other possible treatments;

To let you know about health-related benefits or services;

To contact you for marketing or fund-raising efforts;

To train or review the skills of health-care professionals; and

For population-based activities designed to improve health or cut health-care costs.

NOTE: It is the policy of Sinai Health System not to share your information to anyone outside of Sinai to promote their products or services.

Special Uses and Disclosures

There are times when Sinai is permitted or required to use or disclose your health information even if we do not have your written consent.

As Required By Law: We may use and disclose health information for these purposes, or with these and other agencies, as required by law:

To reply to proper requests for your health information from a court or other legal agency;

To report information for public health, such as notifying appropriate agencies about victims of abuse, neglect or domestic violence, or reporting to the Food and Drug Administration problems with products or reactions to medications;

To report information for public safety, such as notifying authorities who can prevent the spread of something that might seriously threaten a person or the general public;

To assist law-enforcement officials, such as the police, in their law-enforcement duties;

To allow funeral directors, medical examiners, or coroners to carry out their lawful duties, such as completing a death certificate for the state;

To comply with laws and regulations related to Workers' Compensation; and

To allow government agencies to provide you with benefits and services.

For Health-Oversight Activities

Sinai also may disclose your health information to government health agencies for health-oversight reasons, such as program audits or license reviews.

For Research

Sinai may use your health information for approved research purposes, such as a study to find a cure for a disease.

For Special Governmental Functions

“Special governmental functions,” such as protecting public officials or reporting to various branches of the armed services, may require the use or disclosure of your health information.

Other Uses and Disclosures

There are reasons to use or disclose medical information in ways that are not covered by this notice, or by the law. If any of them involve information about you, we won't use or provide that information unless we have your written permission. If you give permission, you may cancel it, in writing, at any time. If you do withdraw permission, we will stop using or disclosing your information for the reasons listed in the permission form. Of course, we can't take back any disclosures we already made with your permission, and we are required to retain our records of the care we provided to you.

Your Health Information Rights

Although your health record is the property of the hospital, doctor, health-care practitioner or facility that put it together, you have the **Right to:**

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, these are medical and billing records, but psychotherapy notes are not included. We may deny your request to inspect and copy records in certain very limited circumstances. If you are denied access to medical information, you may ask for the decision to be reviewed. A licensed health-care professional – not the one who denied your request – will be chosen by the health system to review your request and the denial. We will follow the decision of the reviewer.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to correct or add to the information. You have the right to request an amendment as long as the information is kept by or for the health system.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. You may ask for a list of cases in which your medical information was disclosed as required by law, as long as you did not have a chance to agree or object, and you did not give consent or authorization.

Request Restrictions: You have the right to ask us to restrict or limit the medical information we use or disclose about you for treatment, payment, or health-care operations. We will follow the terms listed in this notice and tell you if we cannot agree to a requested restriction. We will agree to reasonable requests to communicate health information in different forms or to send it to alternate locations.

You also have the right to ask us to limit the medical information we share with a family member, friend or other person involved in your care or payment for your care. For example, you could ask us to not use or give out information about a surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information must be used or disclosed so you can receive emergency treatment.

Request Confidential Communications: You have the right to ask us to communicate with you about medical matters in a certain way or at a certain place. We will agree to the request if it is reasonable for us to do so. For example, you can ask us to send your bills to a different address.

A Paper Copy of This Notice: You have the right to a paper copy of this notice, and you may ask us for it at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

If you would like a more detailed explanation of these rights, or if you would like to exercise any of these rights, please contact:

Sinai Health System
Attention: Business Integrity Department
California Avenue at 15th Street
Chicago, IL 60608
Phone: Business Integrity Helpline
773-257-5424 or 1-877-435-7559

We'll send you the required forms so you can submit your request in writing.

Organized Health-Care Arrangement

Sinai Health System provides this document as a joint notice of Mount Sinai Hospital, Schwab Rehabilitation Hospital, Sinai Medical Group, and Sinai Community Institute. In addition, Access Community Health Network is an affiliate of Sinai Health System. Electronic versions of our medical records are shared by the each entity. Employees and physicians of all these entities and locations may share medical information with each other for the purpose of treatment, payment, or health-care operations, as described in this notice.

Changes to This Notice

We reserve the right to change this notice, and the changes will be effective for information we already have about you, as well as for any information we receive in the future. The current notice will be posted in health-system locations and will include the effective date. In addition, each time you register at or are admitted to the hospital or a clinic for treatment or for health-care services as an inpatient or outpatient, we will offer you a copy of the current notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Sinai Health System by contacting the Business Integrity Helpline at 1-877-435-7559. You also may file a complaint with the secretary of the U.S. Department of Health and Human Services. All complaints submitted to DHHS must be in writing.

You will not be penalized for filing a complaint.