

# UNION HEALTH SERVICE, INC.

## NOTICE OF PRIVACY PRACTICES

**EFFECTIVE: APRIL 14, 2003; REVISED: JULY 1, 2010; REVISED: APRIL 6, 2013; REVISED DECEMBER 1, 2016**

UNION HEALTH SERVICE IS REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR "PROTECTED HEALTH INFORMATION" (PHI). PHI IS INFORMATION ABOUT YOU THAT MAY IDENTIFY YOU AND RELATES TO YOUR PAST, PRESENT OR FUTURE PHYSICAL OR MENTAL HEALTH OR CONDITION AND RELATED HEALTH CARE SERVICES.

WE ARE REQUIRED TO NOTIFY YOU OF OUR PRIVACY PRACTICES AND WE MUST FOLLOW THIS NOTICE WHILE IT IS IN EFFECT.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS INFORMATION CAREFULLY. YOU WILL BE ASKED TO SIGN A STATEMENT ACKNOWLEDGING THAT YOU HAVE RECEIVED THIS NOTICE WHEN YOU MAKE YOUR FIRST VISIT TO UHS AFTER THE EFFECTIVE DATE OF THIS NOTICE.

FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, OR FOR ADDITIONAL COPIES OF THIS NOTICE, PLEASE CONTACT US USING THE INFORMATION LISTED AT THE END OF THIS NOTICE.

### **How UHS May Use or Disclose Your Health Information**

Union Health Service (UHS) uses your health information for your treatment, to bill and receive payment for your treatment, for our administrative purposes and to evaluate the quality of care that you receive. Your health information, all of which belongs to UHS, is contained in various forms.

**For treatment:** UHS may use your health information to provide you with medical treatment or services. For example, our health care providers, such as a physician, nurse or other staff providing health care services to you will record your health information and services in your medical records and in computer data files. They, and other health care providers, to whom they may disclose this information, need it to determine and deliver treatment for you. These providers also record treatment actions and your response to them. They have also given us written assurances that they, too, comply with federal and state privacy regulations.

**For Payment:** UHS may use and disclose your health information to others for the purpose of receiving payment for treatment and services you receive. For

example, a bill may be sent to a third party payor, such as a union or an insurance company. The billing may include information that identifies you, your diagnosis, treatment given and supplies used in treatment. We may also use and disclose to others your health information in connection with seeking, or helping you seek, payment from a third party responsible for an injury to you or paying for treatment of that injury.

**Health Care Operations:** UHS may use and disclose your health information for our operational purposes. For example, we may disclose your information to our staff and Business Associates who have signed confidentiality agreements to maintain your privacy (Business Associates are persons or companies to perform business activities for UHS and receive your PHI to perform their function). They also perform operational functions on behalf of UHS, to plan sponsors or unions and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Provide Member Services
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

UHS may use your health information to make appointments for you at a UHS facility, a hospital you are using or are about to use or at facility of our health care consultants or to provide appointment reminders to you using mail, telephone messages or other electronic means. We may provide you with information regarding your treatment options or other health care benefits and services that may be important to you.

UHS may find it necessary to use a language translator in providing our health care services to you. In addition, if you have previously given an appropriate authorization, UHS may find it necessary to communicate with a relative you have authorized, or otherwise authorized representative to ensure proper communications related to your health care services.

**As Required by Law:** UHS may use and disclose your health information as required by law. For example, UHS may disclose information:

- For judicial or administrative proceedings when required by a legal authority;
- To report information related to certain victims of abuse, neglect or domestic violence; or
- To assist law enforcement officials pursuant to a legal order in their enforcement duties.

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability or other health oversight activities.

**Decedents:** Your health information may be disclosed to funeral directors or coroners to enable them to perform their lawful duties.

**Organ/Tissue Donation:** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes if you have previously agreed to these uses.

**Research:** UHS may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the public health and safety of you or any other person pursuant to any applicable law.

**Government Functions:** Your health information may be disclosed to enable performance of specialized government functions such as protection of public officials, to correctional institutions regarding inmates, to coroners or reporting to various branches of the armed services that may require use or disclosure of your health information as permitted by law.

**Workers Compensation:** Your health information may be used or disclosed as permitted and to the extent necessary to comply with Workers Compensation laws.

### **Uses and Disclosure of Certain Types of Medical Information**

We may not disclose any information related to your care and treatment, unless the disclosure is allowed or required by law, or you provide us with a written authorization to disclose for the following specific requests:

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- HIV Test Information
- Genetic Testing Information
- Mental Health Information Records (Psychotherapy notes are not subject to disclosure).
- Alcoholism or Drug Abuse Information

### **Your Health Information Rights**

You have the right to:

- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Request a restriction on certain uses and disclosures of your information as provided by law (although UHS may not be required to agree to a requested restriction);
- Request a restriction that your Protected Health Information NOT be disclosed to your health plan, without your prior authorization, if the Protected Health Information relates to a health care item or service for which UHS has been paid out of pocket in full;
- Inspect and obtain a copy of your health record as provided by law. UHS is not required to make available any psychotherapy notes about you. You are entitled to request that a copy of your health records that are in electronic form be provided to you in electronic format:
- Amend your health records as provided by law (although UHS is not required to make any amendments that are known to be untrue);
- Request communications of your health information by alternative means or at alternative locations (although UHS is not required to agree to an unreasonable request);
- Request that all communications regarding your health information be confidential (although UHS need not comply under certain circumstances);
- Provide written authorization to use or disclose your PHI other than for treatment, payment or health care operations.
- UHS cannot sell your protected health information without your written authorization related to any psychotherapy notes, for UHS' marketing purposes.
- UHS cannot use your protected health information for fundraising purposes without your prior written authorization.
- UHS cannot disclose your protected health information to your health plan for healthcare services for which you have paid out-of-pocket in full.
- UHS cannot disclose your protected health information not specifically identified in this Notice of Privacy Practice without your authorization.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken or the law permits or requires otherwise; and
- Receive an accounting of disclosures of your health information made since April 14, 2003 by UHS or our Business Associate, other than for treatment, payment or operations or authorized by you. You are entitled to ask for this accounting once every 12 months. If you make this request more than once every 12 months, UHS may charge you a reasonable fee for providing this accounting.

### **Complaints**

You may complain to UHS and/or to the Secretary of the Department of Health and Human Services, (DHHS), if you believe your privacy rights related to your health information have been violated. You will not be retaliated against for doing so. Complaints made to UHS should be directed to the Chief Privacy

Officer. Information needed to submit a complaint to the Secretary of the DHHS, can be found at their website: [www.hhs.gov](http://www.hhs.gov). If you need additional information regarding filing a complaint either to UHS or the Secretary of the DHHS, please contact the UHS Chief Privacy Officer.

### **UHS Responsibilities**

UHS is required to:

- Maintain the privacy of your protected health information;
- Secure your Protected Health Information in both paper and electronic format consistent with the standards described in rules issued by the Department of Health and Human Services, 45 CFR 160 and 164.
- Account for disclosures of your Protected Health Information stored in our Electronic Health Records even for treatment, payment or UHS health care operations;
- Disclose only your “minimum necessary” Protected Health Information reasonably necessary to accomplish the intended purpose;
- Comply with the notification requirements put forth in the Breach Notification Rule issued by the Department of Health and Human Services in the case of an unauthorized and unsecured disclosure of your Protected Health Information;
- Require our Business Associates to comply with the privacy and security requirements described in the Privacy and Security rules issued by the Department of Health and Human Services;
- Unless authorized by you, UHS will not directly or indirectly received remuneration in exchange for your Protected Health Information;
- Provide you with this notice of our legal duties and privacy practices with respect to your protected health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is to be used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for marketing or research purposes or for any reason other than those listed above or permitted under law.
- In the event of a breach or unauthorized disclosure of your protected health information, UHS will notify you within 60 days of the breach.

UHS reserves the right to change its information practices and to make the new provisions effective for all protected health information we maintain. Revised notices containing any changes that add to the distribution of protected health information will be made available to you on request by our normal means of communication.

Where state law establishes privacy requirements more strict than the federal law, we are required to comply with those requirements beyond ways described in this notice.

**Website Copy**

A copy of this Notice of Privacy Practices appears on our website: [www.unionhealth.org](http://www.unionhealth.org).

**Contact Information**

If you have any questions or complaints, please contact:

Chief Privacy Officer  
Union Health Service  
1634 West Polk Street  
Chicago, IL 60612

Phone: 312-829-4224

UHS Form: H-100.v2

Covered HIPAA/HITECH Regulations
<b>§164.520</b> - Notice of Privacy Practices for Protected Health Information
<b>§164.522(a)(1)(i)</b> - A covered entity must permit the individual to restrict the uses or disclosures of PHI for treatment, payment or operations
<b>§164.522(b)(1)</b> - Confidential Communications Requirements
<b>§164.530</b> - A covered entity must assign a Chief Privacy Officer responsibility for developing, implementing and administering the HIPAA regulations