



Central Illinois Endoscopy Center

Notice of Privacy Practices for Protected Health Information

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.

Understanding Your Health Record/Information

Each time you visit a Central Illinois Endoscopy Center (CIEC), a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of information for public health officials charged with improving the health of the nation
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record enables you to ensure its accuracy. Understanding how your health information is used helps you to better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others. By reading this notice and signing the acknowledgement form, you are allowing CIEC to use, access and disclose your health information for treatment, payment, and health operations.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record
- request an amendment to your health record
- obtain an accounting of disclosures of your health information
- request communication of your health information by alternative means or to an alternative location
- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- request a restriction on certain uses and disclosures of your information

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or to an alternative location
- Protect privacy about a deceased individual as long as the information is maintained

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice during registration at your next visit. We will not use or disclose your health information without your authorization, except as described in this notice.

Confidentiality of information

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected abuse or neglect (of a child or an adult) from being reported under state law to appropriate state or local authorities.

For More Information or to Report a Problem

The CIEC contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by this facility you may submit a complaint to our Privacy Officer by sending it to:

ATTN: Privacy Officer
CIEC
1001 Main Street, Suite 500B
Peoria, IL , 61606

The Privacy Officer can be contacted by telephone at 309/495-1148.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that would work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. We may contact you to provide appointment reminders or treatment alternatives.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Patient satisfaction surveys are used to determine how satisfied you are with our service. This survey may be in the form of a telephone call or a written survey.

Uses or Disclosures CIEC may make without your Authorization

Business associates: There are some services provided in our organization through contacts with business associates. Examples include a copy service we use when making copies of your health record or a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've 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.

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

Communication with family: Health professionals, using their best judgment, may 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.

Minors: We will follow Illinois State Law as it relates to 'personal representatives' or non-emancipated minors.

Research: We may disclose information to researchers when there are established research protocols or where we have obtained a waiver from an institutional review board.

Limited Data Set: We may use or disclose a limited data set (i.e. in which certain identifying information has been removed) of your protected health information for purpose of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

Incidental Uses and Disclosures: We are permitted to use and disclose information incidental to another use or disclosure of your protected health information permitted or required under law.

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. We do not provide patient information to other organizations.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Your Right to Inspect and Copy: You generally have the right to inspect and obtain a copy of any protected health information in your medical record, information compiled in anticipation of use in a civil, criminal or administrative proceeding and certain other health information which the law restricts CIEC from disseminating.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Examples of Disclosures by Illinois State Law that require specific Patient Authorization

In general, release of medical records is restricted except where Federal or State Law allows. The following Medical Records disclosures require your written permission:

- Patients with high blood pressure to the Illinois High Blood Pressure Registry.
- Patients of an Advanced Practical Nurse to the Advanced Practice Nursing Board/Department of Professional Regulation
- Patients of a podiatrist to the Podiatric Medical Licensing Board.
- Patients of an impaired Physician (physical or mental) to the Medical Disciplinary Board.
- Patients who receive genetic testing may have results released to you and to person you designate in writing to receive the information. In the case of minors under 18 years of age, parents/legal guardians may be notified with written permission except where allowed by law.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

CIEC reserves the right to change the terms of its privacy notice and to make the new provisions effective for all protected health information that CIEC maintains.

Central Illinois Endoscopy Center

PATIENT RIGHTS AND RESPONSIBILITIES

POLICY

Central Illinois Endoscopy Center believes that health care is a cooperative effort between you as the patient, your physician, and our employees. You are a key member of the treatment team. Recognizing that patients have rights, we have listed below the things you may expect and in turn your responsibilities while a patient at Central Illinois Endoscopy Center.

Central Illinois Endoscopy and medical staff have adopted the following statement of patient rights. These rights are explained to the patient or the patient's representative (as allowed under state law). These rights shall include, but not be limited to, the patient's right to:

PATIENT RIGHTS

1. You have the right to considerate and respectful care with dignity and without discrimination, abuse, harassment or reprisal.
2. You have the right to be involved in your plan of care and treatment.
3. You have the right to obtain from your physician complete current information concerning diagnosis, treatment, and prognosis in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person on your behalf.
4. You have the right to receive from your physician information necessary to give informed consent prior to the start of procedures and/or treatments involving substantial risks. Except in emergencies, such information for informed consent should include but not necessarily be limited to specific procedures and/or treatments and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information.
5. You have the right to know the name of the person responsible for performing your procedures and/or treatments
6. You have the right to refuse treatment and to be informed of the medical consequences of your action.
7. You have the right to prepare and submit an advance directive, such as a living will, and to choose someone to make decisions for you in case you cannot do so yourself. You may change your mind about health care decisions at any time.
8. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
9. You have the right to expect that all communications and records pertaining to your care be treated as confidential except as otherwise provided by law or contractual agreements.
10. You have the right to access information contained in your records, as allowed by policy and by law.
11. You have the right to expect that within its capacity, the physicians and staff will make reasonable response to your request for services. When medically indicated, you may be transferred to another physicians office only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer.
12. You have the right to expect reasonable continuity of care. You have the right to expect your physician or a delegate of your physician to inform you of your continuing health-care requirements following discharge.
13. You have the right to examine and receive an explanation of your bill, regardless of source of payment, and you shall be informed of services for which your insurance policy does not provide coverage.
14. It is Illinois Gastroenterology Institute's goal and commitment to provide a safe and secure environment for all our patients, visitors and employees.
15. If you need to communicate problems or issues concerning your medical care, please contact the facility manager.
16. You have the right to change your GI physician if another GI physician is available and agrees to the change.
17. You have the right to refuse to participate in experimental research.

PATIENT RESPONSIBILITIES

1. Your physician expects that you or your family will provide complete and accurate information to the best of your ability about your health, any medications including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. In order to facilitate your care and the efforts of your physician and the office employees in their efforts to provide care, you are expected to follow their instructions and medical orders.
3. Duly authorized members of your family are expected to be available to office personnel for review of your treatment in the event you are unable to properly communicate with the physicians or nurses.
4. The office expects that you will cooperate with all personnel and ask questions if directions and/or procedures are not clearly understood.
5. You are expected to be considerate of other patients and office personnel and to assist in the control of noise, smoking, and the number of visitors with you at any one time. You are also expected to be respectful of the property of other persons and the property of the office.
6. It is expected that you will not take drugs which have not been prescribed by your attending physician and administered by office employees and that you will not consume any alcoholic beverages or toxic substances not allowed by your physician during your stay or after your stay as prescribed by your physician.
7. You are expected to observe all safety regulations that you have been made aware of by both verbal and other means.
8. You are responsible to inform the office about any living will, medical power of attorney, or other directive that could affect your care.
9. You are financially responsible for any charges not covered by your insurance.

COMPLAINT/GRIEVANCE PROCEDURE. YOU/YOUR REPRESENTATIVE'S RIGHTS INCLUDE

1. Discussion of any concerns/dissatisfaction with the care received, which cannot be resolved by available staff, by contacting the Practice Administrator at (309) 672-4980 or ask any staff member to contact them on your behalf.
2. You may also contact the Illinois Department of Public Health 24-hour hotline, 1-800-252-4343 or Illinois Department of Public Health, Office of Health Care Regulation, 525 W. Jefferson Street, 5th Floor, Springfield, IL 62761-0001 or www.medicare.gov/navigation/nelp-and-support/ombudsman.aspx.