



NOTICE OF PRIVACY PRACTICES



Your Information. Your Rights. Our Responsibilities.

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.

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. Protected health information generally includes information we create or receive which identifies you and your past, present or future health status or care, or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective dates listed above.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential Communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
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Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.
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Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information. Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may use limited information such as your name, contact information, dates of service, and treating physician to contact you for fundraising. You can opt out at any time by submitting a request in writing.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Electronic Notification • The CMS Interoperability and Patient Access Final Rule require hospitals to send electronic events of admissions and discharges to/from emergency department and inpatient units to providers you designate. This data is exchanged through a secure platform. We may use and share your medical information to contact you by mail, phone, text message or email about appointments and other health care related matters. We will use the contact information you provided when we contact you. Should you require an appointment reminder in a different way, please contact us.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<p>'We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
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Do research	<ul style="list-style-type: none"> • We can use or share your information for health research.
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Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation, law enforcement, and other government requests	<p>'We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and	<ul style="list-style-type: none"> • We can share health information about you in response to a court or Legal administrative order, or in response to a subpoena.

REPRODUCTIVE HEALTH CARE

- We cannot share or disclose information about your reproductive health with any entity without your permission, unless required by law.
- We cannot share or disclose information about your reproductive health care to assist law enforcement in:
 - Conducting a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
 - The identification of any person for the purpose of conducting such investigation or imposing such liability.

Our Responsibilities

SUBSTANCE USE DISORDER

- We cannot share or disclose information about your substance use disorder treatment, including any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, with any entity without your permission, unless required by law.
- We can share or disclose information about your substance use disorder treatment and related activities in response to a court order.
- We can share or disclose information about your substance use disorder treatment without consent to public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule.

REQUESTS TO LIMIT WHAT WE USE OR SHARE:

You can ask us not to share information for the purpose of payment or our operations with your health insurer. Such request must be in writing prior to service and upon payment in full. If the service provided involves other independent providers, for example surgeons, pathologists, radiologists and other specialists, you will need to separately notify them of the restriction.

REQUESTS FOR LAB RESULTS:

Upon request from a patient or their authorized personal representative, laboratories must provide access to test results. In order to comply with this request, the patient or their representative must be properly identified by the staff member. Requests for lab results must be made through the Hospital's Health Information Management Department. Requested lab results must be provided within 30 days and release of records may not be withheld due to non-payment by the patient for that service. The patient must be granted access to their results for as long as they are maintained in the patient record. The facility is permitted to send a patient, copies of test results, via unencrypted e-mail, upon patient request. Please be advised in doing so, there are security risks associated with unencrypted e-mail. Please note: all test results must be first interpreted by the treating physician, which may take a minimum of 2 - 3 days on average. Patients are encouraged to discuss the test results with their ordering physician; not the Laboratory or Health Information Management departments

RETENTION OF RECORDS:

We retain your health records as required by law or as necessary for treatment and operations. You may request deletion of certain data where permitted by law.

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

November 5, 2025

This Notice of Privacy Practices applies to the following organizations.

When submitting written requests for copies, limits, access, corrections and updates to your health information, such written requests shall be submitted to the following:

Pinckneyville Community Hospital
Attn: Health Information Manager
5383 State Route 154, PO Box 437
Pinckneyville, IL 62274

Pinckneyville Community Hospital services include those provided by the following:
Wellness Center
Senior Life Solutions
Family Medical Center

Please note: Written requests for records at Family Medical Center shall be mailed as follows:

Family Medical Center
Attn: Health Information Manager
5383 State Route 154, PO Box 437
Pinckneyville, IL 62274

This Notice is available in other languages and accessible formats upon request.

If you have questions about this notice or would like to file a complaint, please contact: Risk Manager:
618-357-5976 or riskmgr@pvillehosp.org
Compliance & Privacy Officer: 618-357-5908 or compliance@pvillehosp.org