



Swedish Covenant Hospital

Swedish Covenant Hospital
Medical Staff of Swedish Covenant Hospital
Swedish Covenant Medical Group
Joint Notice of Privacy Practices

Summary of the Joint Notice of Privacy Practices

A federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) creates new rights for patients regarding the privacy of their health information. You are entitled to an explanation from Swedish Covenant Hospital and the doctors who independently practice at the Hospital, and from Swedish Covenant Medical Group, about how we protect the privacy of your health care information. We must provide you with a copy of this Joint Notice of Privacy Practices (“Notice”), and ask that you sign a document stating that we gave the Notice to you. We are using a Joint Notice rather than separate notices from the Hospital and the doctors for your convenience and to improve your access to the separate health care services that the Hospital and the physicians independently provide. You may read the Notice now, or at a later time. At some point, you should read the full Notice carefully because it explains:

1. Generally how we use health care information about you
2. That we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate permission for these uses and disclosures
3. Other circumstances where we may use or disclose information about your health where we are not required to get your permission first
4. Circumstances where Illinois law provides special privacy protections for certain types of health information
5. Your rights with respect to health information we have about you, namely
 - Your right to have a copy of this privacy notice
 - Your right to review and copy your health information
 - Your right to an accounting of certain disclosures of your health information
 - Your right to be notified if the security of your health information has been compromised
 - Your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers
 - Your right to request restrictions on how we use and disclose your health care information, including your right to restrict disclosure to your health plan of services for which you have paid in full out of pocket
 - Your right to request an amendment to information in our records that you think is in error

6. Your right to file a complaint if you think your privacy rights have been violated

We maintain a directory listing patients in the hospital so that family members and clergy can visit. Please let us know if you do not want to be included in the directory.

Nothing in this Notice is meant to imply, infer or create any agency or employment relationship between the physicians and the hospital, either actual or implied, nor does this Notice alter any consents for treatment or procedures you may sign during the time you are provided care at the Hospital.

Swedish Covenant Hospital and the physicians who practice here take your confidentiality very seriously. We encourage you to read this Notice and keep a copy of for your records.

Swedish Covenant Hospital and the Medical Staff of Swedish Covenant Hospital
Joint Notice of Privacy Practices
Effective September 23, 2013 (revised _____ 2015)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

This is the Joint Notice of Privacy Practices from Swedish Covenant Hospital and the medical providers of the Medical Staff, including the Swedish Covenant Medical Group doctors. This Joint Notice of Privacy Practices (“Notice”) will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you directly, or could be used to identify you. In this Notice, we call all of that protected health information “medical information” or “health information.”

This Notice also will tell you about your rights and our duties with respect to your medical information. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

The Hospital and the medical providers are committed to protecting the privacy of your medical information. This Notice refers to Swedish Covenant Hospital, the physicians and other medical providers on the Medical Staff, and the Medical Group providers by using the terms “us,” “we,” “our,” or “the Hospital.”

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1. What records does this Notice cover? When you receive treatment from us as a patient (whether as a Hospital inpatient, a resident in our Extended Care Facility, a home care patient, a patient in one of our outpatient departments including off-site health centers, or a Medical Group office), both your medical providers and the Hospital personnel helping with your care (such as nurses, pharmacists, technicians and other health care personnel) keep your medical information in a set of records which we maintain. If you are admitted to the Hospital as an inpatient, we will make an inpatient record that contains your medical provider's orders for your care, notes from your provider, consulting physicians, and nurses caring for you, reports of laboratory tests and other examinations, and other information. If you have a test or procedure in one of our outpatient departments or a visit from home care clinicians, or you come to the Emergency Department, a record of your care will be made in the department, and doctors and Hospital personnel caring for you will make entries in that record. The billing office will also have records of billing statements, your insurance coverage, and other payment information. This Notice applies to the medical and billing records relating to your care in the Hospital and any of its departments, and includes portions of the record created by medical providers participating in your care (who may not be employed by or agents of the Hospital). This Notice does not apply to your medical provider's office records including billing records (except for Medical Group providers).

2. Does the law require the Hospital to protect patient privacy? Yes. The Health Insurance Portability and Accountability Act ("HIPAA") is a federal law which requires us to maintain the privacy of individual patient information, and to give you this Notice describing our privacy practices. We are required by law to follow the terms of this Notice (but we may change the Notice from time to time). There also are state laws that protect the privacy of certain records.

3. How may the Hospital use or disclose patients' health information? This section applies to most patients, and describes common circumstances when health information may be disclosed. See Section 4 for a discussion of special state laws protecting privacy of certain patient records. We may disclose your information orally, via fax, on paper, or through electronic health information exchanges (HIEs).

Our Participation in Electronic Health Information Exchanges (HIEs)

We participate in the MetroChicago Health Information Exchange (MetroChicago HIE) to make patient information available electronically to participating hospitals, doctors, health plans, accountable care organizations and other authorized users. We may also receive information about patients from other participants and authorized users in the MetroChicago HIE. In the future we may participate in additional regional, state or federal HIEs as they are developed. As described below, you can elect to opt-out and not allow your medical information to be available through any HIE.

The MetroChicago HIE has been structured to comply with federal and state privacy and security laws. Use of MetroChicago HIE is limited to physicians, hospitals, health plans, accountable care organizations and other authorized users who confirm that they will comply with these laws. Health information disclosed to MetroChicago HIE may include information regarding your demographics, problem list, diagnosis, treatments, allergies, medications, radiology and lab information. However, if you received alcohol or substance abuse services from certain treatment centers, that information generally will be excluded from MetroChicago HIE.

Unless you opt-out of MetroChicago HIE, your mental health or developmental disability information (such as diagnosis and medications), HIV/AIDS information and genetic information (such as test

results) may be available to participants and authorized users of the MetroChicago HIE. For more information about how information may be disclosed to MetroChicago HIE and how you may opt-out, please ask the registrar for a copy of the MetroChicago HIE Notice to Patients and Frequently Asked Questions. Additional information is also available at www.mchc.com/hie-optout.

Right to Opt-Out: If you do not want your medical information to be available through HIEs, please ask the registrar for the Opt-Out Form and sign it. For the MetroChicago HIE, approximately 24 hours after we process your request, participants will no longer be able to view your medical information through the MetroChicago HIE. **Your opt-out will apply to all information in the MetroChicago HIE, even in an emergency.**

Even if you opt-out of HIEs, legal requirements (such as public health reporting) may still be fulfilled through HIEs.

If you opt-out and later decide to reverse that decision, please contact us for a form to reverse your opt-out. Your health information from the period during which you had opted-out or prior to that date may be available through MetroChicago HIE and other HIEs after you reverse your opt-out.

The following are examples of how the Hospital may use or disclose patient health information.

A. For your treatment. The doctors, nurses, and other personnel who are providing care to you at the Hospital may use your health information.

Example: You come into the Hospital for surgery. Your health information may be used by the surgeon; by consulting physicians (such as a radiologist who reads your x-rays, or a pathologist who examines tissue removed from you during surgery); by nurses providing care for you; by pharmacists who fill your doctor's medication orders; by social workers and discharge planners who make arrangements for care you may need after discharge; and by home care clinicians who may treat you at home.

Also, we may consult with other health care providers about your care, or refer you to another health care provider for additional care. In these cases, we may send your health information to other health care providers.

Example: You need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to him, so he will have information he needs to provide services to you.

B. To receive payment for health care we provide to you. We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer (such as Medicare). For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services, or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive, so that company or program may determine whether you are covered.

Example: You may need outpatient physical therapy after knee surgery and we will send medical information to your insurance company to determine whether you are covered for the treatments.

C. For health care operations. We may use and disclose your medical information for our own health care operations. These are necessary for us to operate the Hospital and to maintain quality health care for our patients.

Example: We may collect data from your record and other patient records, so that we can review the quality of the services we provide.

D. To business associates. We may use a third party to help us receive payment for health care or assist with our operations, or to provide management, financial, legal, consulting, and other services. When we contract for these services, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

Example: If you request a copy of your record from our contracted copy service, the copy service must safeguard your medical information, the same as the Hospital.

E. For our directory (HOSPITAL INPATIENTS AND EXTENDED CARE FACILITY RESIDENTS ONLY). Unless you object, we will use your name, location in the facility, general condition (e.g., fair, stable, etc.), and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. This is so your family, friends, and clergy can visit you and find out how you are doing. If you are unable to express an objection (for example, if you are unconscious), we may use and disclose the information if we believe this is what you would have wanted (based on your prior preferences or health professional's judgment). If you do not want to be included in our directory, or you want to restrict the information we include in the directory, you must notify the registrar at the time you come into the Hospital.

F. To your family or close friend. Unless you object, we may use or disclose your medical information in order to notify a family member, personal representative, or other person responsible for your care that you are at the Hospital, and we may describe your general condition. Also, unless you object, health professionals may disclose your medical information to a family member, other relative, close personal friend, or other person involved in your care or in paying for your care. If you are unable to express an objection, we will use our judgment on whether providing information to your family is in your best interest. There are special rules that apply to certain patients, such as patients receiving mental health services. These special rules are described in Section 4.

G. As required or permitted by law. The law permits or requires the Hospital to disclose health information in some cases:

- **Public health activities:** We report information about births, deaths, and various diseases to government officials in charge of collecting that information. We also report information to the Food and Drug Administration relating to safety of medical devices.

- ***Abuse, neglect and domestic violence:*** We report information as required by law to agencies which investigate reports of child abuse, elder abuse, abuse of residents of long term care facilities, and abuse of the disabled. Where the law permits, but does not require reporting, we may report information to government agencies when you agree to this, or when the disclosure is necessary to prevent serious harm to you or other potential victims.
- ***Health oversight activities:*** We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, licensure or other disciplinary actions. These types of activities are needed for government oversight of the health care system, and for the administration of government benefit programs (such as Medicare and Public Aid).
- ***Judicial and administrative proceedings:*** We may disclose medical information about you as required by law in response to an order of a court or administrative tribunal. We also may disclose medical information in response to a subpoena, discovery request, or other legal process, but only if we receive assurances that efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- ***Law enforcement purposes:*** We may disclose medical information about you to a law enforcement official for law enforcement purposes:
 - To comply with the law.
 - To respond to a court, grand jury or administrative order, warrant or subpoena.
 - To identify or locate a suspect, fugitive, material witness or missing person.
 - To report an actual or suspected victim of a crime if that person agrees to the disclosure. If we are unable to obtain that person's agreement, the information may still be disclosed in limited circumstances.
 - To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
 - To report a crime that occurred at our facility.
 - To report a crime in emergency circumstances.
- ***Deaths:*** We may disclose medical information to a coroner, medical examiner, or funeral director.
- ***Organ, eye, or tissue donation:*** We may notify organ procurement organizations to help them with organ, eye, or tissue donation and transplants.
- ***Research:*** Usually we will disclose your medical information for research purposes only with your authorization. However, in some circumstances, we may use or disclose medical information for research without getting your authorization. For example, we may allow a researcher to review patient records in order to prepare for a research project, but no medical information will leave the Hospital during that person's review of the information. Also, we may disclose medical information for a research project which has been approved through a formal process involving our Institutional Review Board that evaluates the needs of the research project and the need to protect privacy of medical information.
- ***To avert a serious threat to health or safety:*** We may use or disclose medical information if we believe this is necessary to prevent or lessen a serious threat to the health or safety of a particular person, or the public in general. We also may release information if we believe the disclosure is necessary for law enforcement authorities to identify or arrest a person who admitted that he/she committed a violent crime, or who escaped from a prison or lawful custody.

- **Military:** If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by military command authorities. We also may release information about foreign military personnel to the appropriate foreign military authority.
- **National security and intelligence:** We may disclose medical information to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities.
- **Protective services for the President:** We may disclose medical information to the Secret Service so they can provide protection to the President of the United States and other persons protected by the Secret Service.
- **Security clearances:** We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State.
- **Inmates / persons in custody:** If you are in law enforcement custody, we may disclose medical information to a prison or law enforcement official who has custody of you. The disclosure will be made if necessary (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, security, and good order of the prison.
- **Workers' Compensation:** We may disclose medical information about you as needed to comply with workers' compensation and similar laws that provide benefits for work-related injury or illness.

H. For information on our products and services. We may use and disclose medical information about you to communicate with you about our products or services. This may be:

- To describe a health-related product or service that is provided by us
- To assist in your treatment
- To perform case management or care coordination for you
- To direct or recommend alternative treatments, therapies, health care providers, or settings of care. This may include sending you information that would be of special interest to someone with your health condition.

For example, we may notify you of upcoming health fairs, lectures, health screenings and other community health activities. Unless you have given us specific written authorization, we may not use or disclose your health information if we have received financial remuneration in connection with making any such communication.

I. For marketing communications. We may tell you about other products or services in a face-to-face communication, or offer promotional gifts of nominal value. We may provide refill reminders or otherwise communicate about a drug or biologic that is currently prescribed for you, but only if any remuneration we receive in exchange for making the communication is reasonably related to our cost. *With these exceptions, we may not use or disclose your medical information to encourage you to purchase products or services without your written authorization. We may not sell individual medical information without express written authorization.*

J. To request donations to the Hospital. We may use and disclose your medical information to contact you to raise funds for the Hospital (either directly, or through a related foundation or business associate). We may only use demographic information (such as your name and address), the department in which you received services, the name of your physician, outcome information, health insurance status, and the dates you received treatment or services from the Hospital. If we write to you to request donations to the Hospital, the communication will tell you what steps to take *if you do not want to be contacted about fundraising*. If you notify us that you do not want to receive fundraising communications, we may not contact you for fundraising or release your information to the persons performing fundraising services for the Hospital.

K. With your authorization. The Hospital may not make any other uses or disclosures of your medical information without your written authorization.

Example: You apply for life insurance and the life insurance company wants to review your medical information before issuing an insurance policy. We would not send information to the life insurance company without your written authorization.

You may revoke your authorization at any time by written notice to the Hospital.

4. What special state laws protect privacy of certain patient records? Section 3 of this Notice describes when the Hospital is permitted under HIPAA to use or disclose your medical information. In certain cases, Illinois law provides more stringent privacy protections for specific kinds of medical information than HIPAA requires. In those cases, the Hospital must follow the state law. State law provides more stringent protection in the following areas:

- ***Mental health and developmental disability patients:*** If a patient has received mental health or developmental disabilities services, the Hospital may not reveal that the patient is a recipient of services or disclose mental health/developmental disabilities records without written consent, with certain exceptions. There are special rules governing when parents of a minor have access to records of mental health or developmental disabilities services.
- ***Alcohol or drug abuse treatment:*** If a patient has received treatment for alcohol or drug abuse, the Hospital may not reveal that the patient is a recipient of services or disclose alcohol or drug abuse treatment records without written consent, with certain exceptions. There are special rules governing when parents of a minor have access to records of alcohol or drug abuse treatment programs.
- ***HIV/AIDS:*** The Hospital may not reveal that a patient has been tested for HIV, or the results of the test, without written consent, with certain exceptions (such as when a health care provider, police officer, etc. has been exposed to blood or body fluids). There are special rules governing when parents of a minor have access to HIV testing records.
- ***Genetic testing:*** The Hospital may not disclose results of genetic testing except as permitted by law. There are special rules governing when parents of a minor have access to genetic testing records.
- ***Artificial insemination:*** If you are a patient who has undergone artificial insemination with donor semen, the Hospital may not permit anyone besides you to inspect records relating to the artificial insemination, without a court order.
- ***Sexual assault victims:*** Special rules apply to release of information relating to evidence of sexual assault, and to records of rape crisis counselors.

- ***Extended care facility residents:*** The Hospital may not allow any person who is not directly involved in providing care to you to be present without your permission, during a discussion of your care or health status, a consultation, or your examination or treatment.
- ***Disclosure of records related to professional disciplinary proceedings:*** Special rules apply to release of information to the Advanced Practice Nursing Board, Podiatric Medical Licensing Board, and Medical Disciplinary Board.

5. What are your rights concerning your medical information?

A. You have the right to inspect your record, and get a copy. With some exceptions, you have the right to inspect and obtain a copy of medical information about you after you have been discharged. For electronic health records, you may request that a copy in electronic format be sent to you or to someone else at your direction. To inspect or copy medical information about you, you must write to the Medical Records Department, Swedish Covenant Hospital, 5145 N. California Avenue, Chicago, IL 60625-3642. You should tell us specifically what medical information you want to inspect or copy. If you ask for a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will respond to your request within thirty (30) calendar days after we receive it. If you are entitled to see all or part of the information you requested, we will inform you of this and provide access and copies.

We may deny your request to inspect and copy medical information in limited circumstances, including the following:

- a. The information you requested includes psychotherapy notes; information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding; information related to laboratories under the Clinical Laboratory Improvements Amendment of 1986; or information obtained from someone other than a healthcare provider under a promise of confidentiality and disclosure would reveal the source of the information
- b. You are a prison inmate and providing the information would jeopardize health, safety, security, custody, or rehabilitation of you or other inmates, or the safety of correctional officers
- c. You are participating in a research project and have agreed in advance that you will not have access to the research information during the project
- d. A licensed health care professional has determined that if you are given access to the information, this could endanger your life or safety, endanger another person's life or safety, or cause substantial harm to another person. (You are entitled to a review of a denial made on this basis.)
- e. Access to your medical information is requested by your personal representative rather than you, and a licensed health care professional determines that providing access to this person may cause substantial harm to you or someone else. (You are entitled to a review of a denial made on this basis.)

If we deny your request, we will inform you of the basis for the denial, whether and how you may have our denial reviewed, and how you may register your complaint. Any review of our denial will be done by a licensed health care professional designated by us, who was not directly involved in the denial. We will comply with the outcome of that review.

B. You have the right to request amendment of your record. You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to the Medical Records Department, Swedish Covenant Hospital, 5145 N. California Avenue, Chicago, IL 60625-3642 ATTENTION: DIRECTOR. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive it. If we agree to your request, we will amend your medical information as you requested. We will link the amended part to the original part, so that someone reviewing the record can see what was changed. We may also agree to make some changes you asked for, but not others.

If we agree to your request, in whole or in part, we will ask you to tell us if you want the amended medical information to be sent to anyone, and also ask you to authorize us to send the changes to persons who should know of these modifications.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment
- b. Is not part of the medical information maintained by us
- c. Would not be available for you to inspect or copy
- d. Is accurate and complete

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

Even if you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to complain about our denial of your request.

C. You have the right to request restrictions on uses or disclosures of your medical information. You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should address your request to:

**Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625-3642
ATTENTION: Chief Privacy Officer**

And, tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

If you have paid the entire cost of an item or service out of pocket, you may ask us not to disclose information about that item or service to your health plan, and we will comply with this restriction. *We are not required to agree to any other requested restriction.* However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

D. You have the right to request that we communicate in a special confidential way. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail, at either your home or workplace. At either location, we may leave messages for you on the answering machine or voice mail but we will not disclose your medical information. If you want us to communicate with you only in a certain way or at a certain location, you can request this. For example, you can ask that we only contact you by mail or at work. We will not ask you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to:

**Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625-3642
ATTENTION: Chief Privacy Officer**

Your request must state how or where you can be contacted.

We will accommodate your request as long as it is reasonable. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

E. You have the right to receive an accounting of disclosures of medical information about you. The accounting covers disclosures for up to six (6) years prior to the date on which you request the accounting.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations (with the exception described below)
- b. Disclosures of your medical information made to you
- c. Disclosures that are incident to another use or disclosure
- d. Disclosures that you have authorized
- e. Disclosures for our facility directory or to persons involved in your care
- f. Disclosures for disaster relief purposes
- g. Disclosures for national security or intelligence purposes
- h. Disclosures to correctional institutions or law enforcement officials having custody of you
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set does not include information that would directly identify)
- j. Disclosures made prior to April 14, 2003

Starting with disclosures made on or after January 1, 2014, you may request an accounting of disclosures to carry out treatment, payment and health care operations made through an electronic health record. This accounting will include such disclosures for three years prior to the time of your request (but no earlier than January 1, 2014).

Under certain circumstances, a government agency or law enforcement official may require us to suspend your right to an accounting of some disclosures. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to the **Medical Records Department, Swedish Covenant Hospital, 5145 N. California Avenue, Chicago, IL 60625-3642 ATTENTION: DIRECTOR.** Your request must state a time period for the disclosures. You cannot request data for than six (6) years prior to the date we receive your request, or information before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why we need more time.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

F. You have the right to obtain a paper copy of our Joint Notice of Privacy Practices. You may request a paper copy of our Joint Notice of Privacy Practices at any time, or you may obtain a copy over the Internet at the Swedish Covenant Hospital web site by typing the following into your internet browser: **SwedishCovenant.org/privacystatement**

To obtain a paper copy of this notice, **send a request to:**

**Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625-3642
ATTENTION: Chief Privacy Officer**

G. You have the right to be notified of a security breach. If your unsecured protected health information is acquired, accessed, used or disclosed without authorization, we will notify you so that you may take appropriate measures to protect your personal information. This does not apply to unintentional access in good faith if there is no further use or disclosure (such as a doctor looking at the wrong record by mistake), or if it is determined through a risk assessment that there is a low probability that unsecured protected health information has been compromised.

H. What should you do if you have a complaint about our privacy practices?

You may complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights.

To file a complaint with us, please write to:

**Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625-3642
ATTENTION: Chief Privacy Officer**

To file a complaint with the United States Secretary of Health and Human Services, please write to:

Office for Civil Rights
U.S. Department of Health and Human Services
ocrcomplaint@hhs.gov

or

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
FAX (312) 886-1807
TDD (312) 353-5693

We will not retaliate against you for filing a complaint.

6. Amendment of this Notice. We reserve the right to change this Joint Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

7. Questions and Information.

If you have any questions or want more information concerning this Joint Notice of Privacy Practices, please contact:

Swedish Covenant Hospital
5145 N. California Avenue
Chicago, IL 60625-3642
ATTENTION: Chief Privacy Officer
(773) 878-8200 ext. 5051