

**NOTICE OF PRIVACY PRACTICES
OF
ST. MARGARET'S HEALTH**

Effective September 2013

**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.**

PART I. INTRODUCTION

Federal law requires St. Margaret's Health (SMH) and its related health care providers and health plans to maintain the privacy of individually identifiable health information, as defined in the HIPAA Privacy Rule, and to provide you with notice of their legal duties and privacy practices with respect to such information. St. Margaret's Health and its related health care providers must abide by the terms and conditions of this Privacy Notice, as St. Margaret's Health and related entities may revise this Notice of Privacy Practices (NPP) from time to time.

The health care providers participating in SMH are required to seek your written acknowledgment that you have received this Notice. By furnishing written acknowledgment of receipt, you do NOT necessarily indicate your agreement or consent to the uses and disclosures of information described in this Notice. The acknowledgment indicates only that you have received this Notice. You may decline to furnish written acknowledgment of receipt. In this event, your refusal will be documented.

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PART II.

In order to comply with the federal law and maintain the privacy of your individually identifiable health information, SMH and other covered entities under common ownership have agreed to abide by the terms of this Notice with respect to protected health information (PHI) as defined in the HIPPA Privacy Rules, created or received by them as part of their participation with SMH.

The Covered Entities participating with SMH will share protected health information with each other as necessary to carry out treatment, payment, or health care operations relating to SMH.

You may also determine whether your health care provider or health plan is part of SMH by calling or writing your provider or health plan as explained in Part V (or by contacting the SMH Privacy Officer). In general, health care providers, health plans or health care clearinghouses, which are not under common ownership and control with SMH are not included within SMH.

You may receive this Notice from more than one of SMH health care provider, but your receipt of this Notice from any one of such entities will satisfy SMH's requirement to furnish this Notice to you.

PART III. HOW SMH MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

A. USES OR DISCLOSURES OF HEALTH INFORMATION BY PROVIDERS FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

SMH may use or disclose your individually identifiable health information for treatment, payment and health care operations. These categories are very broad and include many activities and arrangements involved in delivering the health care services that you seek, obtaining payment for those services, and assuring or improving the quality and safety of those services. Examples of treatment, payment and health care operations conducted by SMH health care providers include:

- "Treatment" could include consulting with or referring your case to another health care provider. The type of health information that SMH could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. SMH may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.

- “Payment” could include SMH’s efforts to obtain reimbursement from you or a responsible third party for services that SMH health care providers have provided to you. SMH may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse.
- “Health care operations” could include activities such as quality assessment, improvement activities and audits of the process of billing you or a third party for health care services SMH provides to you. As part of SMH’s treatment of you and operation of a health care organization, SMH may contact you, by phone, mail, or e-mail to provide appointment reminders, to conduct patient satisfaction surveys, or to provide information about treatment alternatives or other health-related services that may be of interest to you. SMH may also contact you for fundraising purposes subject to your right to opt out as explained in Part III, Section C. SMH may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity that receives this information must have or have had a treatment relationship with you, and the information, which SMH discloses must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

B. USES OR DISCLOSURES OF HEALTH INFORMATION BY HEALTH PLANS FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

To facilitate your SMH enrollment in the health plans and the provision and administration of your benefits, SMH health plans may collect your personal information (including demographic and medical information) from other persons, including your employer, government agencies which sponsor health benefit programs in which you are enrolled (such as Medicare), and professionals who provide health care services to you. SMH may use or disclose your individually identifiable health information for treatment, payment and health care operations of the health plans which participate in SMH. These categories are very broad and include many activities and arrangements involved in delivering the health care services that you seek, obtaining payment for those services, and assuring or improving the quality and safety of those services. Examples of treatment, payment and health care operations conducted by SMH health plans include:

- SMH may use the information to help pay your medical bills that have been submitted to SMH by doctors, hospitals, or other health care providers for payment.
- SMH may share your information with your doctors, hospitals or other health care providers to help them provide medical care to you. For example, if you are in the hospital, SMH may give the hospital access to any medical records sent to it by your doctor.
- SMH may use or share your information with others to help manage your health care. For example, SMH might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- SMH may share your information with a medical care institution or medical professional for the purpose of verifying insurance coverage or benefits, informing you of a medical problem of which you may not be aware, or conducting an operations or services audit.
- SMH may use or share your information for certain types of public health or disaster relief efforts.
- SMH may use or share your information to send you a reminder if you have an appointment with your doctor.

- SMH may use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, SMH may send you information about smoking cessation or weight loss programs.
- SMH may disclose your health information to the sponsor of your employee benefit plan. The plan sponsor may be your employer or be affiliated with your employer. Health information may also be disclosed to another health plan maintained by that plan sponsor for purposes of facilitating claims payments under that other health plan. SMH will generally make disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected and obligates itself to abide by those provisions.
- SMH may share your information with an insurance institution, agent, insurance-support organization or self-insurer, provided the information disclosed is limited to that which is reasonably necessary to conduct certain insurance transactions involving you.

C. USES OR DISCLOSURES SMH MAY MAKE WITHOUT YOUR CONSENT OR AUTHORIZATION

In addition to treatment, payment and health care operations, and unless a more stringent restriction applies, the law permits or requires SMH to use or disclose individually identifiable health information without your written consent or authorization for many purposes, including to:

- comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration.
- report information to state and federal agencies that regulate SMH, such as the U.S. Department of Health and Human Services, state departments of public health, and the Illinois Department of Insurance.
- report suspected abuse, neglect or domestic violence, as required by law.
- submit information to health oversight agencies for oversight activities, such as audits, inspections, licensure and disciplinary actions.
- conduct or respond to judicial and administrative proceedings.
- respond to a final order or subpoena of a court or administrative tribunal.
- assist law enforcement personnel, as required by law, or to fulfill a law enforcement request for certain limited information for the purpose of identifying or locating a suspect, witness, victim or missing person in an investigation, to report a potential crime, or for other law enforcement purposes.
- assist a medical examiner, coroner or funeral director.
- assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation.
- further research, provided that SMH complies with federal requirements.
- avert a serious and imminent threat to public health safety.
- assist with specialized government functions, including activities related to the military, veterans, national security and intelligence activities, and the protective services for the President and others.

- comply with workers' compensation or similar laws.
- as otherwise required by law.

In addition, SMH may use and/or disclose your individually identifiable health information as follows:

- *Business Associates:* There are some services provided by SMH through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of SMH or who otherwise provide services and have access to or use your protected health information. Examples include health care clearinghouses, the National Committee for Quality Assurance, information system and medical equipment support vendors, attorneys, auditors, actuaries, third party claim administrators, pharmacy benefit managers, and specialized provider network administrators for mental health and substance abuse services. When these services are contracted, SMH may disclose your health information to its business associate to enable it to perform the job SMH has asked it to do. SMH requires the business associate to enter into an agreement with SMH in which the business associate agrees to appropriately safeguard your information.
- *Directory:* Unless you object, SMH will use your name, location in a facility, general condition, 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. If you are unable to object, SMH may use and disclose this information consistent with your prior expressed preference, if known and the health professional's judgment.
- *Notification:* Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care of your location, and general condition. If you are unable to object, SMH may exercise its professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- *Communication with family:* Unless you object, health professionals, using their best judgment, may use or 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. If you are unable to object, SMH may exercise its professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- *Disaster Relief:* SMH may use or disclose information for disaster relief purposes.
- *Deceased Individuals:* Unless a prior objection is known by SMH, health professionals, using their best judgment, may use or disclose health information about a deceased individual to a family member, other relative, close personal friend or any other person who was involved in the care or payment related to the care of the individual prior to the individual's death. SMH may disclose only information that is directly relevant to the person's involvement. SMH may disclose a deceased individual's health information to an authorized relative as required by Illinois law.
- *Health Information Exchange:* SMH participates in Health Information Exchange (HIE) networks that permit the sharing, without the consent of the patient, of electronic health records with other participating healthcare providers for the purpose of treatment. SMH may disclose individually identifiable health information to treating providers who request it, or SMH may request individually identifiable health information from other providers when SMH is providing treatment. Participating providers may access a patient's health information from other providers quickly in order to provide needed care. Information that is typically available from the HIE includes demographics, allergies, medications, laboratory results and radiology reports. Information

available through the HIE is limited to electronic health records and does not include older health records. Health records will be available to the HIE unless an individual elects to opt-out. An individual who wishes to opt-out of participation in the HIE should contact the Medical Records Department or the facility Privacy Officer to request a restriction. An individual's decision to opt-out of HIE participation will not adversely affect his or her ability to receive care. However, it may affect the information available to the provider. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE participation, an individual may later decide to opt-in.

- *Incidental Uses and Disclosures:* SMH is permitted to use and disclose incidental information for another use or disclosure of your protected health information permitted or required under law.
- *Limited Data Sets:* SMH may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.
- *Fundraising:* SMH may use or share your information to contact you for fundraising purposes; however you have the right to elect not to receive fundraising solicitations which use your PHI as the source for your mailing address or other contact information. SMH may not condition treatment or payment based upon your election to not receive fundraising solicitations.
- *Patient Assistance Programs:* SMH may disclose your information to manufacturers of drugs, medical supplies or devices for the purpose of enrolling you, if eligible, into a patient assistance program designed to obtain replacement products, discounts, rebates or other forms of remuneration for your benefit.
- *Student Immunizations:* SMH may report to a school proof of immunizations required by State law for school entry about a student or prospective student when oral agreement is obtained from the parent, guardian or other person acting *in loco parentis* if the student is an unemancipated minor, or from the adult or emancipated minor student.

D. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- *Marketing:* SMH will need your written authorization to use and disclose your protected health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. If SMH receives payment from a third party for making the marketing communication, the authorization must state that payment is involved. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. Marketing does not include SMH describing a health-related product or service (or payment for such product or service) that SMH provides or includes in a plan of benefits. For example, SMH may communicate to you (without your authorization) about specialized health care services which it provides, wellness or health screening services which SMH offers, SMH's provider network, replacement of, or enhancements to, SMH health plan benefits and health-related products or services available only to SMH health plan participants that add value to, but are not part of its plan of benefits. Marketing also does not include SMH's communication for your treatment, case management or care coordination purposes, to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.
- *Sale of Protected Health Information:* SMH will need your written authorization to disclose your protected health information in exchange for direct or indirect payment from the recipient. The authorization must state that SMH will receive payment for the disclosure of the information.

E. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, state laws or other federal laws provide more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, state law requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, SMH must follow the state laws or other federal laws even though certain federal health information privacy laws may not require permission. State laws and other federal laws provide more stringent protection in the following areas:

Illinois Health Care Laws

- *If you are a patient with high blood pressure*, your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
- *If you are a patient of an advanced practice nurse*, neither SMH nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in instances in which (i) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (ii) the nurse has surrendered his or her license while under disciplinary investigation by the Advanced Practice Nursing Board, or (iii) SMH has terminated or restricted the nurse's organized professional staff clinical privileges for disciplinary violations related to your treatment. However, please note that the nurse or SMH may reveal your name or other means of identifying you as a patient without your written permission and may release such information as otherwise described in this Privacy Notice.
- *If you are a patient of a podiatrist*, SMH may not reveal your medical records to the Podiatric Medical Licensing Board without your written permission in instances in which your treatment is a subject of a report concerning a podiatrist who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment and who is under supervision or is in a program of rehabilitation. However, please note that SMH may include your name, address and telephone number in its periodic reports to the Podiatric Medical Licensing Board concerning the impaired podiatrist if the Podiatric Medical Licensing Board requires SMH to do so and may release such information as this Privacy Notice may otherwise describe.
- *If you are a patient of a physician*, SMH may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment. However, please note that SMH may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. SMH may also provide copies of your hospital or medical records in cases alleging your death or permanent bodily injury, provided that the law requires SMH to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.
- *If you are a patient of a physician*, the physician may not disclose in any legal proceeding subject to the Code of Civil Procedure any information that he or she may have acquired while attending to you in a professional capacity that was necessary to enable him or her to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the physician may disclose such information for certain proceedings.
- *If you are a patient of a physician or other health care provider*, either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you for this reason.
- *If you are or have been a recipient of an HIV test*, SMH may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except that SMH may disclose your test results to you or your legally authorized representative or to certain

persons for certain reasons (but not all of the reasons) listed under Part III, Section C of this Notice. Please note that a recipient of your test results may not re-disclose this information except as this Privacy Notice may describe.

- *If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed that your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed.*
- *If you are or have been a recipient of genetic testing, SMH may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except that SMH may disclose the results of your genetic test to (i) you or your legally authorized representative; (ii) certain person(s) for certain reasons (but not all of the reasons) listed under Part III, Section C of this Notice; and (iii) your parent or legal guardian if you are a minor under 18 years of age if, in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed. Further, a recipient of your test results may not re-disclose this information except as the Genetic Information Privacy Act may otherwise allow. The law defines “genetic testing” as “a test of a person’s genes, gene product, or chromosomes for abnormalities or deficiencies, including carrier status, that (i) are linked to physical or mental disorders or impairments, (ii) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (iii) demonstrate genetic or chromosomal damage due to environmental factors.” “Genetic testing” does *not* include routine physical measurements; chemical, blood and urine analyses that the medical community widely accepts as standard use in clinical practice; tests for use of drugs; and tests for the presence of the human immunodeficiency virus. This paragraph does not apply to results of genetic testing that indicate that you are, at the time of the test, afflicted with a disease, whether or not currently symptomatic.*
- *If you are a minor under 18 years of age who is the recipient of genetic testing, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or the health care provider has reason to believe that you have not made the notification as you had previously agreed.*
- *If you are a client of a rape crisis counselor, the rape crisis counselor may not disclose any confidential communications or testify as a witness as to any confidential communications without the written permission of either you or your authorized representative. However, please note that a rape crisis counselor may disclose confidential communications without your written permission if his or her failure to do so would likely result in a clear, imminent risk of serious physical injury or the death of you or another person.*
- *If you are a client of a victim aid organization, no counselor, employee, volunteer or personnel may disclose any statement or the contents of any statement that you make relating to the crime or its circumstances during the course of therapy or consultation without your written permission, unless a court order requires disclosure of that information for a judicial proceeding.*

- *If you are the victim of sexual assault*, SMH may not release your evidence collection kit to the Illinois State Police without your written permission, or if you are a minor under the age of 13, without the written permission of your parent, guardian, appropriate representative of the Department of Children and Family Services, or an investigating law officer.
- *If you are a victim of a sexual assault and SMH takes photographs of your injuries*, SMH may not release the photographs without your written permission, or if you are a minor, without the written permission of your parent or guardian. If you are a minor and your parent or guardian refuses to grant permission, then SMH must give all existing photographs and negatives to your parent or guardian.
- *If you are a resident of a community living facility, a nursing home facility, a skilled nursing or intermediate care facility, an intermediate care facility for the developmentally disabled, a sheltered care facility, or a veteran's home*, SMH may not allow any person who is not directly involved in your care to be present during a discussion of your case or health status, a consultation on your condition, or your examination or treatment, without your permission, which may be oral or written. Please note that we interpret "any person who is not directly involved in your care" to mean those individuals other than facility personnel (or contractors) directly responsible for rendering care to you at the facility. Thus, these individuals would include your family members and significant others who are "not directly involved in your care." These individuals would also include facility personnel not directly involved in the rendering of care, such as the housekeeping staff in most circumstances.
- *If you are a recipient of mental health or developmental disability services*, SMH may not disclose your mental health or developmental disability information without your written permission except to certain persons for certain reasons (but not all of the reasons) listed under Part III, Section C of this Notice. (This provision does not apply to personal/psychotherapy notes.) With respect to certain exceptions listed in Part III, Section C of this Notice, Illinois law permits mental health or developmental disability information to be disclosed for purposes of treatment and care coordination to an integrated health system or members of an interdisciplinary team.
- *If you are a client of a clinical social worker*, the social worker may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting, conferring or consulting with administrative supervisors, colleagues or consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; (iv) when you waive the privileged nature of communication by bringing public charges against the social worker; or (v) when the social worker acquires the information during an elder abuse investigation.

F. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

SMH may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to SMH.

PART IV. YOUR RIGHTS

Federal and state laws protect your right to keep your individually identifiable health information private.

Your Right to Receive Confidential Communications. You may request that you receive communications from SMH regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the Privacy Officer. SMH reserves the right to condition your request on the receipt of information regarding how you desire SMH to

handle payment and/or on the availability of an alternative address or method of contact that you may request. If you make a request to an SMH health plan to receive confidential communications by alternative means or at an alternative location, your request must state that disclosure of all or part of that information could endanger you before a reasonable accommodation will be granted.

Your Right to Request Restrictions. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require SMH to agree to the requested restrictions. SMH must comply with your request to restrict a disclosure to a health plan for purposes of carrying out payment or health care operations if the protected health information pertains solely to a health care item or service for which the healthcare provider involved has been paid out of pocket in full.

Your Right to Inspect and Obtain a Copy. You generally have the right to inspect and obtain a copy of any individually identifiable health information in your designated record set, with the exception of information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts SMH from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following:

Illinois Health Care Laws

- *If you are a patient at a facility that performs mammograms, you have the right to access your original mammograms and copies of your patient reports on an unqualified basis.*
- *If you are a patient of a physician, you have the right to access most of your medical data on an unqualified basis upon request.*

Your Right to an Electronic Copy of Electronic Medical Records. You have the right to request an electronic copy of your medical records be given to you or have the records transmitted to another individual or entity, if the records are maintained in an electronic format. We will attempt to provide the electronic copy of your records in the form and format you request, if it is readily producible. If the record is not readily producible in the form or format requested, it will be provided in a readable electronic form and format or in hard copy form. You may be charged a reasonable, cost-based fee for labor and materials used in making the electronic copy.

Your Right to Amend. You also have the right to amend your designated record set, unless SMH did not create such information or unless SMH determines that your designated record set is accurate and complete in its existing form. If you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, SMH will consider your request to amend it even if SMH did not create the information. If your request to amend is denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial or to request that a copy of your request for amendment and SMH's denial be included with any future disclosures of the information that is the subject of the requested amendment.

Your Right to an Accounting. You have the right to request and receive an accounting of disclosures of your individually identifiable health information that SMH has made in the six (6) year period prior to the request date. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your designated record set, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, you may contact the Privacy Officer.

Your Right to Get This Notice By E-Mail. You have the right to get a copy of this Notice by E-Mail. Even if you have agreed to receive this Notice via E-Mail, you also have the right to request a paper copy of this Notice. The Notice can be obtained via SMH's website at www.aboutsmh.org or by contacting the Privacy Officer.

Your Right to Be Notified of a Breach. You have the right to be notified upon a breach of your unsecured Protected Health Information.

PART V. GRIEVANCES OR FURTHER INQUIRIES

If you believe that SMH has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with SMH and the Department of Health and Human Services. To file a complaint with SMH, please contact the Privacy Officer.

PART VI. AMENDMENTS

SMH reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If SMH amends this Privacy Notice, (i) a copy will be available upon your request on or after its effective date; or (ii) a copy of the revised Notice or information about the material changes and how to obtain a revised copy will be provided by a SMH health plan in which you are enrolled in its next annual mailing to individuals then covered by the plan. The revised Privacy Notice will also be available on SMH's web site at www.aboutsmh.org.

If you would like to have a more detailed explanation of these rights, you can contact the Privacy Officer, c/o St. Margaret's Health, 600 E. First Street, Spring Valley, IL 61362 or at (815) 664-5311.

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