Ingalls Health Ventures

Home Infusion

AT THE FOREFRONT

UChicago Medicine

Health Literacy and Plain Language Translation by Office of Diversity, Equity and Inclusion 12-10-2021
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Welcome to Ingalls Health Ventures Home Infusion. We are excited to provide you with all your home infusion needs.

Our staff understands that your medical needs may be complex and that there is a lot to know when working with your doctor and insurance company.

We want to provide you with the kind of personal service you need to make sure you get the most benefit from your therapy including:

- Training, education and counseling
- Medication refill reminders
- Free delivery of your medication
- Access to a pharmacist and nurse 24 hours a day, 7 days a week
- Working with your nurse and insurance company to make sure your medication cost is covered
- Enrollment in programs to help with the cost of your medication

**Location**

Ingalls Health Ventures Home Infusion is located in **Mitchell Hospital**.

5841 South Maryland Ave, Suite TC270, Chicago, IL 60637

**Phone:** (773) 702-8977   **Toll Free Phone:** (855) 825-3011

Fax: (773) 702-6574

**Email:** homeinfusion@uchospitals.edu

Website: [www.uchicagomedicine.org/home-infusion](http://www.uchicagomedicine.org/home-infusion)

**Hours**

**Our hours are Monday to Friday 8:30am to 5pm**

We are closed on all major holidays, including New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

**We look forward to providing you with the best service possible.**

We know you have many health care options and we thank you for choosing Ingalls Health Ventures Home Infusion.
We know that your medical needs may be complex and can feel overwhelming at times. We are here for you.

Our staff along with your doctors, nurses, family and friends will work together as one health care team. Our goal is to provide you with quality care.

Our Services

Personalized Patient Care:
Our staff members will work with you to talk about your treatment plan, and will answer any questions or concerns you may have.

We Work Together with Your Doctor:
We will work with your doctors and caregivers. We will make sure any problems you may have with your treatment are taken care of right away.

Regular Follow-up:
We will follow-up with you on a regular basis. Getting your medications and medical supplies in a quick and easy way is important. We will be in close contact with you during your treatment, and we will be your health care advocate.

Benefits:
We know treatment can be expensive. We will help you find your way around the complex health care system to know every option you have.

Our relationship with insurance providers will get you the information you need and help explain your prescription and medical insurance benefits.

Medication Delivery:
We offer fast and easy delivery to your home, workplace, or the location you want. A staff member will call you 1 to 2 days before your refill due date to help get you the medications you need.

Support 24 hours and 7 days a week:
A pharmacist is here 24 hours a day, 7 days a week. We are always here to answer any questions or deal with any concerns you may have. Call us at (773) 702-8977.
Important Information

Medication Refills

You will be contacted by a team member 5 to 7 days before your refill date. If you want to contact us for a refill, call and speak to our staff at (773) 702-8977.

Medication Information

It is important that your care team has the most up to date information about your medication. Please give a list of your medications to your primary care doctor or update your medication history with us when:

- Your medications are discontinued (ended or out of date) or your doctor has told you to stop taking a medicine
- Doses are changed
- New medications are started

Prescription Transfers

If you feel that Ingalls Health Ventures Home Infusion is not able to meet your needs, we can transfer your prescription to the pharmacy of your choice. Please call us at (773) 702-8977.

If we are no longer able to provide your medication, we will transfer your prescription to another home infusion pharmacy that can and let you of the transfer of care.

Delivery and Storage of Your Medication

We can deliver medication to your home, doctor’s office, or other location at no cost to you. We can also deliver other supplies, such as a sharps container.

We manage all medication refills to make sure that you, or an adult family member, can get the shipment. You or another adult must sign for each medication deliveries.

Medication that must be refrigerated is sent in special packaging to keep the right temperature during the shipping process. When you get the package, take the medication out of the box and place it in the refrigerator.

If the package is damaged or is not the correct temperature, call us at (773) 702-8977.
Important Information

**Reporting a problem or concern with your medication**

If you have a medical emergency, call 911 to get help quickly.

If you have a reaction or side effect to your medication, contact your doctor or the Ingalls Health Ventures Home Infusion as soon as possible.

If you believe there is an error with your medication, call us at (773) 702-8977

**Drug Changes**

Sometimes generic drugs need to take the place for brand name drugs. This can happen if your insurance company wants you to use the generic, or it may be done to lower your co-pay.

If this change needs to be made, a team member will contact you before shipping your medication to let you know of the change.

**Proper Disposal of Sharps**

Dispose of (throw away) all needles, syringes, and other sharp objects **only into a sharps container**. This will be provided by Ingalls Health Ventures Home Infusion if you have medications taken with a needle.

Each city has different laws on how to throw away sharps containers. Check with your city or town garbage pick-up service and health department.

Visit the website [http://www.safeneedledisposal.org/](http://www.safeneedledisposal.org/)

Ask your doctor if you can bring full sharp containers to throw away at their office.

**Proper Disposal of Unused Medications**

There is a MedSafe Box outside the DCAM Outpatient Pharmacy. This box allows you to dispose of medications you are no longer using. For narcotic medications, please bring them to your nearest police station for disposal.

You can also check with your city or town garbage pick-up service, or check the following websites for more information:

- [http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)

**Drug Recalls** (Medication that needs to be sent back)

If your medication must be sent back, the home infusion pharmacy will contact you with instructions that have been given by the FDA or drug manufacturer.
Important Information

Emergency Disaster Information

If there is a disaster (such as a flood or tornado) in your area, contact Ingalls Health Ventures Home Infusion at (773) 702-8977 to tell us how to deliver your medication. This will make sure your therapy is not stopped.

Concerns or Possible Problems

We want you to be completely satisfied with the care we provide. If you have any concerns with your medication, the services we provide, or any other problems with your order, call us and speak to one of our staff members.

Patients and caregivers have the right to make complaints and give feedback about the services of Ingalls Health Ventures Home Infusion.

Patients and caregivers can make complaints by phone, fax, writing, or email. After a complaint is made we will contact you about your concern within 5 business days.

You can also contact the following organizations:

The Joint Commission: Phone: (630) 792-5800
Website: https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/

Illinois Department of Federal and Professional Regulation: Phone: (312) 814-6910
Website: https://www.idfpr.com/admin/DPR/DPRcomplaint.asp

Call Us at (773) 702-8977 if:

- You have any questions or concerns about your medication and need to speak to a pharmacist.
- You have a side effect or allergic reaction to your medication.
- There is a change in your medication use.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You have a question about your insurance claim.
- You need to check the status of your delivery.
- You need to change your delivery date or time.
- You have any questions or concerns about the service we offer.
Payment Policy

Before your care begins, a staff member will let you know your part of the cost that is not covered by your insurance or other third-party sources.

Your part of the cost may include but is not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits.

We will provide this information if there is a change in your insurance plan. If you ask, we will also provide you with the cash price of the medication.

Insurance Claims

Ingalls Health Ventures Home Infusion will send claims to your health insurance carrier on the date your prescription is filled.

If the claim is rejected, a staff member will let you know the reason why, and work with you to solve the problem.

If the claim is rejected because our pharmacy is not in network with your insurance, we will let you know and work to transfer your care.

Co-Payments

You may have to pay a part of your medication cost, called a co-payment or co-insurance. If you have a co-payment or co-insurance, it must be paid at the time of shipping or pick-up.

We accept Visa, MasterCard, American Express, and Discover credit cards. We can keep your credit card information on file in a secured and safe place.

If our pharmacy is out of network, and there is any cost for you to use our service, we will let you know.

Financial Assistance

We will help enroll you in financial assistance programs to help with co-payments, and make sure there are no financial problems with starting your medication.

These programs include discount coupons from drug manufacturers and help from many different disease management foundations.
Patient Rights and Responsibilities

Ingalls Health Ventures Home Infusion knows that all patients have basic rights. Patients who feel their rights have not been respected, or who have questions or concerns, can talk to the Executive Director of Ambulatory Pharmacy.

Patients and their families also have responsibilities when under the care of Ingalls Health Ventures Home Infusion in order to help us provide safe, high-quality health care for themselves and others. The following patient rights and responsibilities will be provided to, and expected from, patients or legally authorized persons.

To make sure you are getting the best care possible, as a patient getting our home infusion services, you must understand your role, rights and responsibilities involved in your own plan of care.

As our patient, you have the Right to:

Patient Rights

No person shall be refused admission or treatment on the basis of his or her race, ethnicity, culture, language, color, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status, national origin, marital status, veteran status, religion, or any other classification protected by applicable law.

Quality Healthcare

- Receive quality health care, whatever your race, ethnicity, culture, language, color, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status, national origin, marital status, veteran status, religion, or any other group protected by any laws that apply, and to be treated with dignity and courtesy.

- Be given foreign language or sign language interpretation or other reasonable accommodation of special needs or disabilities.

- Have access to protective and advocacy services and get pastoral care or spiritual services.

- Ask for and take part in an Ethics consultation.

- Ask for a second opinion or to talk with another doctor and to have a transfer to another health care facility.
Patient Rights and Responsibilities

As our patient, you have the Right to:

Information about Your Health Care Team and Treatment

- To be given information about diagnosis and treatment plans, in language that is easy to understand. This includes risks and benefits, with an explanation of any other options, so you can make an informed decision.
- Know the names and professional responsibilities of your health-care team and the role they take in your care.
- Be given information about the outcomes of care, treatment and services, including any unanticipated outcomes.
- Be told about ongoing health care needed such as return visits and following hospital treatment.
- Be given an explanation for and other options to a proposed transfer to another facility.
- Understand that you may get two different bills. One for UChicago Medicine hospital and another for doctor services. Be given a reasonable explanation of your bills, including a detailed list of each charge.
- Be given written notice of your rights when admitted or as soon as possible after being admitted.

Make Informed Decisions

- Take part in the development and giving of your plan of care and treatment.
- Give your permission for medical treatment or to refuse medical treatment to the extent allowed by law. The patient does not have the right to services deemed medically unnecessary or inappropriate.
- Make and have advance directives (with the right to change or remove your advance directive at any time) and have hospital staff and practitioners who provide care at UChicago Medicine comply with those directives.

This includes end-of-life wishes. When asked, UChicago Medicine will provide you with information about advance directives, including statutory living wills or powers of attorney.
Patient Rights and Responsibilities

As our patient, you have the Right to:

Make Informed Decisions (Continued)

- Have a family member or representative and your doctor told as soon as is possible when you are admitted to the hospital.

- Take part in volunteer research projects with the possible risks and side effects or possible outcomes fully explained before taking part.

This includes those that informed consent will be needed. You can refuse to take part in research projects without the refusal impacting your care.

Be Safe and Comfortable

- Be given information about ways to relieve pain and access to the proper pain assessment and pain management by dedicated pain control specialists.

- Be free from restraints of any kind that are not medically needed or not used to prevent harm to self or others, or are used as a means of coercion, discipline, convenience or retaliation by staff.

- Be given care in a safe setting, free from all forms of abuse or harassment.

Privacy

- Have my personal privacy respected and my private medical records kept secure. See UChicago Medicine Notice of Privacy Practices or details.

- Ask for restrictions or to limit the medical information UChicago Medicine uses or shares about you and to get private messages from UChicago Medicine.

- To see and copy your medical record in a format you request, if that format is available, within a reasonable amount of time after leaving the hospital. To ask to change or add to your health information and to be given information about the sharing of your medical records in accordance with laws and regulations that apply.

- To give your permission or to refuse permission to be filmed or recorded and that this will not affect the health care you are given.

- Have visitors, mail and phone calls as long as they do not interfere with treatment.
As our patient, you have the Right to:

**Be Heard**

**File a complaint by calling or writing** to the UChicago Medicine Patient and Family Insights Department.

You can also call any UChicago Medicine representative, or the UChicago Medicine Hospital Operations Administrator on Call (HOA) at (773) 702-1000, pager 188-7500.

This includes complaints by patients who believe that they have been mistreated, denied services or discriminated against because of a handicap.

**You or your representative may also file a complaint** with the Illinois Department of Public Health (“IDPH”) at 525 West Jefferson Street, Springfield, IL 62761-0001. Fax: (217) 524-2913. Phone: (800) 252-4343. TTY (hearing impaired use only): (800) 547-0466.

**If you get Medicare benefits**, you or your representative may file a complaint about the quality of care or coverage decisions, or appeal your having to leave the hospital.

To file a complaint, contact the Illinois Foundation for Quality Healthcare (a Medicare-approved Quality Improvement Organization (QIO)) at 1776 West Lakes Parkway, West Des Moines, IA 50266. Fax: (515) 223-2141 or phone (800) 647-8089.
Patients Have the Responsibility to:

- Tell a family member or representative if you have made an advanced directive and to tell caregivers when you are admitted to UChicago Medicine.
- Give correct and complete information about your present condition and past medical history to your doctor.
- Follow the treatment plan and tell your doctor, nurse or pharmacist of changes in your health.
- Ask questions to get a better understanding.
- Share your concerns and disagreements with health care recommendations and accept responsibility for health care decisions.
- Ask for pain relief when pain first begins and talk about pain management options to help in developing the right pain management plan for you.
- Keep appointments for follow-up care or tell the clinic ahead of time if you need to cancel.
- Be considerate of other patients and respect their privacy and property.
- Provide UChicago Medicine with complete and correct financial information and comply with agreed-upon payment plans.
Patient Rights and Responsibilities

Healthcare Team Member Assignments

- For reasons of mutual trust and respect, the University of Chicago Medical Center will not allow patients or their family members to ask that a member of the health care team be changed or assigned when the request is based on discriminatory bias against the member's legally protected characteristics.

   Legally protected characteristics include race, ethnicity, culture, language, color, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status, national origin, marital status, veteran status, religion, or any other classification protected by law.

- The Medical Center will consider requests to change a member of the healthcare team at sometimes when it has to do with the patient's own legally protected characteristics.

   This includes, for example, in matters of reproductive and sexual health, matters involving a patient's sincerely held religious beliefs or when getting care from a provider of a particular gender may cause the patient discomfort.

   Decisions whether to honor a request of this type will be made on a case-by-case basis and follow the law as it applies. No request will be honored if it is based on discriminatory bias against legally protected characteristics.

- This policy applies to patients and their family members seeking treatment within the Medical Center. This includes the inpatient setting and in the outpatient care setting (such as X rays and treatments in clinics).

   It does not extend to the choice made by patients in making appointments and making ongoing doctor and patient relationships with outpatient care physicians (including, for example and without limitation, primary care physicians, obstetricians and gynecologists.)

- The Medical Center will offer to plan the transfer of a patient to another hospital or provider organization if a patient or the patient's family members have made a discriminatory request as described above.

   This transfer will be made if the patient or the patient's family members will not, after talking with representatives of the Medical Center, agree to get care from that member of the health care team, provided the patient is medically stable.
Patient Rights and Responsibilities

Ingalls Health Ventures Home Infusion patients also have these Rights and Responsibilities:

- To know the name and job title of any program staff members, and if asked to be able to speak with a supervisor of a staff member.
- To speak to a health professional.
- To take care of any equipment we provide to you.
- To be told in person and in writing before any care is provided, of the changes, including payment for care and service expected from third parties and an estimate of any charges that you must pay. An estimate is a quote or the best idea of how much something will cost.
- This estimate will be based on information that comes from your insurance company or other third party payer.
- To choose a doctor, including choosing an attending physician, if needed.
- To know and be told of any financial benefits when referred to an organization.
- To get supplies and equipment delivered at a time that is best for me.
- To let Ingalls Health Ventures Home Infusion know if you are admitted to the hospital, if your doctor stops your therapy, if you plan to travel or if you change your address (where you live) when getting therapy.
- To be informed about issues involving the care and services being provided including, patient care outcomes, treatments, services, current and future health care decisions including sentinel events.
Notice of Privacy Practices

This notice of privacy practices is being provided to you as required by the Health Insurance Portability and Accountability Act ("HIPAA"). If you want a paper copy of this notice at any time contact the Privacy Program.

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.**

Our Organization

This Notice tells the privacy practices of the Ingalls Memorial Organized Health Care Arrangements (OHCA). The Ingalls OHCA includes the:

1. Ingalls Memorial Hospital;
2. Ingalls Home Care;
3. Ingalls Care Network, LLC;
4. Ingalls Same Day Surgery
5. Any health care professional providing services to you in the Ingalls' clinically integrated setting, regardless of whether such services are provided by Ingalls' employees or by independent members of the medical staff.

A list of our care sites is provided at the end of this Notice and on our website. Collectively, these entities will be referred to as “we” or “us” in this Notice. We will share your medical information with each other to treat you, obtain payment for our services and operate our hospitals and clinics as permitted by HIPAA.

Your Representatives

If you are under 18 years of age, usually your parent(s) or guardian(s) handle your privacy and your medical information for you, although there are a few exceptions.

If you are an adult with others who make decisions for you, such as your health care surrogate, they may make decisions about your privacy and your medical information.
We respect the privacy of your medical information. Each time you visit us, we record information about the care you receive, including external information we receive about your health care and information to seek payment for our services (your “medical information”). This medical information is also called your “Protected Health Information” (“PHI”). These records may be kept on paper, electronically on a computer, or stored by other media.

Ingalls is required by law to:

- Maintain the privacy and security of your PHI;
- Notify you following a breach of your unsecured PHI, if required by law;
- Provide this Notice to you and describe the ways we may use and share your PHI;
- Notify you of your rights regarding your PHI;
- Follow the terms of this Notice.

We reserve the right to make changes to this Notice at any time and to apply new privacy or security practices to medical information we maintain. Our website will contain the most current version of our Notice. You can access the Notice that is current at any time at https://www.uchicagomedicine.org/about-us/privacy-practices/ingalls-privacy-policy. You can also request a paper copy of this notice from our Privacy Program.
This Notice explains how we may use and share medical information about you in order to provide health care, obtain payment for that health care, and operate our business. This Section also describes several other circumstances in which we may use and share your medical information.

We do not need your authorization (permission) to use your medical information in the following circumstances:

**Treatment**

We keep records of the care and services we provide to you. We may use and share your information with doctors, nurses, technicians, medical or nursing students, or anyone else who needs the information to take care of you.

**Example 1:** A doctor treating a patient for a broken leg may need to ask another doctor if the patient has diabetes, because diabetes may slow the leg’s healing process. This may involve talking to doctors and others not employed by us. If they are involved in the patient’s health care, we may disclose the patient’s medical information to them for purposes of the patient’s treatment.

**Example 2:** We use medical information to notify you about products or services we provide that are related to your health, recommend treatment alternatives and to provide information about health-related benefits or services that may be of interest to you.

**Payment**

We may use and share information about you so that we and other health care providers that have provided services to you, such as an ambulance company, may bill and collect payment for those services. Your information may be used to obtain payment from you, your insurance company, or another person you identify.

**Example:** We submit claims for services rendered using medical information about the services provided to obtain payment from insurance companies, including Medicare, and family members or others who are responsible for paying the patient’s bill.
Health Care Operations

We may use and share information about you for business tasks necessary for our operations, including, for example, to improve the quality of care, train staff and students, provide customer services, or conduct any required business duties to better serve our patients and community. Also, we may share your medical information with others we hire to help us provide services and programs.

**Example 1:** We provide education and training across many health care disciplines, such as medical students, nursing students, and other professional student disciplines. Your medical information may be used for training purposes.

**Example 2:** We may use your information to improve the quality of our own health care services provided, to improve the process or outcome of your care, or to improve your satisfaction with the care we provide.

**Example 3:** Ingalls may share your information with outside entities we use to assist us in carrying out our operational activities such as benefit management or data analysis.

Relatives, Close Friends, and Caregivers

We may share your medical information with your family member or relative, a close personal friend, or another person you identify if you do not object to the disclosure or you agree to share your information with them.

If, for some reason such as medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest. This includes information about your location and general condition.

Contacting You

We may use and share your medical information to contact you about appointments and other matters by mail, telephone, or email. When calling or emailing you with the contact information you give us to remind you of your appointment, we may include your name, the clinic, the location, and the physician or other health care provider you have the appointment within any message left on voice mail, with an individual who answers the phone or within an email.

We will honor any reasonable request you make to receive an appointment reminder in a different way. We may also contact you to follow up regarding test results, care received, or to notify you about treatment options or health-related products or services that may interest you.
Notice of Privacy Practices

How We May Use and Share Your Medical Information (continued)

**Patient Directory**

We may automatically include your name, location in the hospital, general health condition and religious affiliation in a directory of patients in our hospital unless you tell us you do not want your information in the directory. Information in the directory may be shared in emergency situations and to members of the clergy. Directory information other than religious affiliation may also be shared with anyone who asks for you by name.

**Fundraising**

We may use limited information about you (e.g., your name, address, phone number, date of birth, gender, dates on which we provided health care to you, your treating physician, outcome information, and health insurance status) to contact you to raise money for our programs and services. You can opt out of these communications at any time by contacting our Development Office by phone at (708) 915-6115 or by e-mail at foundation@ingalls.org.

**Research**

We perform research at Ingalls to support learning of new knowledge and treatments that may benefit all patients. We will inform you and obtain your authorization for any research that involves identifiable information about you as required by law. All human subject research is reviewed by our Institutional Review Board. Researchers may look at your medical information to explore whether future studies are possible or to identify and contact you about whether you want to take part in research. We may also gather information to publish an educational article, but we will not identify you in this way without your written authorization.

Our researchers may use or share your information without your authorization:

(a) if the group that oversees research gives them permission to do so,

(b) if the patient data is being used to prepare for a research study, or

(c) under certain circumstances if the research is limited to data of deceased patients.
Notice of Privacy Practices

How We May Use and Share Your Medical Information (continued)

Permitted and Required by Law

We are required and permitted by federal, state and local laws to share medical information to certain government agencies and others.

For example, we may share your medical information to:

- Report information to public health authorities for the purpose of preventing or controlling disease, injury, or disability
- Report abuse and neglect to government authorities, including social service or protective service agencies
- Report information about products and services to the FDA
- Alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition
- Report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance
- Prevent or lessen a serious and imminent threat to a person for the public’s health or safety, or to certain government agencies with special functions
- Report proof of student immunization to your schools

We may also share your medical information:

- With a government oversight agency that oversees the health care system and ensures the rules of government health programs and other rules that apply to us, are being followed
- As a part of a judicial or administrative proceeding in response to a legal order or other lawful process
- With the police or other law enforcement officials for example, reporting about certain physical injuries, crimes, victims or unidentified patients
- For special government programs, for example programs related to veterans or the military

Organ and Tissue Donation

We may release your medical information to organizations that manage organ, tissue, and eye donation and transplantation.

Deceased Patients

We may share medical information about deceased patients to the coroner, medical examiner or funeral director.
Notice of Privacy Practices

Other Uses of Your Medical Information

We will not use or share your medical information for any reason other than those described in this Notice without a written authorization signed by you or your personal representative. An authorization is a document that you sign that directs us to use or disclose specific information for a specific purpose. For example, if you want your medical information sent to a family member, we will ask you to sign an authorization.

We Will Obtain Your Written Permission

Before we share your Highly Confidential Information for a purpose other than those permitted by law, including information about:

- Abuse or neglect of a child, an elderly person, or an adult with a disability
- Genetic testing
- HIV/AIDS testing, diagnosis or treatment
- In-vitro Fertilization (IVF)
- Mental health and developmental disabilities
- Sexually transmitted diseases; and
- Sexual assault
- To use or disclose your medical information to contact you to market others’ products or services
- For the sale of your medical information

Psychotherapy notes (your mental health provider’s written notes) will only be disclosed with your written permission and the consent of your mental health provider.

You may change your mind about your authorization at any time by sending a written “revocation statement” to the Privacy Program. The revocation will not apply if we have already taken action for which we relied on your permission.

Your Rights Regarding Your Medical Information

Inspect and Receive a Copy of Your Medical Information

You may access and receive a copy your medical record file, billing records, and other similar records used to make decisions about your treatment and obtain payment for our services. We may deny access to a portion of your records under limited circumstances.

If you want to see your records or receive a copy you may contact the Health Information Management Department (Medical Records). We will expect you to complete, sign, and return a Record Request form. We will charge you for the reasonable cost of the copy and postage costs to the extent that the law allows it.

Receive Confidential Communications

You may ask us to send papers that contain your PHI to a different location than the address that you gave us, or in a special way. You will need to ask us in writing. We will try to grant any reasonable request. For example, you may ask us to send a copy of your medical records to a different address than your home address.
Notice of Privacy Practices

Your Rights Regarding Your Medical Information (continued)

**Amend Certain Records**

You have the right to request an amendment (correct or add to) to your medical information that we maintain. If you believe that the information is either inaccurate or incomplete and you would like to amend your information, you may obtain an Amendment Request Form from the Privacy Program. We will decide if we will grant your request or, under limited circumstances, deny your request.

**Receive an Accounting of Disclosures**

You may request a list (accounting) of people or organizations, outside of Ingalls, with whom we have shared (disclosed) your medical information. This list will not include disclosures:

- To you
- For your treatment
- To get payment for your treatment
- Permitted by your authorization, or
- As described in this Notice

We will not go back more than six (6) years before the date of your request.

**Request Restrictions**

You have the right to ask us to restrict or limit the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request with one exception specified below. If we do agree, we will comply unless the information is needed to provide emergency treatment.

*Your request for restrictions must be made in writing and submitted to the Privacy Program.* By law, we must agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is:

- a) for the purpose of carrying out payment or health care operations,
- b) is not otherwise required by law, and
- c) for an item or service you have paid for in full, out-of-pocket.

**Breach Notification**

You may have the right to be notified in the event of unpermitted access or use of unsecured medical information. If the law requires us to notify you of this type of access or use, then we will notify you promptly with the following information:

- A brief description of what happened
- A report of the medical information involved
- Recommended steps you can take to protect yourself from harm
- What steps were taken in response to the breach
- Contact procedures so you can obtain further information
Notice of Privacy Practices

Effective Date of This Notice

Our original Notice was effective in April 2003. It was revised in February 2010, August 2013, January 2018. This version is effective April 2020.

Ingalls Memorial Locations

All Ingalls health care providers providing health care to the public at all of their delivery sites, including on-campus and off-site locations in and around Chicago and Northwest Indiana follow this Notice. A current list of all locations can be found on our website.

- Ingalls Memorial Main Campus; All Adult and Pediatric Sites, including Emergency Departments, Harvey
- Ingalls Memorial Ambulatory and Emergency Offsite Clinics, Greater Chicagoland Locations
- Ingalls Care Network Group Physician Offices; All Primary Care and Specialty Care Clinics, Greater Chicagoland Locations
- Ingalls Home Care; Greater Chicagoland Locations
- Ingalls Same Day Surgery; Greater Chicagoland Locations

Further Information and Complaints

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the Privacy Program.

You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the Privacy Program will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

You may contact the Privacy Program at:
Ingalls Memorial Hospital
Privacy Program
One Ingalls Drive
Harvey, IL 60426

Telephone Number: (708) 915-6789
Email: privacy@ingalls.org