



Northwestern Memorial HealthCare

# Notice of Privacy Practices

Your Information.  
Your Rights.  
Our Responsibilities.

# Privacy Practices

**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.**

Northwestern Medicine (“NM,” “we,” or “us”) is committed to providing you with the highest quality of care in an environment that protects your privacy and the confidentiality of your health information. To that end, this notice explains our privacy practices, as well as your rights, with regard to your health information.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and how to exercise them. Specifically, you have the right to:

### Get an electronic or paper copy of your medical record

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

### Ask us to correct or amend your medical record

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

### Request confidential communications

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

### Ask us to limit what we use or share

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

### Obtain a list of those with whom we’ve shared your information

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

### Get a copy of this privacy notice

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

### Choose someone to act for you

- If you have given someone health care power of attorney or if someone is your legal guardian, that person (your “personal representative”) can exercise your rights and make choices about your health information.
- If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- Protecting your confidential information is important to us. If you feel we have violated your rights, please contact us using the information at the end of this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1.877.696.6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint either to NM or to the Office for Civil Rights.

Please ask us how to accomplish any of the above items by contacting us using the information at the end of this Notice. You may have to complete a form and submit your request in writing. *For example*, to obtain a copy, amend or restrict your medical records, or to receive a listing of disclosures you must fill out a form. The forms are available at Patient Relations (see contact information at the end of this Notice) and on our website at [nm.org/patients-and-visitors/mynm-mychart-and-medical-records](https://nm.org/patients-and-visitors/mynm-mychart-and-medical-records).

### Your Choices

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

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

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

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

We **never** share your information unless you give us written authorization:

- Marketing purposes
- Sale of your information
- Most, but not all, sharing of psychotherapy notes

In the case of **fundraising**:

- We may contact you for fundraising purposes to support NM and its mission, but you can tell us not to contact you again for this purpose.

### How NM May Use and Share Your Health Information

NM may, without your written permission, *use* your health information *within* NM and share or *disclose* your health information to others *outside* NM in the following ways:

#### For treatment, payment, and healthcare operations

NM may use and disclose your health information without your written authorization for treatment, payment and health care operations.

##### a. Treatment

- NM may use your health information and share it with other professionals who are treating you. *For example*, a physician treating you for an injury may ask another physician about your overall health condition. Note, however, that we may ask for your written permission if certain kinds of information are being disclosed (such as mental health information).
- NM may keep your information electronically using Epic and other electronic medical record systems. In addition, many physicians and hospitals across the United States also use Epic. Where possible, NM participates in the “Epic Care Everywhere” program and other similar programs that allow clinicians from different organizations across the country to electronically and securely exchange patient medical information for treatment purposes. *For example*, suppose you are visiting California and injure yourself. If the California hospital that treats you uses Epic and participates in the Epic Care Everywhere program, the California hospital may obtain your NM records from Epic. In some cases, you may be asked to give permission to allow the sharing of your health information.

### **b. Payment**

NM may use and share your health information to bill and get payment from health plans or other entities. *For example*, we may send health information about you to your health insurance plan so it will pay for your services. We may also disclose your information to other providers for their payment activities.

### **c. Healthcare operations**

NM may use and disclose your health information to run our organization, improve your care, and contact you when necessary. *For example*, we use health information to manage your treatment and services, including to contact you to remind you that you have an appointment for medical care. We may also disclose information to clinicians, residents and fellows, medical students, and other authorized personnel for educational and learning purposes.

### **Those instances that require the use or disclosure of your health information**

NM may disclose your health information without your written permission:

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- When required by law.

### **Other purposes for which NM is allowed or required to use or disclose your health information**

NM may use or disclose your health information to others without your written permission in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). Examples include:

### **a. To help with public health and safety issues**

NM may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **b. For research**

NM's mission includes supporting discovery of new knowledge and treatments that benefit all patients. Your medical information may be used for research purposes in accordance with state and federal law. *For example*, researchers may look at your medical information for the following research purposes:

- To plan future research studies. *For example*, your information could be viewed by researchers trying to determine how often heart disease occurs in individuals of a certain age.
- To identify and contact you regarding your interest in taking part in a specific research study. Your part in that study can only start after you have been told about the study, are given a chance to ask questions and have shown your willingness to be in the study by signing a consent form. If you prefer not to be contacted by a researcher not involved in your clinical care, you can contact NM to be removed from the contact registry by calling 630.933.6528, TTY for the hearing impaired 630.933.4833.
- To remove information that identifies you.
- To gather information that might be used to publish an article—although your identity or identifiable information will *never* be released in the article without your authorization.

All research projects for which NM shares health information are carefully reviewed by an institutional review board or privacy board to protect the safety, welfare and confidentiality of NM patients. If you have questions regarding the above, please call NM's Office of Research at 630.933.6528, TTY for the hearing impaired 630.933.4833.

**c. To respond to organ and tissue donation requests**

NM may share patient information with organ procurement organizations for the purpose of facilitating a patient's organ, eye or tissue donation and transplantation.

**d. To work with a coroner, medical examiner or funeral director**

NM may share health information with a coroner, medical examiner or funeral director when an individual dies.

**e. To address workers' compensation, law enforcement, and other government requests**

NM may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**f. To respond to lawsuits and legal actions**

NM may disclose health information about you in response to a court or administrative order, or non-sensitive information in response to a subpoena if there is a qualified protective order or satisfactory assurances.

**g. To business associates**

NM may disclose your health information to our "business associates" – individuals or companies that provide services to NM. *For example*, a business associate would include the company that administers the billing claims for NM, a software vendor, a telehealth or other digital health solutions company, and other service providers. NM requires that business associates keep your information safe.

**h. For immunization purposes**

NM may disclose immunization records to schools to support public health efforts if we obtain and document an oral or written agreement from the parent, guardian or other person acting *in loco parentis*. In addition, all immunizations given by NM are entered into I-CARE (Illinois' immunization registry). If you do not want to have your immunization information shared with other participating physicians in I-CARE, you must request and sign a special opt-out form. After signing the form, your immunization information will still be entered into I-CARE, but it will only be seen by NM. Demographic information will continue to be shared with other Illinois physicians participating in the I-CARE program.

**i. To parents and legal guardians of minors**

NM may share a minor's health information with his or her parents or guardians unless such disclosure is otherwise prohibited by law. *For example*, a minor's parents may discuss medical treatment with the care team. Note, however, that if a minor is emancipated, married, pregnant or a parent, we will not share information with the minor's parents or guardians. Also, if a minor is receiving certain types of treatment (such as genetic or HIV testing; testing for sexually transmitted diseases; mental health, or drug or alcohol abuse counseling; or other certain types of treatments), we will not disclose information to the minor's parents or guardians except in certain situations as required or allowed by law (including, but not limited to, if doing so is necessary to protect the minor's safety or that of a family member or other individual or if, in the professional judgment of the health care provider, notification would be in the minor's best interest and we have first sought unsuccessfully to persuade the minor to notify his or her parents).

### Additional State and Federal Requirements

Some Illinois and federal laws provide additional privacy protection of your health information. These include:

- *Sensitive health information.* Some types of health information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your written permission or in some instances, a court order, to use or disclose that information. Sensitive health information includes information dealing with mental health and developmental disabilities, HIV/AIDS, alcohol and drug abuse treatment, genetic testing and genetic counseling.

Prior to receiving care from NM, a patient signs, where required by law, a consent to allow NM to use and disclose sensitive health information in the same way that the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") allows us to use and share non-sensitive health information for treatment, payment and healthcare operations as described in this Notice. *For example*, NM may use and share sensitive health information in order to better coordinate care for NM patients.

- *Information used in certain disciplinary proceedings.* State law may require your written permission if certain health information is to be used in various review and disciplinary proceedings by state health oversight boards (such as the Department of Professional Regulation).
- *Information used in certain litigation proceedings.* State law may require your written permission for certain providers to disclose information in certain legal proceedings.
- *Disclosures to certain registries.* Some laws require your written permission if we disclose your health information to certain state-sponsored registries.

NM is committed to following all state and federal legal requirements.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and offer you a written copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### Changes to This Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request at Patient Relations, and at many of the offices where we treat patients, and on our website. However, any changes to the terms will not change NM's commitment to complying with applicable laws and ensuring the privacy of patient information.

### Who Will Follow This Notice

This Notice will be followed by:

- All organizations required to have a Notice of Privacy Practices and owned or controlled by Northwestern Memorial HealthCare ("NMHC") (referred to together with Northwestern Memorial HealthCare in this Notice as "Northwestern Medicine," "we," or "us"). A complete listing of organizations is available from Patient Relations. This Notice applies to all NM locations that provide medical services;
- Independent physicians on the medical staff of an NM hospital when providing care at an NM hospital. These independent physicians, however, are legally separate and responsible for their own acts, and NMHC hospitals are not responsible for the clinical services provided by the physicians to you at an NM hospital; and
- Other healthcare professionals who treat you at any NM location, including residents, fellows, students and trainees.

For purposes of complying with federal privacy and security requirements, some NMHC organizations (e.g., Northwestern Memorial HealthCare, Northwestern Memorial Hospital, Northwestern Medicine Lake Forest Hospital and Northwestern Medical Group) may designate themselves as an affiliated covered entity (“ACE”). This means that these organizations act together as one organization for purposes of privacy law. How does that affect you? It means that if you ask for a copy of your medical records, we will provide your records from all of these organizations. You do not have to make separate requests. In addition, NMHC organizations have established one or more organized health care arrangements. This means that your health information may be shared between these organizations for purposes related to their operating together as a health system, including the provision of treatment, for payment purposes, and for a broad scope of healthcare operations, which may include joint utilization review, credentialing, education, risk management, patient safety, quality assessment and improvement activities.

#### **Who To Contact For Information or With a Complaint**

If you have any questions about this Notice, or any complaints, please contact Patient Relations, Galter Pavilion, 251 East Huron Street, Suite 2-154, Chicago, Illinois 60611 or call 312.926.3112, TDD: 312.695.3661.

You may also contact our Corporate Compliance and Integrity Office at 312.926.4800 or 844.339.6271, or in writing at the address below or via email at [compliance@nm.org](mailto:compliance@nm.org).

#### **Corporate Compliance and Integrity**

Northwestern Memorial HealthCare  
541 North Fairbanks Court, Suite 1065  
Chicago, Illinois 60611

#### **EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective as of March 1, 2020.



[nm.org](http://nm.org)