



## **NOTICE OF 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.

### **Who We Are**

This Notice describes the privacy practices of Southern Illinois Healthcare Medical Group (SIH MG). It also applies to independent health care providers while providing services in our facilities, such as physicians, who are not employed by us but who provide services to patients in our facilities. This Notice, however, does not govern the privacy practices of these other health care providers for services they provide outside of our facilities. SIH MG is a HIPAA covered entity and, in certain settings, a Part 2 program under federal law governing the confidentiality of substance use disorder (SUD) patient records.

### **Our Privacy Obligations**

We are required by law to maintain the privacy and security of your individually identifiable health information Protected Health Information, or ("PHI"), and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. PHI is individually identifiable under HIPAA if it includes your name, address, zip code, geographical codes, dates of birth, other elements of dates, telephone or fax numbers, email address, social security number, insurance information, medical record number, member or account number, certificate/license number, voice or fingerprints, photos or any other unique identifying numbers, characteristics or codes of you. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). We are required by law to: (1) maintain the privacy and security of your PHI, (2) provide you with this Notice of our legal duties and privacy practices, (3) follow the terms of this Notice, as is currently in effect, and (4) notify you if a breach occurs that compromises the privacy or security of your PHI.

If you are an individual receiving SUD Services at SIHMG Outpatient Behavioral Health Clinic or at Primary Care Group, federal law provides additional protection to the uses and disclosures, and rights of your SUD records. Unless otherwise noted, SIH MG will obtain your written consent for uses and disclosures when required by law. For SUD records, protected by 42 C.F.R. Part 2, you may provide a single written consent authorizing all future uses and disclosures of your SUD records for treatment, payment, and health care operations (TPO). This consent may remain in effect until it is revoked in writing. When SIHMG has obtained your written consent for treatment, payment and healthcare operations (described below), your medical records may be used and disclosed for those purposes without the need for additional consent, except as otherwise required by law.

### **How We Typically Use or Share Your Health Information without Your Written Authorization**

In certain situations, which we will describe in Section IV below, we must obtain your written authorization to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

- A. Treatment. We can use your protected health information and share it with other healthcare professionals so we can treat and provide health care related services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or other health-related benefits and services that may be of interest to you.
- B. Payment. We can use and share your protected health information to bill and get payment for the services that you received from us or our healthcare team; for example, to send your insurance a bill so they can pay us for the services we provided to you. We may also use and share your information to a third party who provides collection services on behalf of Southern Illinois Healthcare Medical Group.
- C. Health Care Operations. We can use and share your protected health information for our health care operations, which include various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use and share your protected health information, such as your e-mail address, to contact you through a survey to ask your opinion about the quality of the services we provided to you.
- D. SUD Records Disclosure and Redisclosure: When SIHMG has obtained your written consent for treatment, payment and healthcare operations, your SUD records may be disclosed to and redisclosed by HIPAA-covered entities and their business associates in accordance with the HIPAA privacy rule and regulations. However, your SUD records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order compliant with 42 C.F.R. Part 2.
- E. Disclosure to Relatives, Close Friends and Other Caregivers. We may use and share your protected health information to a family member, other relative, a close personal friend or any other person identified by you, if we 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure and you do not object.
- F. If you are not present, or the opportunity to agree or object to a use or sharing of your protected health information cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether sharing your information to a family member, other relative or close personal friend is in your best interest. We may also share your protected health information to notify (or assist in notifying) such persons of your location, general condition or death.
  - 1) SUD Records: We may disclose your substance abuse disorder records in the case of a medical emergency
    - A. When we cannot obtain your written consent.
    - B. When SIH MG Outpatient Behavioral Health Clinic or Primacy Care Group office is closed during a temporary state of emergency declared by the state of Illinois or a federal authority as a result of a natural or major disaster.
  - 2) When the Food and Drug Administration (FDA) informs SIH-MG of a reason to believe your health may be threatened by an error in the manufacturer, labeling of sale of a product under FDA jurisdiction and that information will be used for the exclusive purpose of notifying you of potential dangers.
- G. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of Southern Illinois Healthcare Medical Group. In connection

with any fund raising, we may only share to our fund-raising staff demographic protected health information about you (e.g., your name, address, phone number, age, and gender), dates on which we provided health care to you, the department that treated you, the names of your treating physicians, and information regarding the outcome of your treatment and your health insurance status.

- 1) SUD Records: SIH MG may use of disclosure your medical records to fundraise for the benefit of SIH MG SUD programs. SIH MG must first provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications. Disclosure is limited to the information described in G above. You have the right to not receive fundraising communications.
- H. Public Health Activities. We may share your protected health information for the following public health activities: 1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; 2) to report child abuse and neglect to government authorities authorized by law to receive such reports; 3) to report information about products and services to the U.S. Food and Drug Administration; 4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and 5) to report information to your employer as required under laws involving work-related illnesses and injuries or workplace medical surveillance.
- 1) SUD Records: Your medical record is de-identified when disclosed to a public health authority.
- I. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we can share your protected health information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- J. Health Oversight Activities. We can share your protected health information to a health oversight agency for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- 1) SUD Records: We can disclose your records for the activities of management audits, financial audits and program evaluations. These activities include audits and evaluations from federal, state or local government agencies, SIH Medical Group quality audits, facility accreditation/program certification review and audits.
- K. Judicial and Administrative Proceedings. We can share your protected health information in response to a court or administrative order, or in response to a subpoena.
- 1) SUD Records: Records or testimony relaying the content of records shall not be disclosed in any civil, administrative, criminal, or legislative proceedings against the patient, unless based on a specific written consent or a court order.
  - 2) SUD Records: Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record where required by 42 U.S.C. § 290dd-2; and a court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

- L. Law Enforcement Officials. We can share your protected health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or subpoena.
- M. Decedents. We can share protected health information to a coroner, medical examiner or funeral director when an individual dies.
- N. Organ and Tissue Procurement. We can share your protected health information to organizations that facilitate organ, eye or tissue procurement.
- O. Research. We can use or share your protected health information without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.
  - 1) SUD Records: SIH MG complies with additional protections and procedures specific to redisclosure and identification of you and your patient identifiable records.
- P. Health or Safety. We can use or share your protected health information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- Q. Specialized Government Functions. We can use and share your protected health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- R. Workers' Compensation. We can share your protected health information relating to workers' compensation claims.
- S. As required by law. We can use and share your protected health information when required to do so by any other law not already referred to in the preceding categories.
- T. We may use and share your PHI without your consent or authorization to a Health Information Network (HIN) or Health Information Exchange (HIE). A HIN or HIE, is a way of electronically sharing your health information to healthcare providers involved in your care that are not directly affiliated with SIH MG. The purpose of the HIN/HIE is to give participating providers faster access to your health information that will facilitate safer, timelier, and efficient patient-centered care. For example, if an SIH MG primary care provider refers you to a specialist who is not affiliated with SIH MG, the specialist may have access to your electronic health information from your SIH MG primary care provider.

If you do not want your health information maintained by SIH MG to be accessible to authorized health care providers through the HIN/HIE, you may opt out by completing and sending a non-participation (opt-out) form to the Privacy Officer. If you decide to opt-out of the HIN/HIE, those doctors, nurses and other healthcare providers will not be able to obtain and use your health information in the HIN/HIE when providing treatment to you. To obtain an opt-out form please contact the Privacy Officer at the address or phone number found in Section VII.

### **Uses and Disclosures Requiring Your Written Authorization**

- A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we can only use or share your protected health information when you grant us your written authorization. For instance, you will need to complete an authorization form before we can send your protected health information to your life insurance company or to an attorney.

- B. SUD Records: SIH-MG must obtain your specific written authorization (consent) for any use or disclosure of SUD counseling notes, except as otherwise permitted by law. SUD counseling notes are personal notes recorded by a provider documenting or analyzing the contents of counseling sessions. These notes are maintained separately from your medical record and are not part of the designated record set. A general consent authorizing the use or disclosure of your SUD records for treatment, payment, or health care operations does not authorize the use or disclosure of SUD counseling notes. Disclosure of SUD counseling notes requires a separate, specific written authorization from you.
- C. SUD Records: You may provide a single authorization (consent) for all future uses and disclosures for treatment, payment and healthcare operations purposes. If you do not, provide authorization (consent) for all future uses and disclosures you will be required to authorize/consent when required by law.
- D. Marketing. We must get your written authorization prior to using your protected health information to send you any marketing materials. We can, however, without your authorization 1) provide you with marketing materials through email, patient portal notifications, mailings or in a face-to-face encounter regarding service being provided by us or our affiliates; 2) give you a promotional gift of nominal value; 3) provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you; 4) communicate with you about products or services relating to your treatment, case management or care coordination.
- E. Sale of Protection Health Information. We will not sell your protected health information without your written permission.
- F. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and Illinois law requires special privacy protections for certain highly confidential information, such as: 1) psychotherapy notes; 2) mental health and developmental disabilities services; 3) alcohol and drug abuse prevention, treatment and referral; 4) HIV/AIDS testing, diagnosis or treatment; 5) venereal disease(s); 6) genetic testing; 7) child abuse and neglect; 8) domestic abuse of an adult with a disability; or 9) sexual assault. For us to share your highly confidential information for a purpose other than those permitted by law, we must obtain your written permission.

### **Your Rights Regarding Your Protected Health Information**

- A. Filing a Complaint. If you feel we have violated your privacy rights, you may contact our Privacy Officer. You may also file a complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775 or visiting the [www.hhs.gov/hipaa/complaints](http://www.hhs.gov/hipaa/complaints) or you can contact the Privacy Officer for contact information. We will not retaliate against you if you file a complaint.
- B. Right to Request Additional Restrictions. You can ask us not to use or share certain health information for treatment, payment and health care operations. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. We are required to say "yes" if you ask us to restrict sharing your protected health information to 1) a health plan for purpose of carrying out payment or health operations and is not otherwise required by law; and 2) the PHI pertains solely to a healthcare item or service which has been fully paid out of pocket by the patient or other person other than the health



plan on behalf of the patient. We will also, upon your request and so long as it is consistent with federal and state law, delete, redact, or amend your information for your place of birth, immigration or citizenship status, or information from birth certificates, passports, permanent resident cards, alien registration cards, or employment authorization documents. If you wish to request additional restrictions, contact our Privacy Officer.

- 1) SUD Records: If SIH MG agrees to the restriction if you are in need of emergency treatment and the restricted record is needed to provide the emergency treatment, SIH MG can use the restricted record, or may disclose information derived from the record to a healthcare provider, to provide such treatment to you.
- C. Right to Receive Confidential Communications. You can ask us to contact you in a specific way (for example, home or office phone or by mail to a specific address), we will say "yes" to all reasonable requests.
- D. Right to Revoke Your Authorization. You may revoke Your Authorization, except to the extent that we have acted in reliance upon it, by providing a written revocation statement to the Privacy Officer. A form of Written Revocation is available upon request from the Privacy Officer.
- 1) SUD Records: In general, you can revoke your authorization/consent as described above. Revocation for disclosures to the criminal justice system that you have consented/authorized in which the revocation is effective no later than the final disposition of the conditional release or actions in connection with which consent was given.
- E. Right to Inspect and Copy Your Health Information. You can ask to see or get an electronic or paper copy of your medical record, billing 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. Under limited circumstances, we may deny you access to a portion of your records. To obtain information about viewing or getting a copy of your protected health information, visit [www.sihmedicalgroup.net](http://www.sihmedicalgroup.net), or contact the Health Information Department at 1239 E Main, Carbondale, IL / 618-475-5200 ext 25281.
- F. Right to Amend Your Records. You can ask us to correct protected health information about you that is maintained in your medical record or billing record that you think is incorrect or incomplete. To request an amendment to your records, visit [www.sihmedicalgroup.net](http://www.sihmedicalgroup.net), or contact the Health Information Department at 1239 E Main, Carbondale, IL / 618-457-5200 ext 25281. We may say "no" to your request if we believe that the information that would be amended is accurate and complete. If we say "no" to your request, you have the right to appeal our decision. You will receive our response to your request for a correction to your protected health information in writing and within 60 days.
- G. Right to Receive an Accounting of Disclosures. You can ask for a list (accounting) of the times we've shared your health information without your authorization for six years prior to the date you ask. The accounting list will provide who we shared your health information with and why. We will provide one accounting list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- 1) SUD Records: You can ask and we must provide you with an accounting of disclosure of records that you consented to for the purpose of treatment, payment and healthcare operations for period of 3 years prior to the date you ask.
- H. Breach Notification. We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- I. Right to Receive Paper or Electronic Copy of this Notice. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. You can discuss this Notice with the Privacy Officer if you have questions (contact information found below).
- J. Right to a Personal Representative. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.

**Effective Date and Duration of This Notice**

Effective Date. This Notice is effective on February 12, 2026.

Right to Change Terms of this Notice. We can change the terms of this Notice, and the changes will apply to all information we have about you. If we make a significant change to this Notice that pertains to access and disclosure of your protected health information and your rights you will be presented with this Notice no later than the date of your first appointment after this change. We will also post the new notice in waiting areas around Southern Illinois Healthcare Medical Group and on our Internet site at [WWW.SIH.NET](http://WWW.SIH.NET). You also may obtain any new notice by contacting the Privacy Officer.

**Contact Information for Privacy Officer**

You may contact the Privacy Officer at: Southern Illinois Healthcare Medical Group, P. O. Box 3988, Carbondale, IL 62901. Telephone Number: 800-228-6631. Email: [privacy\\_office@sih.net](mailto:privacy_office@sih.net).