Hospice of Southern Illinois, Inc.

Address: 305 South Illinois St, Belleville, IL 62220
website: https://hospice.org/privacynotice2026/
email: privacy@hospice.org
phone: 800-233-1708

NOTICE OF PRIVACY PRACTICES
Your Information. Your Rights. Our Responsibilities.

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➔*See page 2 for more information on your rights and how to exercise them*

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services
- Raise funds

➔*See page 3 for more information on these choices and how to exercise them*

OUR USES AND DISCLOSURES

We may use and share your information for the following purposes:

- Treatment
- Payment
- Health care operations
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner, coroner, or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➔*See page 3 and 4 for more information on these uses and disclosures*

Address: 305 South Illinois St, Belleville, IL 62220
website: https://hospice.org/privacynotice2026/
email: privacy@hospice.org
phone: 800-233-1708

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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. Ask us how to do this.
- We will provide a copy or a summary of your health information as soon as possible but no later than 30 calendar days, unless a one-time 30-day extension is permitted by law. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

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 your request, and 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.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will 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 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 this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the top of each page. Ask to speak to the Privacy Officer.
- You can 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, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Address: 305 South Illinois St, Belleville, IL 62220
website: https://hospice.org/privacynotice2026/
email: privacy@hospice.org
phone: 800-233-1708

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

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.

In these cases, we never share your information unless you give us written authorization:

- Marketing purposes – We will not use your information for marketing purposes or to sell products or services to you.
- Psychotherapy notes – We will not use or disclose notes recorded by a mental health professional documenting or analyzing the contents of a counseling session, except as permitted by law.
- Sale of PHI – We will not sell your health information without your explicit authorization.
- Other uses – Any other uses and disclosures not described in this notice will be made only with your written authorization.

Important information about written authorizations:

- You can change your mind and revoke authorization in writing at any time. Any uses or disclosures prior to revocation of an authorization cannot be taken back.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can opt out of receiving fundraising communications at any time by contacting us using the information at the top of this page.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treatment

We can use your health information and share it with other professionals who are treating you.
Example: Physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

Payment

We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

Health care operations

We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Hospice of Southern Illinois, Inc.
Address: 305 South Illinois St, Belleville, IL 62220
website: https://hospice.org/privacynotice2026/
email: privacy@hospice.org
phone: 800-233-1708

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can 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

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner, coroner or funeral director

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

Address workers' compensation, law enforcement, and other government requests

We can 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

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Redisclosures

- Once we disclose your health information to another person or organization, whether with your authorization or as otherwise permitted or required by law, that information may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws.

How do we handle substance use disorder (SUD) treatment records?

The protected health information of individuals who receive SUD treatment from an SUD treatment program that is covered by 42 CFR Part 2 (often referred to as a "Part 2 program") is subject to additional confidentiality protection.

The Office of Civil Rights specifies the following about Part 2 program records

- If we receive or maintain any information about you from a Part 2 program through a general consent you provide to the Part 2 program to use and disclose the Part 2 program records for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 program records for treatment, payment and health care operation purposes as described in this notice.

Address: 305 South Illinois St, Belleville, IL 62220
website: https://hospice.org/privacynotice2026/
email: privacy@hospice.org
phone: 800-233-1708

- If we receive or maintain your Part 2 program records from a Part 2 program through specific consent you provide to us or another third party, we will use and disclose your Part 2 program record only as expressly permitted by you in your consent as provided to us.
- We will not use or disclose your Part 2 program record, or testimony that describes the information contained in your Part 2 program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you unless:
    - You give written authorization, or
    - A judge issues a court order that meets 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can 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.
- Where state law provides greater privacy protections than federal law, we will follow state law. For example, under Illinois law, certain categories of health information, including mental health records, HIV/AIDS-related information, and genetic information, are subject to additional restrictions.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of 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 and on our web site at: https://hospice.org/privacynotice2026/.

Effective Date of this Notice:
February 16, 2026