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.

I. Who We Are

This notice describes the privacy practices of Genesis Health System, operating as a single covered entity, and medical staff members and their representatives participating in an Organized Health Care Arrangement. The Genesis Health System Affiliated Entities covered under these privacy practices are as follows:

- DeWitt Community Hospital
- Family Medical Clinic
- FirstMed Clinics
- FirstMed Pharmacy
- Genesis Behavioral Resources
  - Genesis Workplace Services
  - Psychology Associates
- Genesis Employee Assistance Program
- Genesis Health Group
- Genesis Health Services Foundation
- Genesis Medical Center
- Genesis Medical Education Foundation, Inc.
  - Family Medical Center
- GenVentures
  - Continuing Care Specialists
  - FirstMed Pharmacy
  - Passport Health
- Illini Convenient Care
- Illini Health Care, Inc.
- Illini Hospital
- Illini Hospital Foundation
- Illini Nursing Home
- Illini Restorative Care
- Illini Sheltered Care
- Visiting Nurse Association (VNA)
  - Genesis VNA
  - Illini Home Health Care
  - Clinton County VNA
  - Hospice Care of VNA

                          DeWitt, Iowa
                          Moline, Illinois
                          Bettendorf and Davenport, Iowa
                          Davenport, Iowa
                          Davenport, Iowa; Moline, Illinois
                          Davenport, Iowa
                          Davenport, Iowa
                          Davenport, Iowa
                          Davenport, Iowa
                          Davenport, Iowa
                          Blue Grass, Davenport, and
                          Durant, Iowa
                          Moline, Illinois
                          Moline, Illinois
                          Silvis, Illinois
                          Silvis, Illinois
                          Silvis, Illinois
                          Silvis, Illinois
                          Silvis, Illinois
                          Davenport, Iowa
                          Silvis, Illinois
                          Clinton and DeWitt, Iowa
                          Davenport and Clinton, Iowa

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices concerning your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or the notice that was in effect at the time the Protected Health Information was used or disclosed).
III. **Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order 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. **Uses and Disclosures For Treatment, Payment and Health Care Operations.**

We may use and disclose your PHI, with exception of “Highly Confidential Information” described in Section IV below, in order to treat you, to obtain payment for services provided to you and to conduct our “health care operations” as detailed below:

- **Treatment.** We will use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will also disclose your PHI to others who need it to provide you with medical treatment or services. For example, we may send your doctor the results of laboratory tests we perform.

- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you. For example, we will give information about you to your insurance company so we may receive payment. We will not use or disclose more information for payment purposes than is necessary.

- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. We may also provide your PHI to students who are authorized to receive training at a Genesis Health System Affiliated Entity. For example, we may disclose PHI to our Patient Relations representative in order to resolve any complaints you may have or to ensure that you have a comfortable visit with us. We may disclose your PHI, as necessary, to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants.

**Use or Disclosure for Directory.** We may list you in a Genesis Health System Affiliated Entity patient directory if you are admitted. Information in the directory may be disclosed to anyone who asks for you by name. The directory listing may include name, general health condition, location, and religious affiliation. Religious affiliation will only be disclosed to members of the clergy. You may object to inclusion in the directory or instruct us not to include specific information. In the event you are located in a specific ward, wing, or unit the identification of which would reveal that you are receiving treatment for a mental illness or developmental disability, HIV/AIDS or substances abuse we will restrict your information from the directory.
B. **Disclosures to Relatives, Close Friends and Other Caregivers.** We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital, and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object and will attempt to get your agreement prior to the disclosure.

C. **Fundraising Communications.** We may contact you to request a tax-deductible contribution to support important activities of Genesis Health System Affiliated Entities. In connection with any fundraising, we may disclose to our fundraising staff demographic information about you (e.g., your name, address and phone number) and dates on which we provided health care to you, without your written authorization. If you do not want to receive any fundraising requests, you may contact the Genesis Health System Corporate Privacy Office at 563-421-7262 or the Corporate Communications Office at 563-421-6275.

D. **Public Health Activities.** We may disclose your PHI for the following public 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 public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of 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 addressing work-related illnesses and injuries or workplace medical surveillance.

E. **Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive such information.

F. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare and Medicaid.

G. **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. **Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

I. **Decedents.** We may disclose your PHI to a coroner or medical examiner, as authorized by law.

J. **Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
K. **Research.** We may use or disclose your PHI without your consent or authorization, if our Institutional Review Board approves a waiver of authorization for disclosure.

L. **Health or Safety.** We may use or disclose your PHI if we decide that the disclosure is necessary to prevent or lessen a serious and imminent threat to the public or to an individual.

M. **Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. **Workers’ Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.

O. **As Required by Law.** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. **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 only may use or disclose your PHI when you grant us your written authorization on our authorization form. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company.

B. **Marketing.** We must also obtain your written authorization on our Marketing Authorization form prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining the Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining the Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without the Marketing Authorization.

C. **Uses and Disclosures of Your Highly Confidential Information.** Federal and state laws have special privacy protections for certain highly confidential information about you, which may include: (1) psychotherapy notes; (2) mental health and development disabilities services; (3) alcohol and drug abuse prevention treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; (8) sexual assault; or (9) genetic testing. Where required by applicable law, we will obtain your written authorization in order to disclose highly confidential information. Each State may have different requirements regarding disclosure of such information, including mandatory reporting obligations, in some instances.
V. Your Right Regarding Your Protected Health Information

A. For Further Information: Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or if you disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not take any retaliation against you if you file a complaint.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Corporate Privacy Office and submit the completed form to the Corporate Privacy Office. We will send you a written response.

C. Right to Request Special Confidential Communication. You have the right to ask us to communicate with you at a special address or by special means. We will accommodate any reasonable written request for you to receive your PHI under these special circumstances.

D. Right to Revoke Your Authorization. You may revoke your Authorization, your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Genesis Health System Corporate Privacy Office identified below. If needed, you may obtain a sample form of a Written Revocation from the Genesis Health System Corporate Privacy Office.

E. Right to Inspect and Copy Your Health Information. You may request access to inspect your medical record file and billing records maintained by us and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records and will provide the reason for this denial. If you wish to review your records, please obtain a record request form from the Genesis Health System Corporate Privacy Office and submit the completed form to the Corporate Privacy Office. The Corporate Privacy Officer will make the arrangements for you to inspect your medical record file. If you request copies, we have the right to charge a fee for copy costs.

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Corporate Privacy Office and submit the completed form to the Corporate Privacy Office. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.
G. **Right to Receive An Accounting of Disclosures.** Upon request, you may obtain an accounting of disclosures of your PHI made by Genesis Health System Affiliated Entities during any period of time prior to the date of your request provided such period does not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may impose a fee for this service.

The following are not required to be included in the accounting of disclosure: disclosures for treatment, payment, health care operations, disclosures of information in a patient directory, disclosures for national security purposes, disclosures to correctional or law enforcement personnel, disclosures that you have authorized, and disclosures made directly to you.

H. **Right to Receive Paper Copy of this Notice.** You have a right to receive a paper copy of this Notice. If you have received this Notice electronically, you may receive a paper copy by contacting the Corporate Privacy Office.

VI. **Effective Date and Duration of This Notice**

A. **Effective Date.** This Notice is effective on April 14, 2003.

B. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas of Genesis Health System Affiliated Entities and on our Internet site at www.genesishealth.com. You also may obtain any new notice by contacting the Genesis Health System Corporate Privacy Office.

VII. **Corporate Privacy Office**

You may contact the Corporate Privacy Office at:

Genesis Health System Corporate Privacy Office  
1227 East Rusholme  
Davenport, Iowa 52803  

Telephone Number (563) 421-7262

Revised: 01/24/03
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices from the following Genesis Health System Affiliated Entity:

- DeWitt Community Hospital
- Family Medical Clinic
- FirstMed Clinics
- FirstMed Pharmacy
- Genesis Behavioral Resources
- Genesis Workplace Services
- Psychology Associates
- Genesis Employee Assistance Program
- Genesis Health Group
- Other: __________________________

- Genesis Health Services Foundation
- Genesis Medical Center
- Genesis Medical Education Foundation, Inc
- Family Medical Center
- GenVentures
- ContinuingCare Specialists
- Passport Health
- Illini Convenient Care
- Illini Health Care, Inc.

- Illini Hospital
- Illini Hospital Foundation
- Illini Nursing Home
- Illini Restorative Care
- Illini Sheltered Care
- Visiting Nurse Association (VNA)
- Genesis VNA
- Illini Home Health Care
- Clinton County VNA
- Hospice Care of VNA

Patient Signature ____________________ Date Signed ____________________

Signature of Patient Representative ____________________ Date Signed ____________________

BEST EFFORT TO OBTAIN ACKNOWLEDGEMENT

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REASON ACKNOWLEDGEMENT NOT RECEIVED

The patient, after best effort, did not acknowledge receipt of a Notice of Privacy Practices from the Genesis Health System Affiliated Entity noted above due to the following reason (s):

- Patient refused to sign acknowledgement form
- Patient expired
- Unable to locate patient
- Patient unconscious
- Other: (Specify) __________________________

Signature ____________________ Date Signed ____________________

Revised: 2/13/03

DRAFT 02/03/03