



Please leave patient handbook in room. Thank you.

WELCOME



As a designated Planetree patient-centered hospital, our goal is to provide high-quality, personalized care. We understand that hospital visits can be a stressful time and we want to help you understand what to expect during your visit. This guide will provide you with important information, phone numbers and resources that may assist you during your stay.

Planetree is a non-profit organization that works with healthcare facilities to develop patient-centered care in a healing environment. As a Planetree Hospital, we bring a holistic approach to healing the body as well as caring for the mind and spirit. From friendly and compassionate staff members who listen to you and treat you with dignity to open access to your own medical records, the Planetree philosophy puts you in control of your health. This hospital was specifically designed with your comfort in mind.



AMENITIES

Your Room

Your private room is designed to offer you the comforts of home. Your room features a secure safe, private bathroom with a shower, reclining chair, HDTV, cell phone reception and complimentary Wi-Fi access. If you need assistance, there is a nurse call button on the pillow speaker next to your bed. Push the red button that reads "Nurse" and a call attendant will respond within moments to assist you.

Your Guests

Your room features a sleeper sofa and we encourage your loved one to stay with you during your visit. To support our patients, we offer patient-directed visiting. As the patient, you determine who you want to visit and when. We do ask that you limit visitors to three at a time, and the Department of Public Health requires children to be over the age of six years.

Additional Amenities

We offer complimentary books, magazines, puzzles and cards for your entertainment. Please call Volunteer Services (Ext. 14095) to request any of these items.

On the first floor, your guests will find a Walgreens, Starbucks, the WILDFLOWER Café, the Resource Center and Medical Library, the Wild Rose Floral and Gift Shop and the Falling Water Boutique — all designed to make you and your family's stay as pleasant as possible.

Room Service

Depending on your medical condition (see the right column for special diets), you can order breakfast, lunch and dinner through WILDFLOWER Room Service using the menu at your bedside anytime between 6:30 am – 6:30 pm. Your selections will be brought to your room within 45 minutes or at the time of your choice.

To place your menu selections, press the "room service" button on your phone or dial Ext. 13663. WILDFLOWER Room Service may also be reached at (331) 221-3663, if a family member would prefer to call in your menu from outside of the hospital. The menu can be viewed online at www.EEHealth.org/room-service.

Your physician will order a special diet, which may change as needed. Please note:

- > A scheduled test or procedure may require a different diet.
- > Please feel free to call WILDFLOWER Room Service at Ext. 13663 for information regarding:
 - Your special diet
 - Your food allergies
 - Questions about our services
- > The most common diets are:
 - Clear Liquid
 - Cardiac or Low Fat/Low Cholesterol and Low Salt (2 GM Sodium)
 - Low Sodium Diet
 - No Added Salt
 - Stress Test Diet (no caffeine, chocolate, decaf coffee, etc.)
 - Peptic Ulcer or Bland Diet
 - Carbohydrate/Calorie Controlled Diet
 - Balanced Carbohydrate/No Calorie Level (No Concentrated Sweets)
 - Renal Diet (2 GM Sodium, 2.5 GM Potassium)
 - General Diet

WHAT TO EXPECT

What to Expect During Your Visit

Your personal physician or a member of the medical staff in the Emergency Department have determined that additional care, evaluation and treatment are needed.

Your physician, attending physician or nurse practitioner will determine your condition and discuss a treatment plan with you. If admission is not required, you will be discharged with a plan for follow-up care.

Upon arrival to the unit:

- > We will ask for a contact person in case of a change in your condition.
- Your care team will be introduced to you. A nursing team representative will monitor your condition and make sure that we are meeting your needs.
- A welcome video is available, which will help address questions you or your family members may have regarding your stay at Elmhurst Hospital. Please ask your nurse for assistance in accessing the video on your TV.

Safety Precautions and Infection Prevention

Visitors and caregivers should always wash their hands or use hand sanitizer before entering your room and immediately after leaving. Remind your visitors that they should wash their hands for at least 20 seconds before eating and after using the bathroom as well.

We work very hard to prevent hospital-acquired infections. To protect your health and the health of your caregivers and visitors, isolation precautions are sometimes required:

- Your visitors should talk with your nurse before entering your room to find out if they need to take special precautions.
- Personal protective equipment, such as gloves, masks, and gowns, is stored in cabinets outside patient rooms for safety and convenience.

Infection Prevention

We encourage our patients and their families to be active in caregiving. Speak with your care provider about your dressings, indwelling catheters and vaccinations.

As part of the admission process, you will be asked if you have received your annual flu shot and pneumococcal vaccine.

If you haven't seen your professional healthcare staff members or visitors wash their hands or use hand gel upon entering your room, ask them to do so.

Ethics Consultation

Feel free to discuss any questions or concerns about your medical treatment with your nurse or physician. An unbiased Ethics Consultation Team is available to assist you and your family with difficult decisions.

SPIRITUAL CARE SERVICES / LANGUAGE ASSISTANCE

Spiritual Care Services

Our chaplains are nondenominational and work closely with you, individuals of your choice, and your care team to provide the spiritual, religious or cultural support that will bring you and your family the most comfort. This service is available to everyone, 24-hours-a-day by calling Ext. 16530.

An interfaith worship service is held at noon on Tuesdays and Thursdays in the hospital's chapel, which can be accessed from the first floor or second floor balcony.

Chapel services, special musical performances and holiday services are also broadcast on channel 39 for convenient viewing from the comfort of your room.

Language Assistance

Elmhurst Hospital provides language and other interpreter services free of charge. If you would like an interpreter, please tell a staff member.

YOUR HEALTHCARE TEAM

Your Healthcare Team

You are an important part of the team that will make decisions about your care during your visit. Your primary nurse is responsible for ensuring that all physicians and hospital staff members who work with you follow the plan of care that is designed to meet your individual needs. Your primary caregivers include physicians who order exams and treatments, nurses who will monitor your condition and administer medication, and patient care technicians who will check your vital signs and help you with your personal needs, such as dressing and getting out of bed. Depending on your individual care plan, you may see other types of caregivers, such as chaplains, dietitians, physical therapists, case manager, nurse manager or other physician consultants.

Caregiver Uniforms

A highly trained team of healthcare professionals will work together to provide you with personalized care. Your caregivers' uniforms are color coded by discipline to help you identify them.



YOUR HEALTHCARE TEAM

Care Partners

The emotional support of a loved one is an important part of the healing process. We invite you to select a person you would like to designate as your Care Partner. This person will be invited to participate in as much of your care as is comfortable for him/her.

Your nurse will provide your Care Partner with a door tag on which your Care Partner should select the types of activities that he/she would like to help you with. The door tag will be hung on the outside of your door to alert staff members that they should involve your Care Partner in discussions about your care and invite him/her to assist.

Care Partners are welcome to take advantage of the following services and discounts when they are wearing their Care Partner name tag:

- > Family lounges
- > 10% discount at the WILDFLOWER Café
- Guest meals for a nominal fee by calling WILDFLOWER Room Service
- > 10% discount on select items at the Falling Water Boutique and the Wild Rose Floral & Gift Shop

You may change or discontinue your Care Partner at any time. The program is intended to provide you with more personalized care and better prepare you for returning home. A Care Partner is not intended to replace the care provided by the Elmhurst Hospital team.

YOUR MEDICAL RECORD

We welcome you to view your medical record with your healthcare provider. If you see a notation in your record that you are unaware of or do not understand, please do not become alarmed; ask for clarification.

Your care team, led by your physician and primary nurse, is here to help you understand your healthcare needs and can explain the style of medical communication used in your record as they respond to any questions or concerns you may have.

To request a paper copy of your medical record, please complete an Authorization to Use or Disclose Protected Health Information form and mail, fax, or deliver it in person to:

Elmhurst Hospital Medical Records Department 155 E. Brush Hill Road Elmhurst, IL 60126 Phone: (331) 221-6755 Fax: (331) 221-3726

You can download the form at www.EEHealth.org/medical-records or call (331) 221-6755 to request a form and inquire about fees.

MyEMH Record

MyEMH Record is a secure, interactive web portal that empowers Elmhurst Hospital patients and their families to take a more active role in their care by providing easy access to health information. All of the information in MyEMH Record comes from your confidential electronic health record. This ensures that you have access to the most accurate, up-to-date information possible. Visit www.EEHealth.org/myemh-record/ to learn more or to access your account.

HEALING SERVICES

Supportive Healing Services

The following services are available to you to promote healing and wellness. As part of our Planetree philosophy of patient-centered care, we believe in empowering our patients with choices and providing an environment that supports healing.

Rest and Relaxation Hour

At Elmhurst Hospital, we understand that rest and sleep are imperative to the healing process. We have scheduled the following times in the afternoon to decrease our noise and interruptions to assist you in providing an environment conducive to rest and sleep.

Location	Room Numbers	Times
Second floor (CCU)	201-235	2-3 pm
Third floor	301-350	2-3pm
Fourth floor Southeast	437-473	1-2 pm
Fourth floor West and Southwest	401-436	4 – 5 pm
Fifth floor	501-573	1 – 2 pm
Family Birthing Center	349-370	2-4pm

Guided Imagery

Guided imagery is a technique that can help individuals use their own thoughts and imagination to create relaxing healing scenarios in their minds. This complimentary service is provided through our Spiritual Care Services.

Please call Ext. 16530 for additional information and to schedule an appointment. Services are available seven days a week.

Gentle Touch Hand Massage

Gentle touch massage is a stroking of the forearm, hand and fingers to promote relaxation. Please speak with your nurse to determine if this service is appropriate for your medical condition. This service is provided weekly by our Volunteer Department on specific patient floors. Please call Volunteer Services Department at Ext. 14095 or speak with your nurse for additional information.

Animal Assisted Therapy

Would a visit from a four-legged friend make you feel better? Our Animal Assisted Therapy program is available on specific patient units six days a week. Ask your nurse or call Volunteer Services at Ext. 14095 for more information.

Aromatherapy

Aromatherapy is the use of fragrances to assist in altering one's frame of mind. Peppermint oil is complimentary and readily available to use as a room freshener. A wide variety of aromatherapy products are available for purchase at the Falling Water Boutique. Delivery to patient rooms is available. Please call the Falling Water Boutique for more information at Ext. 13410.

FINANCIAL ASSISTANCE / WHAT DO I PAY AS AN OUTPATIENT

Financial Assistance & Billing

If you do not have health insurance and worry that you may not be able to pay for your care, we may be able to help. Elmhurst Hospital provides financial assistance to patients based on their income, assets and needs. In addition, we may be able to help you apply for governmental assistance or work with you to arrange a manageable payment plan.

Please be assured that your financial situation in no way impacts the care you receive during your hospital stay. To speak with a financial counselor, call (331) 221-6740. If you have a question about your bill after you go home, call (866) 756-8353.

In addition to receiving a bill from the hospital, you will receive a separate bill from each physician who provided professional services, such as radiology, laboratory, cardiology, emergency room, anesthesiology and nuclear medicine. If you have questions regarding these bills, contact the physician's office listed on the billing statement.

DISCHARGE / PHYSICIANS / OUTPATIENT SERVICES

Preparing for Discharge

Your primary care physician, nurse practitioner, the "attending" physician and/or your case manager will work with you to plan for your discharge from the hospital. Discharge happens when you are stable enough to go home or to another level of care, such as a rehabilitation or skilled nursing facility. This can occur at any point during the day or night.

We work closely with our Home Health agency, as well as local rehabilitation, skilled nursing, and hospice providers to make sure you receive the follow-up care that is best for you. A case manager can help you make the necessary arrangements.

Matching Your Needs With a Physician

Finding a physician that you feel comfortable with and have confidence in is critical. If you don't have a physician to coordinate your follow-up care, CareMatch counselors will help you identify a physician who meets your needs. Once we've identified physicians who match your criteria, you will learn more about them and our CareMatch team can even assist you in scheduling an appointment with the physician of your choice while you are on the phone.

Call CareMatch between 8 am to 5 pm, Monday through Friday at (331) 221-2273 or visit www.EEHealth.org/find-a-doctor to find a physician.

The following questions will help you prepare for discharge:

- > Who will pick me up from the hospital?
- > What will I wear when I am discharged?
- > How will I get my prescriptions filled?
- > Do I have any questions about my medication or care at home?
- > Do I need special equipment?
- > Would I benefit from home care or rehabilitation services?
- > When will I see my doctor for follow-up?

Outpatient Services

Visit www.EEHealth.org for a complete list of services and locations where we provide outpatient services. We offer numerous options that allow you to receive outpatient services at the location and time that is best for you.

Many outpatient services can be scheduled by calling our Outpatient Scheduling Department at (331) 221-0005 and some services can be scheduled online at www.EEHealth.org.

ADVANCE DIRECTIVES

Advance Directives - DNR

You have the right to make decisions about the healthcare you receive now and in the future. An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are no longer able to make them for yourself.

A Do Not Resuscitate order (DNR order) is a medical treatment order stating that CPR will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the Illinois Department of Public Health Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted and is signed by the individual (or legal representative) and a physician.

You can ask your physician to work with you to prepare a DNR order. You may choose to discuss with your healthcare professionals and/or attorney about different types of healthcare advance directives (healthcare power of attorney, living will and mental health treatment preference declaration) as well as a DNR order. If you have one or more advance directive and/or a DNR order, tell your healthcare professional and provide them with a copy. You may also want to provide a copy to family members, and you should provide a copy to those you appoint to make these decisions for you.

Before a DNR order may be entered into your medical record, your attending physician and you or another person (your legal guardian, healthcare power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by two people who are 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you.

State law provides copies of sample advance directives forms. You can view, download and print all these form at the Illinois Department of Public Health's website at http://www.idph.state.il.us/public/books/advin.htm.

PATIENT RIGHTS & RESPONSIBILITIES

Patient Rights

Elmhurst Hospital respects the following rights and responsibilities of its patients and is committed to providing these rights to every patient.

As a Patient You Have the Right to:

- Receive information about your care, treatment, and services in a language or manner that you or your representative can understand.
- Access to care, treatment, and services that are available and medically indicated, regardless of race, creed, sex, sexual preference, gender identity and/ or preference, religious preference, national origin, disability, veteran status, sources of payment for care or any other basis prohibited by federal, state, or local law.
- Have a family member or other individual and your physician promptly notified if you are admitted to the hospital.
- > Designate an individual to serve as your representative in making decisions concerning your care.
- Designate visitor(s)/support person(s) unless the person(s) presence infringes on others' rights, safety or is medically contraindicated (including a spouse, a domestic or same-sex domestic partner, parent, another family member or a friend). You also have the right to stop or change your choice at any time. This may be someone other than your surrogate decision-maker or legally authorized representative.
- Formulate advance directives (Living Will, Durable Medical Power of Attorney, or Mental Health Care Advance Directive) for the purpose of guiding decisions concerning your healthcare. The hospital will provide you this information upon request. The provision of care will not be conditioned on whether or not you have an advance directive.
- > Be free from neglect, exploitation, and verbal, mental, physical, and sexual abuse or harassment.
- > Receive care, treatment, and services in a safe setting.
- Knowledge of the name and receive information about the physician and other practitioners who are primarily responsible for providing you with care, treatment, and services.
- An environment that preserves personal privacy, dignity and comfort, and contributes to a positive self-image.
- Be free from restraint or seclusion of any form used as a means of coercion, discipline, convenience, or retaliation.
- Respect for your personal values and beliefs, and to exercise your cultural and spiritual beliefs in a manner that does not interfere with the care, treatment, and services of you and other patients.

- > Appropriate assessment and management of pain.
- > Privacy concerning your medical care and to expect that communications and records pertaining to your care, treatment, and services will be treated as confidential.
- Communication with the physician responsible for your care and to receive information concerning diagnosis, nature and extent of your medical problem.
- > Informed consent regarding:
 - Nature and purpose of a procedure that is to be performed
 - Who will perform the procedure
 - Medically significant risks and benefits of the procedure
 - Reasonable alternatives and their risks and benefits
 - Use of recordings, films, or other images for purposes other than for care, treatment, and services
- > Withhold consent or request or refuse care, treatment, and services.
- Participate in or make decisions about your plan of care prior to and during the course of your care, treatment, and services.
- > Information about the outcome of your care, treatment, and services.
- > Be informed about the unanticipated outcomes of care, treatment, and services.
- Review your record within a reasonable time frame and have the information explained or interpreted as necessary, except when restricted by law and regulation.
- > Decide whether to participate in research, investigation, or clinical trial projects after receiving a full explanation.
- Access protective and advocacy services (guardianship or advocacy services, conservatorship or child/adult protective services).
- Request and receive an itemized copy and/or explanation of your charges.
- > Know if your request for care, treatment, and services cannot be reasonably provided by the hospital. If you request to be transferred to another facility, you have the right to receive information and an explanation concerning the need for and alternatives to such a transfer. If it is medically safe to transfer you, and the facility to which you have requested has accepted you, the hospital will assist in transferring you to that facility.
- > Be informed of the hospital's rules and regulations.
- Consultation concerning ethical issues that affect your care, treatment, and services.
- Request nursing staff schedules on the unit where you are a patient, as well as general staffing information and staff training information, by contacting the team leader on your unit.

PATIENT RIGHTS & RESPONSIBILITIES

- > Prompt investigation and resolution of any complaint/ grievance. You or your representative may contact:
 - Your nurse, charge nurse, department manager or by calling the PRIDE Line at (331) 221-1115.
 - You may also contact by phone or in writing:

Illinois Department of Public Health Central Complaint Registry Division of Healthcare Facilities and Programs 525 West Jefferson Street Springfield, IL 62761-0001 24-hour toll free: (800) 252-4343

TTY: (800) 526-4372 Email: Dph.Ccr@illinois.gov

The Joint Commission Office of Quality Monitoring One Renaissance Boulevard Oak Brook Terrace, IL 60181 Complaint Line: (800) 994-6610

Fax: (630) 792-5836

Email: complaint@jointcommission.org

Medicare patients who believe that they are being prematurely discharged have the right to contact:

Illinois Foundation for Quality Healthcare 2625 Butterfield Road, #102E Oak Brook, IL 60523 Toll free: (800) 647-8089 Fax: (630) 571-5611

As a Patient You Have the Responsibility to:

- Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, other matters relating to your health, and unexpected changes in your condition and report them to the responsible practitioner.
- Ask questions if you do not understand a medical or nursing action or do not understand what is expected of you.
- Follow the treatment plan recommended by the practitioner responsible for your care, treatment, and services. This may include instructions of nurses and other hospital personnel as they carry out the coordinated plan of care, treatment, and services, and implement the practitioner's orders.
- > Follow all hospital rules and regulations.
- > Be considerate of other patients and hospital personnel, and for assisting in the control of noise and number of visitors.
- > Be respectful of the property of other persons and of the hospital.

Elmhurst Hospital participates in the Illinois Automated Immunization Registry Exchange (I-CARE).

I-Care is a confidential registry managed by the Illinois Department of Health which makes managing your immunization records easier for you and your doctor. If an individual, parent, or legal guardian does not want their immunization information saved in I-Care they may fill out an "Opt Out of Registry" which is available from your nurse. Choosing to opt out of the registry will require patients to maintain and safeguard their own immunization records

NOTICE OF PRIVACY PRACTICE (PART 1)

Edward-Elmhurst Healthcare (EEH) Notice of Privacy Practices

Main Addresses:

Elmhurst Memorial Hospital

155 East Brush Hill Road Elmhurst, IL 60126 www.emhc.org

Edward Hospital & Linden Oaks Hospital

801 South Washington Street Naperville, IL 60540 www.edward.org

Privacy Officer:

801 South Washington Street Naperville, IL 60540 (630) 527-5861 privacyofficer@EEHealth.org

Corporate Compliance Hotline:

1-800-901-7422

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to your PHI. **Please review it carefully.**

Your PHI. Your Rights. Our Responsibilities.

YOUR RIGHTS

You have the right to:

- · Get a copy of your paper or electronic medical record
- Correct or make changes to your paper or electronic medical record
- Reguest confidential communication
- · Ask us to limit the PHI we share
- · Get a list of those with whom we've shared your PHI
- · 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 of the Notice of Privacy Practices for more information on these rights and how to exercise them

YOUR CHOICES

You have some choices in the way we use and share your PHI as we:

- · Tell family and friends about your condition
- · Provide disaster relief
- · Include you in a hospital directory
- · Provide mental healthcare
- · Market our services and sell your PHI
- Raise funds

See page 3 of the Notice of Privacy Practices for more information on these choices and how to exercise them

OUR USES AND DISCLOSURES

We may use and share your PHI as we:

- Treat you
- · Bill for your services
- · 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 or funeral director
- Address workers' compensation, law enforcement and other government requests
- · Respond to lawsuits and legal actions
- · Operate our healthcare facilities
- Contact you with an appointment reminder or other health-related service communication via mail, e-mail, text, or secure patient portal

See pages 3 & 4 of the Notice of Privacy Practices for more information on these uses and disclosures

YOUR RIGHTS

When it comes to your PHI, 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 PHI we have.
- Your request must be in writing and submitted to the EEH Health Information Management Department.
- We will provide a copy of a summary of your health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee for the copy.
- In certain circumstances, we may say "no" to your request, but we'll give you the reason why in writing within 30 days.

Ask us to correct/amend your medical record

- You may request us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and submitted to the EEH Health Information Department.
- We may refuse your request, but we'll explain in writing within 60 days.

If you would like to amend, restrict or make arrangements for copies of your medical records, please submit your written request to our Health Information Management Department at:

Edward-Elmhurst Healthcare Attn: Health Information Management Dept 801 S. Washington Street Naperville, IL 60540 Phone: (331) 221-6990

NOTICE OF PRIVACY PRACTICE (PART 2)

Request confidential communications

- We may contact you to remind you of an appointment or to give you instruction about a scheduled procedure, etc.
- We usually communicate in person, by telephone, or in writing, including secure e-mail or secure patient portal.
- We may leave messages for you on your answering machine or voicemail.
- 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. You do not need to provide the reason for your request.
- We will agree to all reasonable requests.
- To request confidential communications in a certain way or at a certain location, you must make your request in writing, to the EEH Health Information Management Department. Your request must clearly state how or where you want to be contacted.
- If we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

Ask us to limit what we use or share

- You can ask us not to use or share certain PHI 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 or is required by law.
- If you pay for a service or health care item out-of-pocket, in full, before or at the time of your care, you can ask us not to share that information with your health plan or insurer. We will say "yes" unless the law requires us to share that information.
 - This billing request will only apply to Edward Hospital, Elmhurst Memorial Hospital, Linden Oaks Hospital, Edward Medical Group, Linden Oaks Medical Group, Elmhurst Clinic or Elmhurst Medical Associatescontrolled billing.
 - If you would like this request to apply to thirdparty billers such as pharmacies, radiologists, and physicians, you must make your request to them separately.

Get a list of those with whom we've shared your PHI

- You can ask for a list (accounting) of the times we've shared your PHI for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, healthcare operations and certain other disclosures (such as any you authorized us to make). We'll provide one accounting per year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.
- Your request must be in writing, state the time period for which you are asking, and submitted to the EEH Health Information Management Department.

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.

Choose someone to act for you

- If you have given someone power of attorney for healthcare or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- 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 have been violated

- You can complain if you feel we have violated your rights by contacting the EEH Privacy Officer (see page 1 for contact information).
- 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.

YOUR CHOICES

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your PHI 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 PHI with your family, close friends, domestic partner, care partner or others involved in your care
- · Share PHI in a disaster relief situation
- · Include your information in an EEH 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 PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.

If there is someone to whom you do not wish us to disclose the above information, please notify Registration or your healthcare staff.

Hospital Directory

- We may list certain information about you in a hospital directory while you are an inpatient at an EEH facility so that you may receive visitors, calls, cards, flowers, etc. during your hospital stay.
- This information may include your name, where you are in the hospital, a general description of your condition (e.g. fair, stable, etc.) and your religious preference.
- Unless you choose not to have your information listed or "opt out," EEH can disclose this information, except your religious preference, to people who ask for you by name.
- If you choose to opt out, and wish to be confidential, please call our Admitting Department (Edward Hospital, [630] 527-3350 or in-house extension 7-3350; Elmhurst Memorial Hospital, [331] 221-8672) and ask them to remove you from the Hospital Directory.

NOTICE OF PRIVACY PRACTICE (PART 3)

In the following cases, we never share your PHI unless you give us written permission:

- Use of your PHI in organizational marketing materials see below for further explanation
- · Sale of your PHI

Illinois law is more protective of certain information than the federal Privacy Rule. Accordingly, except as stated in this Notice, EEH will not disclose your information relating to treatment for psychotherapy notes, alcoholism, or drug dependence, without in each case obtaining your authorization unless otherwise permitted or required by Illinois or federal law.

In the case of fundraising:

- We may contact you for EEH fundraising efforts, but you can tell us not to contact you again.
- By law we may use the following information to contact you: name, address, telephone number, dates of service, age, gender, department of service, treating physician, outcome information, and health insurance status.
- The way for you to opt out of any future fundraising mailings will be described on the correspondence that you receive from EEH.
- If you wish to opt out prior to receiving any fundraising materials from the Edward Foundation or the Elmhurst Memorial Hospital Foundation or have any questions regarding fundraising by EEH, please contact Edward Hospital Foundation (630) 527-3954 Elmhurst Memorial Hospital Foundation (331) 221-4483

In the case of marketing:

- We must obtain your authorization to use or share your PHI for marketing purposes, except for
 - Face-to-face communications with you
 - Promotional gifts of minimal value
 - Communications with you related to currently prescribed drugs, such as refill reminders
- We may use or share your PHI to tell you about or recommend possible treatment options or alternatives, and by law this type of communication is not considered marketing.
- We may also send you information about healthrelated products or services that we make available.
 For example, your name, address, and electronic mail address may be used so that we can send you newsletters or healthcare bulletins about EEH and the services we provide.
- If you do not wish to receive any EEH newsletters or similar information, you may have your name removed from the contact list.
- The way for you to opt out of any future mailings will be described on the correspondence that you receive from EEH or please call our Marketing Department at Edward Hospital (630) 527-3902 Elmhurst Memorial Hospital (331) 221-6900

OUR USES AND DISCLOSURES

How do we typically use or share your PHI?

We typically use or share your PHI in the following ways:

Treatment

We can use your PHI and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Facility Operations

We can use and share your PHI to operate our facilities, improve your care, and contact you when necessary.

Example: We may use your PHI to assess quality, train our staff, and improve our services.

Billing

We can use and share your PHI 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.

Help with public health and safety issues

We can share PHI about you for certain situations such as:

- Preventing or controlling disease
- Helping with product recalls
- · Reporting vital statistics such as births or deaths
- · Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief

Do research

- · We can use or share your PHI for clinical research.
- We may use or share your PHI, without your permission, if the Board that oversees research formally approves the use or sharing of your PHI consistent with requirements under the law.

NOTICE OF PRIVACY PRACTICE (PART 4)

Comply with the law

- We will share PHI about you if state or federal laws or judicial or administrative proceedings require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share PHI regarding suspected child or elder abuse, neglect or physical injury; violent crimes and death; animal bites; injuries related to firearm discharge; and other information in order to comply with the law.
- We can also share PHI regarding infants relinquished 30 days old or less.

Respond to organ and tissue donation requests

We can share PHI about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share PHI with coroners, medical examiners, or funeral directors when an individual dies.

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

We can use or share PHI about you

- · For worker's 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
- If you are a member of the armed forces, we may share PHI with military command

Respond to lawsuits and legal actions

 We can share PHI about you in response to a court or administrative order, and also, if required, in response to a subpoena, warrant, or summons.

How else can we use or share your PHI?

- We can share your children's immunization record with his or her school
- We can share your PHI with our Business Associates.
 Business Associates are individuals or businesses that we contract with to perform jobs or services for EEH and may require them to maintain, use, and/or disclose your PHI.

If you have concerns regarding your privacy, please contact the EEH Privacy Officer (see page 1 for contact information).

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if the privacy or security of your PHI has been compromised.
- 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 PHI 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.
- · We will protect your genetic information.
- We will make every effort to provide your PHI to you in the electronic format you wish. We may say "no" to your request only because we do not have the capacity to do so and will make other arrangements with you.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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, in our Compliance Department, and on the EEH website.

NOTICE OF PRIVACY PRACTICE (PART 5)

Effective date of this Notice (date after approved by Committee): February 2, 2016

This Notice of Privacy Practices applies to the following organizations:

Edward Health Ventures; Edward Hospital; Edward Medical Group; Linden Oaks Hospital; Linden Oaks Medical Group; Edward Neuroscience Institute and Elmhurst Memorial Healthcare. Elmhurst Memorial Healthcare includes all of the following: Elmhurst Memorial Hospital; Elmhurst Memorial Medical Group; Elmhurst Clinic LLC; Elmhurst Medical Associates, LLC and all of their departments, units, employed health care professionals, students, and members of volunteer groups who are allowed to help you while you are staying in or being treated at an Edward-Elmhurst facility. All of these entities follow the terms of this Notice of Privacy Practices, and may share your information with each other for treatment, payment or health care operations. This list may be updated from time to time. For a current list, contact the EEH Privacy Officer.

Edward-Elmhurst Healthcare maintains its Designated Record Set through the use of an electronic health record ("EMR System") shared with DuPage Medical Group and its affiliates, and other local physician practices that participate in Illinois Health Partners ACO, an accountable care organization (the "ACO"). Through the EMR System, PHI of patients of Edward-Elmhurst Healthcare patients is combined with that of others that participate in the EMR System (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), such that each patient has a single, longitudinal health record with respect to health care services provided by the Participating Covered Entities.

Through the EMR System and the ACO, the Participating Covered Entities have formed an organized system of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"). With limited exceptions, as OHCA participants, all Participating Covered Entities and the ACO may use and disclose the PHI contained within the EMR System for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants and/or the ACO.

Finally, Edward-Elmhurst Healthcare and certain nonemployed hospital-based medical staff members have organized and are presenting you this Notice as a joint notice. Those physician groups are: Naperville Radiologists. SC; DuPage Valley Anesthesiologists, Ltd; Associated Pathology Consultants - Edward, LLC; DuPage Neonatology Associates, SC; Pediatric Critical Care Specialists, PC; Fox Valley Radiation Oncology, LLC; Cardiac Surgery Associates, SC: Illinois Urogynecology, Ltd; Northwestern Medicine; CyberKnife Center of Chicago, LLC; Associated Pathology Consultants - Elmhurst, SC; Elmhurst Emergency Medical Services, Ltd; Elmhurst Anesthesiologists, PC; Elmhurst Radiologists, SC; and Suburban Surgical Associates, Ltd. PHI from Edward-Elmhurst Healthcare facilities will be shared with these physicians as necessary to carry out their treatment, payment, and health care operations. Since we work closely with these physicians, we may share access to your records, in paper, electronic or other forms, to make the flow of information for your health care run smoothly.

Telephone Guide

The phone number for your room is listed on your telephone. To make a telephone call to a number outside the hospital, dial $9+1+({\rm Area\ Code})+{\rm phone\ number}$. Local calls are free and include the following area codes: 331, 872, 312, 630, 708, 773, 815, & 847. Although calls cannot be charged to your hospital phone, long distance calls can be placed either by calling card, collect or billed to your home telephone number. Incoming calls will be routed through the nurses' station at night from 10 pm to 7 am to ensure that your rest and comfort are not disturbed.

Department	Extension
Class Registration/Physician Referral	76363
Falling Water Boutique	13410
Medical Records	16755
Operator	0
Patient Financial Counselor	16740
PRIDE Line (Compliments/Concerns)	11115
Resource Center and Medical Library	14130
Security	15500
Social Services/Case Management	11146
Spiritual Care	16530
Volunteer Services	14095
Walgreens	13690
WILDFLOWER Room Service	13663 or 1FOOD
Wild Rose Floral & Gift Shop	13407

Reporting Compliments & Concerns

If you or your family would like to share compliments or concerns regarding your hospital care or service, call the PRIDE Line at (331) 221-1115.

If concerns cannot be resolved through the hospital, every person has the right to contact the Joint Commission regarding the quality of care provided or other safety concern at (800) 994-6610 or by email at **complaint@jointcommission.org**.

You may also choose to contact the Illinois Department of Public Health's Complaint Registry at (800) 252-4343 or by email at dph.ccr@illinois.gov.

If you are Medicare beneficiary and have a complaint regarding quality of care, reimbursement issues and would like to appeal a discharge decision, you may call the Illinois Foundation for Quality Healthcare at (800) 647-8089.



TV Guide

Broadcast Channel	Hospital Channel
WBBM (CBS)	2
WFLD (FOX)	3
WPWR (MNT)	4
WMAQ (NBC)	5
WXFT (tFt)	6
WLS (ABC)	7
WTTW (PBS)	8
WGN (CW)	9
WSNS (TEL)	10
WGBO (UNI)	11
UNIVISION	12
GLAVISION	13
CNBC	14
CNN	15
FOX NEWS CHANNEL	16
HEADLINE NEWS	17
MSNBC	18
THE WEATHER CHANNEL	19
ABC FAMILY	20
CARTOON NETWORK	21
DISNEY CHANNEL	22
NICKELODEON	23
ANIMAL PLANET	24
DISCOVERY CHANNEL	25
WCIU (Ind.)	26
TV LAND HD	27
A&E	28
HISTORY	29
H2	30
HGTV	31

Broadcast Channel	Hospital Channel
COMEDY CENTRAL	32
CMT	33
VH1	34
TNT	35
TBS	36
TLC	37
EWTN	38
EMHC SPIRITUAL SERVICES	39
LIFETIME	41
LIFETIME MOVIE CHANNEL	42
BIOGRAPHY CHANNEL	43
HALLMARK CHANNEL	44
TURNER CLASSIC MOVIES	45
AMC	46
FX	47
E! ENTERTAINMENT TV	48
FOOD NETWORK	49
TRAVEL CHANNEL	50
SCIENCE CHANNEL	51
USANETWORK	52
BBC AMERICA	53
NATIONAL GEOGRAPHIC	54
COMCAST SPORTSNET	55
ESPN	56
ESPN 2	57
GOLF CHANNEL	58
NBC SPORTS NETWORK	59
NFLNETWORK	60
ESPN NEWS	61
BIG TEN NETWORK	62