

# Notice of Privacy Practices (HIPAA)

Effective date: 2/16/2026

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (“Notice”) applies to **Rochelle Community Hospital** (“Hospital,” “we,” “us,” or “our”) and describes our legal duties and privacy practices regarding your protected health information (“PHI”) under the Health Insurance Portability and Accountability Act (“HIPAA”).

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## 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 exercise those rights.

### 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, usually within 30 days of the request, and no later than required by law.
- We may charge a reasonable, cost-based fee as permitted by law.
- In limited circumstances, we may deny your request. If we do, we will tell you why in writing and tell you how you may request a review or file a complaint.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing.
- We may deny your request. If we do, we will tell you why in writing and explain what you can do next (including how to submit a statement of disagreement, where allowed).

### 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 or our ability to operate.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. 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 (an “accounting”) of the times we’ve shared your health information for the 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 may charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

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

### **Choose someone to act for you**

- If you have given someone 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 in the Contact Information section below.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## **Our Responsibilities**

We are required by law to maintain the privacy and security of your PHI. This means that we will:

- Maintain the privacy and security of your PHI as required by law.
- Notify you without unreasonable delay (and no later than required by law) if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- 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 by notifying us in writing. This will not affect disclosures already made.

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## Your Choices

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

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

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

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

In these cases we never share your information unless you give us written permission (Authorization):

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

You may revoke an authorization at any time by providing a written revocation, except to the extent we have already relied on it.

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## Uses and Disclosures for Treatment, Payment, and Operations

We may use or share your health information without your authorization for purposes of treatment, payment, and health care operations, including:

### **Treatment**

- We can use your health information 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.

### **Running our organization (Health care operations)**

- We can use and share your health information to operate our hospital and related services, improve your care, conduct business activities, manage quality and patient safety, and contact you when needed.
- Example: We may review your health information to evaluate the treatment and services provided and to improve quality and patient safety.

### **Billing for services (Payment)**

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

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## **Other Uses and Disclosures Permitted Without Your Authorization**

In some situations, we are allowed and/or required to share your information in other ways without your authorization. We have to meet many conditions in the law before we can share your information for these purposes.

### **Required by law**

- We will share information about you if federal or state 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.

### **Public health activities**

- We can share health information about you for certain situations such as:
  - Preventing or controlling disease, injury, or disability
  - Reporting adverse reactions to medications or product defects

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

## **Abuse, neglect, or domestic violence**

- We may notify the appropriate government authority if we believe an individual has been a victim of abuse, neglect, or domestic violence, to the extent permitted or required by law.

## **Health oversight activities**

- We can share health information with health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and compliance activities.

## **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.
- If we receive records about you related to substance use disorder treatment, we will not use or share those records in a civil, criminal, administrative, or legislative proceeding against you unless you give us written permission or a court orders it after you have been given notice and an opportunity to be heard. We will not share substance use disorder treatment records in response to a subpoena unless we also receive a court order, as required by law.

## **Law enforcement purposes**

- We can (and in some cases are required to) share health information for law enforcement purposes, as permitted by law, such as:
  - Reporting certain types of wounds or suspected criminal conduct
  - Complying with a court order, subpoena, warrant, or similar process
  - Identifying or locating a suspect, fugitive, material witness, or missing person
  - In emergency circumstances, reporting a crime, the location of the crime or victims, or the identity/description/location of the person who committed the crime

## **Correctional institutions and lawful custody**

- If you are an inmate of a correctional institution or otherwise in lawful custody of law enforcement, we may use or share your health information with the correctional institution or law enforcement officer as permitted by law and as necessary:
  - For the institution to provide you with health care
  - To protect your health and safety or the health and safety of others
  - For the safety and security of the correctional institution

## **Organ and tissue donation**

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

## **Medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies, as permitted by law.

## **Research**

- We can use or share your information for health research when allowed by law (for example, when approved by an institutional review board or when your information is used in a way that does not directly identify you).

## **Serious threat to health or safety**

- We may use or share your health information if we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of any person or the public, consistent with applicable law.

## **Workers' compensation**

- We can use or share health information about you to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

## **Business associates**

- We may share your health information with our business associates and allow them to create, use, and disclose your health information to perform services for us (for example, billing, IT hosting/support, analytics, auditing, legal services). Business associates are required by contract and law to safeguard your PHI.

## **Fundraising**

- We may use certain information to contact you for fundraising efforts to support our services and community programs.
- You can tell us not to contact you again for fundraising. To opt out, contact us using the information in the Contact Information section below.
- If we receive any records about you related to substance use disorder treatment, you will be given the opportunity to opt out of fundraising communications.

## **Health information exchanges (HIEs)**

- We may share your health information electronically or otherwise through health information exchanges or similar secure systems to support coordination of care among providers and facilities involved in your treatment.
- Depending on applicable law and the exchange's rules, you may have the right to opt out of certain sharing. Contact us to ask whether an opt-out is available and how it works.

### **Emails, texts, calls, and patient portal messages**

- We may contact you by phone (including cell phone), text message, email, mail, and/or patient portal messages about your care, appointments, pre-visit and post-visit information, treatment reminders, billing, and other hospital and practice operations.
- Calls may be monitored or recorded as permitted by law.
- Standard message and data rates may apply to text messages.
- Emails and texts that contain health information may not be secure. You may request confidential communications as described above.
- You may opt out of certain non-urgent text messages by following the instructions in the message (for example, replying "STOP"). Opting out of non-urgent messages may not apply to messages that are necessary for your treatment, billing, or required notices, to the extent permitted by law.

### **Use of Artificial Intelligence (AI)**

- We may use AI-enabled tools to help support treatment, payment, and health care operations, such as assisting with clinical documentation, summarizing information for review, supporting administrative workflows, and improving quality and safety.
- Our clinicians and staff remain responsible for your care and for what is entered into your medical record, and AI does not replace professional judgment.
- We do not use AI to make decisions about your care without appropriate clinician review.
- If an AI tool is provided by a vendor that handles PHI on our behalf, we require appropriate safeguards, including a Business Associate Agreement when required by HIPAA.

### **Additional Restrictions on Use and Disclosure**

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. We will comply with the more protective requirements if applicable.

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## **Contact Information**

**Rochelle Community Hospital**  
900 North Second Street  
Rochelle, IL 61068

**Privacy Officer:** Stefanie Roberts  
**Phone:** 815-562-2181 Ext. 1490  
**Website:** [www.rochellehospital.com](http://www.rochellehospital.com)

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## **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 facility, and on our website.

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## **This Notice Applies to These Organizations**

This Notice applies to **Rochelle Community Hospital** and, as applicable, to:

- The Hospital and its inpatient and outpatient departments and units (including emergency services and ancillary departments)
- Hospital-owned or hospital-operated clinics, physician practices, and service lines
- Providers employed by the Hospital and members of the Hospital workforce involved in your care or in Hospital operations
- Affiliated sites and locations that are part of the Hospital's covered entity and/or organized health care arrangement, as applicable, including those listed at: [www.rochellehospital.com/locations](http://www.rochellehospital.com/locations)

If you have questions about whether a particular location, clinic, department, or provider is covered by this Notice, please contact the Privacy Officer using the information in the Contact Information section above.