



**NOTICE OF PRIVACY PRACTICES**

**OF THE**

**OSF HEALTHCARE**

**SINGLE AFFILIATED COVERED ENTITY**

**Effective September 23, 2013**

**Revised December 20, 2024**

**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.**

**TABLE OF CONTENTS**

PART I. INTRODUCTION..... 1

PART II. JOINT NOTICE..... 1

PART III. HOW OSF MAY USE OR DISCLOSE YOUR HEALTH INFORMATION ..... 2

    A. USES OR DISCLOSURES OF HEALTH INFORMATION BY PROVIDERS FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS ..... 2

    B. USES OR DISCLOSURES OF HEALTH INFORMATION BY HEALTH PLANS FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS ..... 3

    C. USES OR DISCLOSURES OSF MAY MAKE WITHOUT YOUR CONSENT OR AUTHORIZATION ..... 5

    D. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION..... 8

    E. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION ..... 9

        1. Illinois Health Care Laws ..... 9

        2. Michigan Health Care Laws ..... 15

        3. Federal Health Care Laws..... 17

    F. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION ..... 19

PART IV. YOUR RIGHTS ..... 19

PART V. GRIEVANCES OR FURTHER INQUIRIES ..... 22

PART VI. AMENDMENTS..... 22

EXHIBIT A – OSF SINGLE AFFILIATED COVERED ENTITY CONTACT INFORMATION..... 23

## **PART I. INTRODUCTION**

Federal law requires OSF Healthcare System and its related health care providers and health plans to maintain the privacy of individually identifiable health information, as defined in the HIPAA Privacy Rule, and to provide you with notice of their legal duties and privacy practices with respect to such information. OSF Healthcare System and its related health care providers and health plans must abide by the terms and conditions of this Privacy Notice, as OSF Healthcare System and related entities may revise this Privacy Notice from time to time.

The health care providers participating in OSF are required to seek your written acknowledgment that you have received this Notice. By furnishing written acknowledgment of receipt, you do NOT necessarily indicate your agreement or consent to the uses and disclosures of information described in this Notice. The acknowledgment indicates only that you have received this Notice. You may decline to furnish written acknowledgment of receipt. In this event, your refusal will be documented.

**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.**

## **PART II. JOINT NOTICE**

In order to comply with the federal law and maintain the privacy of your individually identifiable health information, OSF Healthcare System and other Covered Entities under common ownership and control have formed the OSF Single Affiliated Covered Entity (which is described throughout this Notice as “OSF”).

The Covered Entities which participate in the OSF Single Affiliated Covered Entity are:

- OSF Healthcare System
- OSF Multi-Specialty Group
- Pointcore, Inc.
- Ottawa Regional Hospital and Healthcare Center, d/b/a OSF Saint Elizabeth Medical Center
- Mendota Community Hospital, d/b/a OSF Saint Paul Medical Center
- OSF Aviation, LLC
- OSF Lifeline Ambulance, LLC

A listing of the Covered Entities and their respective health care providers which participate in OSF as of the effective date of this Notice is attached as “Exhibit A.” You may also determine whether your health care provider or health plan is part of OSF by calling or writing your provider or health plan as explained in Part V (or by contacting the OSF Corporate Privacy Officer). In general, health care providers, health plans, or health care clearinghouses which are not under common ownership and control with OSF Healthcare System are not included within OSF.

The Covered Entities participating in OSF have agreed to abide by the terms of this Notice with respect to protected health information, as defined in the HIPAA Privacy Rule, created or received by them as part of their participation in OSF.

The Covered Entities participating in OSF will share protected health information with each other as necessary to carry out treatment, payment, or health care operations relating to OSF.

You may receive this Notice from more than one health care provider or health plan participating in OSF, but your receipt of this Notice from any one of such entities will satisfy OSF’s requirement to furnish this Notice to you.

**PART III.**  
**HOW OSF MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

**A. USES OR DISCLOSURES OF HEALTH INFORMATION BY PROVIDERS FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

OSF may use or disclose your individually identifiable health information for treatment, payment and health care operations. These categories are very broad and include many activities and arrangements involved in delivering the health care services which you seek, obtaining payment for those services, and assuring or improving the quality and safety of those services. Examples of treatment, payment and health care operations conducted by OSF health care providers include:

- “Treatment” could include consulting with or referring your case to another health care provider. The type of health information that OSF could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. OSF may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.

- “Payment” could include OSF’s efforts to obtain reimbursement from you or a responsible third party for services that OSF health care providers have provided to you. OSF may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse.
- “Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services OSF provides to you. As part of OSF’s treatment of you and operation of a health care organization, OSF may contact you, by phone, mail, or e-mail to provide appointment reminders, to conduct patient satisfaction surveys, or to provide information about treatment alternatives or other health-related services that may be of interest to you. OSF may also contact you for fundraising purposes subject to your right to opt out as explained in Part III. C. OSF may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity that receives this information must have or have had a treatment relationship with you, and the information which OSF discloses must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

**B. USES OR DISCLOSURES OF HEALTH INFORMATION BY HEALTH PLANS FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS**

To facilitate your enrollment in the health plans and the provision and administration of your benefits, OSF health plans (named in Part II. above) may collect your personal information (including demographic and medical information) from other persons, including your employer, government agencies which sponsor health benefit programs in which you are enrolled (such as Medicare), and professionals who provide health care services to you. OSF may use or disclose your individually identifiable health information for treatment, payment and health care operations of the health plans which participate in OSF. These categories are very broad and include many activities and arrangements involved in delivering the health care services which you seek, obtaining payment for those services, and assuring or improving the quality and safety of those services. Examples of treatment, payment and health care operations conducted by OSF health plans include:

- OSF may use the information to help pay your medical bills that have been submitted to OSF by doctors, hospitals, or other health care providers for payment.
- OSF may share your information with your doctors, hospitals or other health care providers to help them provide medical care to you. For example, if you are in the hospital, OSF may give the hospital access to any medical records sent to it by your doctor.
- OSF may use or share your information with others to help manage your health care. For example, OSF might talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- OSF may share your information with a medical care institution or medical professional for the purpose of verifying insurance coverage or benefits, informing you of a medical problem of which you may not be aware, or conducting an operations or services audit.
- OSF may use or share your information for certain types of public health or disaster relief efforts.
- OSF may use or share your information to send you a reminder if you have an appointment with your doctor.
- OSF may use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in. For example, OSF may send you information about smoking cessation or weight loss programs.
- OSF may disclose your health information to the sponsor of your employee benefit plan. The plan sponsor may be your employer or be affiliated with your employer. Health information may also be disclosed to another health plan maintained by that plan sponsor for purposes of facilitating claims payments under that other health plan. OSF will generally make disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected and obligates itself to abide by those provisions. OSF Healthcare System and OSF Saint Francis, Inc. have adopted such plan provisions.
- OSF may share your information with an insurance institution, agent, insurance-support organization or self-insurer, provided the information disclosed is limited to that which is reasonably necessary to conduct certain insurance transactions involving you.
- OSF may use or share your information for the purpose of conducting actuarial studies.

**C. USES OR DISCLOSURES OSF MAY MAKE WITHOUT YOUR CONSENT OR AUTHORIZATION**

In addition to treatment, payment and health care operations, and unless a more stringent restriction applies, the law permits or requires OSF to use or disclose individually identifiable health information without your written consent or authorization for many purposes, including to:

- comply with public health reporting and notification requirements, including reporting of adverse product events to the Food and Drug Administration.
- report information to state and federal agencies that regulate OSF, such as the U.S. Department of Health and Human Services, state departments of public health, and the Illinois Department of Insurance.
- report suspected abuse, neglect or domestic violence, as required by law.
- submit information to health oversight agencies for oversight activities, such as audits, inspections, licensure and disciplinary actions.
- conduct or respond to judicial and administrative proceedings.
- respond to a final order or subpoena of a court or administrative tribunal.
- assist law enforcement personnel, as required by law, or to fulfill a law enforcement request for certain limited information for the purpose of identifying or locating a suspect, witness, victim or missing person in an investigation, to report a potential crime, or for other law enforcement purposes.
- assist a medical examiner, coroner or funeral director.
- assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation.
- further research, provided that OSF complies with federal requirements.
- avert a serious and imminent threat to public health safety.
- assist with specialized government functions, including activities related to the military, veterans, national security and intelligence activities, and the protective services for the President and others.
- comply with workers' compensation or similar laws.
- as otherwise required by law.

In addition, OSF may use and/or disclose your individually identifiable health information as follows:

- *Business Associates:* There are some services provided by OSF through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of OSF or who otherwise provide services and have access to or use your protected health information. Examples include health care clearinghouses, accreditation agencies such as The Joint Commission and the National Committee for Quality Assurance, information system and medical equipment support vendors, attorneys, auditors, actuaries, third party claim administrators, pharmacy benefit managers, and specialized provider network administrators for mental health and substance abuse services. When these services are contracted, OSF may disclose your health information to its business associate to enable it to perform the job OSF has asked it to do. OSF requires the business associate to enter into an agreement with OSF in which the business associate agrees to appropriately safeguard your information.
- *Directory:* Unless you object, OSF will use your name, location in a facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you are unable to object, OSF may use and disclose this information consistent with your prior expressed preference, if known, and the health professional's judgment.
- *Notification:* Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care of your location, and general condition. If you are unable to object, OSF may exercise its professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- *Communication with family:* Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, OSF may exercise its professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- *Disaster Relief:* OSF may use or disclose information for disaster relief purposes.



- *Deceased Individuals:* Unless a prior objection is known by OSF, health professionals, using their best judgment, may use or disclose health information about a deceased individual to a family member, other relative, close personal friend or any other person who was involved in the care or payment related to the care of the individual prior to the individual's death. OSF may disclose only information that is directly relevant to the person's involvement. OSF may disclose a deceased individual's health information to an authorized relative as required by Illinois law.
- *Health Information Exchange:* OSF participates in Health Information Exchange (HIE) networks and similar exchanges of electronic health information that permit the sharing, without the consent of the patient, of electronic health records with other participating healthcare providers for the purpose of treatment. OSF may disclose individually identifiable health information to treating providers, or OSF may request individually identifiable health information from other providers when OSF is providing treatment. For example, participating providers may access a patient's health information from other providers quickly in order to provide needed care. Information available through electronic health information exchanges is limited to electronic health records and does not include older health records. Health records will be available to the HIE or through similar electronic health information exchange unless an individual elects to opt-out. An individual who wishes to opt-out of participation in the HIE and similar electronic health information exchange should contact the Health Information Management department or the facility Privacy Officer to request a restriction. An individual's decision to opt-out of HIE participation or similar electronic health information sharing will not adversely affect his or her ability to receive care. However, it may affect the information available to the provider. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE and similar electronic health information exchange participation, an individual may later decide to opt-in.
- *Accountable Care Organizations:* OSF participates in Accountable Care Organizations with Medicare and commercial payers in which your protected health information may be used or disclosed to develop and implement activities related to coordinating care and improving the quality and efficiency of care for all patients.
- *Incidental Uses and Disclosures:* OSF is permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.
- *Limited Data Sets:* OSF may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected

health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

- *Fundraising:* OSF may use or share your information to contact you for fundraising purposes; however you have the right to elect not to receive fundraising solicitations which use your PHI as the source for your mailing address or other contact information. OSF may not condition treatment or payment based upon your election to not receive fundraising solicitations.
- *Patient Assistance Programs:* OSF may disclose your information to manufacturers of drugs, medical supplies or devices for the purpose of enrolling you, if eligible, into a patient assistance program designed to obtain replacement products, discounts, rebates or other forms of remuneration for your benefit.
- *Student Immunizations:* OSF may report to a school proof of immunizations required by State law for school entry about a student or prospective student when oral agreement is obtained from the parent, guardian or other person acting *in loco parentis* if the student is an unemancipated minor, or from the adult or emancipated minor student.

**D. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

- *Psychotherapy Notes:* Your written authorization is required for use or disclosure of psychotherapy notes except for use by the originator of the notes for treatment purposes, for training purposes, for compliance reviews, when required by law, for health care oversight, to a coroner or medical examiner or to avert a serious threat to health or safety.
- *Marketing:* OSF will need your written authorization to use and disclose your protected health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. If OSF receives payment from a third party for making the marketing communication, the authorization must state that payment is involved. “Marketing” includes a communication about a product or service that encourages you to purchase or use the product or service. Marketing does not include OSF describing a health-related product or service (or payment for such product or service) that OSF provides or includes in a plan of benefits. For example, OSF may communicate to you (without your authorization) about specialized health care services which it provides, wellness or health screening services which OSF offers, OSF’s provider network, replacement of, or

enhancements to, OSF health plan benefits and health-related products or services available only to OSF health plan participants that add value to, but are not part of its plan of benefits. Marketing also does not include OSF's communication for your treatment or for case management or care coordination purposes, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

- *Sale of Protected Health Information:* OSF will need your written authorization to disclose your protected health information in exchange for direct or indirect payment from the recipient. The authorization must state that OSF will receive payment for the disclosure of the information.

#### **E. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION**

In certain cases, state laws or other federal laws provide more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, state law requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, OSF must follow the state laws or other federal laws even though certain federal health information privacy laws may not require permission. State laws and other federal laws provide more stringent protection in the following areas:

##### **1. Illinois Health Care Laws**

- *If you are a patient with high blood pressure,* your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
- *If you are a patient of an advanced practice nurse,* neither OSF nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in instances in which (i) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (ii) the nurse has surrendered his or her license while under disciplinary investigation by the Advanced Practice Nursing Board, or (iii) OSF has terminated or restricted the nurse's organized professional staff clinical privileges for disciplinary violations related to your treatment. However, please note that the nurse or OSF may reveal your name or other means of identifying you as a patient without your written permission and may release such information as otherwise described in this Privacy Notice.
- *If you are a patient of a podiatrist,* OSF may not reveal your medical records to the Podiatric Medical Licensing Board without your written permission in instances in which your treatment is a

subject of a report concerning a podiatrist who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment and who is under supervision or is in a program of rehabilitation. However, please note that OSF may include your name, address and telephone number in its periodic reports to the Podiatric Medical Licensing Board concerning the impaired podiatrist if the Podiatric Medical Licensing Board requires OSF to do so and may release such information as this Privacy Notice may otherwise describe.

- *If you are a patient of a physician*, OSF may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment. However, please note that OSF may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. OSF may also provide copies of your hospital or medical records in cases alleging your death or permanent bodily injury, provided that the law requires OSF to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.
- *If you are a patient of a physician*, the physician may not disclose in any legal proceeding subject to the Code of Civil Procedure any information that he or she may have acquired while attending to you in a professional capacity that was necessary to enable him or her to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the physician may disclose such information for certain proceedings.
- *If you are a patient of a physician or other health care provider*, either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you for this reason.
- *If you are or have been a recipient of an HIV test*, OSF may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except that OSF may disclose your test results to you or your legally authorized representative or to certain

person(s) for certain reasons (but not all of the reasons) listed under Section III. C. of this Notice. Please note that a recipient of your test results may not redisclose this information except as this Privacy Notice may describe.

- *If you are or have been a recipient of genetic testing*, OSF may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except that OSF may disclose the results of your genetic test to (i) you or your legally authorized representative; (ii) certain person(s) for certain reasons (but not all of the reasons) listed under Section III. C. of this Notice; and (iii) your parent or legal guardian if you are a minor under 18 years of age if, in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed. Further, a recipient of your test results may not re-disclose this information except as the Genetic Information Privacy Act may otherwise allow. The law defines “genetic testing” as “a test of a person’s genes, gene product, or chromosomes for abnormalities or deficiencies, including carrier status, that (i) are linked to physical or mental disorders or impairments, (ii) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (iii) demonstrate genetic or chromosomal damage due to environmental factors.” “Genetic testing” does *not* include routine physical measurements; chemical, blood and urine analyses that the medical community widely accepts as standard use in clinical practice; tests for use of drugs; and tests for the presence of the human immunodeficiency virus. This paragraph does not apply to results of genetic testing that indicate that you are, at the time of the test, afflicted with a disease, whether or not currently symptomatic.
- *If you are a minor under 18 years of age who is the recipient of genetic testing*, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or the health care provider has reason to believe that you have not made the notification as you had previously agreed.

- *If you are a client of a rape crisis counselor*, the rape crisis counselor may not disclose any confidential communications or testify as a witness as to any confidential communications without the written permission of either you or your authorized representative. However, please note that a rape crisis counselor may disclose confidential communications without your written permission if his or her failure to do so would likely result in a clear, imminent risk of serious physical injury or the death of you or another person.
- *If you are a client of a victim aid organization*, no counselor, employee, volunteer or personnel may disclose any statement or the contents of any statement that you make relating to the crime or its circumstances during the course of therapy or consultation without your written permission, unless a court order requires disclosure of that information for a judicial proceeding.
- *If you are the victim of sexual assault*, OSF may not release your evidence collection kit to the Illinois State Police without your written permission, or if you are a minor under the age of 13, without the written permission of your parent, guardian, appropriate representative of the Department of Children and Family Services, or an investigating law officer.
- *If you are a victim of a sexual assault and OSF takes photographs of your injuries*, OSF Healthcare System may not release the photographs without your written permission, or if you are a minor, without the written permission of your parent or guardian. If you are a minor and your parent or guardian refuses to grant permission, then OSF must give all existing photographs and negatives to your parent or guardian.
- *If you are a resident of a community living facility, a nursing home facility, a skilled nursing or intermediate care facility, an intermediate care facility for the developmentally disabled, a sheltered care facility, or a veteran's home*, OSF may not allow any person who is not directly involved in your care to be present during a discussion of your case or health status, a consultation on your condition, or your examination or treatment, without your permission, which may be oral or written. Please note that we interpret "any person who is not directly involved in your care" to mean those individuals other than facility personnel (or contractors) directly responsible for rendering care to you at the facility. Thus, these individuals would include your family members and significant others who are "not directly involved in your care." These individuals would also include facility personnel not directly involved in the rendering of care, such as the housekeeping staff in most circumstances.

- *If you are a patient of a home health agency, OSF may not allow the Department of Public Health to observe the home health agency's care of you in your home without your oral or written permission.*
- *If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed that your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed.*
- *If you are a minor who has sought counseling regarding your own drug or alcohol abuse, or that of a family member, from a physician who provides diagnosis or treatment or any licensed clinical psychologist or professional social worker with a master's degree or any qualified employee of (i) an organization that is a licensee or a recipient of funding by the Department of Human Services, or (ii) agencies or organizations operating drug abuse programs that are licensees or recipients of funding by the Federal Government or the State of Illinois or any qualified person who is an employee or works in association with any public or private alcoholism or drug abuse program licensed by the State of Illinois, and you have come into contact with a sexually-transmitted disease, these professionals may not inform your parent, parents, guardian, or other responsible adult of your condition or treatment without your written permission. However, please note that these professionals may disclose such information to your parent, parents, guardian, or other responsible adult without your written permission if such action is, in the person's judgment, necessary to protect your safety or that of a family member or other individual.*
- *If you are a client of a hearing instrument dispenser, OSF may not allow the Department of Public Health to inspect your client records without the written permission of you or your guardian.*
- *If you are a client of a clinical psychologist, the psychologist may not disclose any information he or she may have acquired while attending to you in a professional capacity if the psychologist did not ensure that you understood the possible uses or distributions of the information and without your permission, or in the case of your*

death or disability, without the permission of your personal representative, except that the clinical psychologist may disclose such information for certain proceedings.

- *If you are a recipient of mental health or developmental disability services*, OSF may not disclose your mental health or developmental disability information without your written permission except to certain person(s) for certain reasons (but not all of the reasons) listed under Section III. C. of this Notice. (This provision does not apply to personal/psychotherapy notes.) With respect to certain of the exceptions listed in Section III. C., Illinois law permits mental health or developmental disability information to be disclosed for purposes of treatment and care coordination to an integrated health system or members of an interdisciplinary team.
- *If you are a minor at least 12 years of age but under 18 years of age who receives mental health or developmental disability services*, your parent or guardian may inspect and copy your records if you are informed and do not object or if the therapist does not find that there are compelling reasons to deny access. Should your parent or guardian be denied access by either you or the therapist, your parent or guardian may petition a court for access.
- *If you are a client of a clinical social worker*, the social worker may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting, conferring or consulting with administrative supervisors, colleagues or consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; (iv) when you waive the privileged nature of communication by bringing public charges against the social worker; or (v) when the social worker acquires the information during an elder abuse investigation.
- *If you are a client of a clinical licensed professional counselor, licensed clinical professional counselor, marriage and family therapist or associate marriage and family therapist*, the counselor may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting, conferring or consulting with administrative supervisors, colleagues or



consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; or (iv) when you waive the privileged nature of communication by bringing public charges against the counselor or therapist.

## 2. **Michigan Health Care Laws**

- *If you have been treated for substance abuse, OSF may not disclose your substance abuse records without your written consent except to medical personnel to the extent necessary to meet a good faith medical emergency, to qualified personnel or in de-identified form for conducting scientific statistical research, financial audits, or program evaluation, or pursuant to court order.*
- *If you are a patient in a health care facility or receiving services from a health agency, a third party shall not be given a copy of your medical record without your prior authorization, and you may refuse the release of your information to any person outside the health facility or agency except as required because of a transfer to another health care facility or as required by law or third party contract. However, these are guidelines only, and an individual shall not be civilly or criminally liable for failure to comply.*
- *If you are a recipient of mental health services, your written consent (or the written consent of a guardian, parent of a minor patient, or court-appointed personal representative or executor of the estate of a deceased patient) is required for the disclosure of your mental health records, except in connection with certain legal proceedings, in order to comply with another provision of law, for the purpose of applying for and receiving benefits, as necessary (with limitations) for the purpose of outside research, evaluation, accreditation, or statistical compilation, or to a provider of mental health services or a public agency if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.*
- *If you are a minor 14 years of age or older and receive certain mental health services on an outpatient basis, your parent, guardian or person replacing a parent may not be informed of the services without your consent unless the treating mental health professional determines that there is a compelling need for disclosure based on a substantial probability of harm to you or another individual.*

- *If you are a participant in a medical research project, your information shall not be disclosed without your consent except as necessary to further the medical research project.*
- *If you have received testing, care, or treatment relating to HIV infection or AIDS, all reports, records, and data pertaining to testing, care, treatment, reporting, and research, and information pertaining to partner notification, are confidential and may be released only with your written authorization (or the written authorization of the parent or legal guardian of a minor), except as permitted by MCL 333.5131 or other applicable law, including (but not limited to) disclosures to protect the health of an individual, to prevent further transmission of HIV, or to diagnose and care for a patient.*
- *If you have received a test for human immunodeficiency virus (“HIV”) with positive results, you may request that your physician withhold your name, address and telephone number before reporting this information to the Michigan Department of Community Health or a local health department.*
- *If you are a minor receiving prenatal or pregnancy-related health care, the health facility or health professional shall request your permission before contacting your parents for any additional medical information that may be necessary or helpful to the provision of proper health care. However, an appropriate health professional may notify the supposed father of the child or your spouse, parent, guardian, or person replacing a parent as to the health care given or needed. This information may be given to or withheld from these persons without your consent and even if you refuse the providing of such information.*
- *If you are a patient of a psychologist, a licensed professional counselor or a limited licensed counselor, the confidential relations and communications between you and your psychologist or counselor are privileged and may not be disclosed without your consent, except when required by Michigan law to report violations, to warn third persons against threats of physical violence or in connection with child abuse investigations.*
- *If you receive services from a certified social worker, social worker, or social work technician, your communications with the social worker are confidential and may not be disclosed without your waiver or consent, except as part of a required supervisory process or to warn third persons against threats of physical violence.*
- *If your health benefit claims are administered by a third party administrator (“TPA”), the TPA shall not disclose records containing personal information which identifies you without your*

prior consent, except as necessary to comply with a court order, and if you have authorized a disclosure to a third person, the third person shall not release that information without obtaining another written consent authorizing the additional release. These restrictions do not apply to information disclosed for claims adjudication, claims verification or other proper plan administration, for an audit required by law, to an insurer for the purchase of excess loss insurance and for claims under such insurance, to the plan, to the plan fiduciary, or to the Commissioner of the State of Michigan.

### **3. Federal Health Care Laws**

**It is important to remember that OSF cannot control redisclosures of PHI by the recipient of the information and the protections afforded to the PHI may no longer apply.**

#### ***Reproductive Health Care***

Your reproductive health care may not be used or disclosed for any of the following purposes: (1) to conduct a criminal, civil, or administrative investigation into any person for the act of seeking, obtaining providing, or facilitating reproductive health care. (2) To impose a criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining or providing or facilitating reproductive health care. (3) To identify any person for any legally prohibited purpose. .

For example, OSF may not disclose your reproductive health care records to a law enforcement officer looking to identify a person who received legal reproductive care.

Any requests for reproductive health care PHI for judicial or administrative proceedings, law enforcement, public health activities, health oversight activities, or coroners and medical examiners will require a valid attestation which verifies that the use or disclosure of the requested PHI is not for a prohibited purpose.

For example, if a law enforcement agency requests reproductive health records as part of an investigation, such as in cases of abuse or neglect, an attestation is required stating the requested information will not be used for a prohibited purpose.

#### **Substance Use Disorder Treatment**

*If you are or have been a patient in a program or activity relating to alcohol or other drug abuse or dependency education, early*

*intervention, intervention, training, treatment or rehabilitation which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States or of the State of Illinois, records of your identity, diagnosis, prognosis or treatment are confidential and may be disclosed only in accordance with the provisions of federal law.*

Generally, an alcohol or drug abuse treatment program may not say to a person outside the program that a patient attends the program or disclose information identifying a patient as an alcohol or drug abuser. The following, however, are exempt from these confidentiality protections:

- Veteran's Administration records.
- Information obtained by the Armed Forces.
- Information given to qualified service organizations.
- Communications within a program or between a program and an entity having direct administrative control over that program.
- Information given to law enforcement personnel investigating a patient's commission of a crime on the program premises or against program personnel.
- Reports of incidents of suspected child abuse and neglect.
- De-identified information for research purposes

Your SUD counseling notes cannot be disclosed without consent.

Separate consent or a court order and subpoena or similar legal mandate is required for use and disclosure of SUD records in civil, criminal, administrative, or legislative proceedings. For example, if someone gets help for drug or alcohol problems, their SUD records cannot be used against them in court or other legal cases, unless they give permission, or a judge says it's okay.

Additionally, if you receive SUD treatment, you will be provided with an opportunity to opt-out of receiving fundraising communications before you hear from us.

Your alcohol and substance abuse records may be disclosed without your consent to qualified personnel to the extent necessary to meet a bona fide medical emergency, to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, to your guardian (if any) appointed under state law, to a third party payer under certain circumstances for the sole purpose of obtaining payment for services, or with a court order.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

See 42 U.S.C. §290dd-3 and 42 U.S.C. §290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations regarding the confidentiality of alcohol and drug abuse records.

NOTE: References in this Privacy Notice to health care professionals include only those professionals that OSF employs.

#### **F. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION**

OSF may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to OSF.

### **PART IV. YOUR RIGHTS**

Federal and state laws protect your right to keep your individually identifiable health information private.

**Your Right to Receive Confidential Communications.** You may request that you receive communications from OSF regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed in Exhibit A for the health plan or health care provider in question. OSF reserves the right to condition your request on the receipt of information regarding how you desire OSF to handle payment and/or on the availability of an alternative address or method of contact that you may request. If you make a request to an OSF health plan to receive confidential communications by alternative means or at an alternative location, your request must state that disclosure of all or part of that information could endanger you before a reasonable accommodation will be granted.

**Your Right to Request Restrictions.** You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require OSF to agree to the requested restrictions. OSF must comply with your request to restrict a disclosure to a health plan for purposes of carrying out payment or health care operations if the protected health information pertains solely to a health care item or service for which the healthcare provider involved has been paid out of pocket in full.

**Your Right to Inspect and Obtain a Copy.** You generally have the right to inspect and obtain a copy of any individually identifiable health information in your designated record set, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts OSF from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following:

**1. Illinois Health Care Laws**

- *If you are a patient at a facility that performs mammograms, you have the right to access your original mammograms and copies of your patient reports on an unqualified basis.*
- *If you are a patient of a naprapath, acupuncturist or hospital, you have the right to access most of your patient records on an unqualified basis, upon written request.*
- *If you are a patient of a physician, you have the right to access most of your medical data on an unqualified basis upon request.*
- *If you are a resident of a facility that provides intermediate care for the developmentally disabled, you have the unqualified right to inspect and copy all of your clinical and other records concerning your care, to the extent that the facility maintains such records.*
- *If you are a resident of a nursing home, you have the unqualified right to obtain from your physicians, or the physicians attached to the facility, complete and current information concerning your medical diagnosis, treatment and prognosis in terms and language that you can reasonably be expected to understand. You, and your guardian or parent if you are a minor, also have the unqualified right to inspect and copy your clinical records or other records concerning your care that the nursing home or your physician maintains.*
- *If you are a resident of a skilled nursing facility or an intermediate care facility, you have the unqualified right to obtain from your physicians, or the physicians attached to the facility, complete and current information concerning your medical diagnosis, treatment and prognosis in terms and language that you can reasonably be expected to understand. You, and your guardian or representative or parent if you are a minor, also have the unqualified right to inspect and copy your medical records that the facility or your physician maintains.*
- *If you are a recipient of mental health or developmental disabilities services and if you are age 12 or older, you have an unqualified right to inspect and copy your records. The following persons also have this right: (i) your guardian if you are age 18 or older; (ii) an appointed agent under a*

power of attorney for health care which authorizes record access; (iii) your parent or guardian if you are under age 12; (iv) your parent or guardian if you are, at least, age 12 but under age 18 and if certain conditions are satisfied; and (v) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older.

## 2. **Michigan Health Care Laws**

- *If you are a recipient of mental health services*, case record entries made after March 28, 1996 must be disclosed to an adult recipient upon request, if the recipient does not have a guardian and has not been adjudicated legally incompetent. Otherwise, confidential information may be withheld from an adult or minor recipient, the recipient's guardian, parent or personal representative if, in the written judgment of the recordholder, the disclosure would be detrimental to the recipient or others.
- *If you are or have been a patient of a physician or a hospital*, you have a right of access to and a right to receive copies of your medical records during normal business hours and in a manner that does not interfere with the normal routine of the health provider, except that a health provider may deny access by a patient to his or her mental health records to the extent the provider determines in good faith that such disclosure would be detrimental to the patient.
- *If you are a patient in a hospital or health care facility*, you have a right to inspect and copy your personal or medical records within 7 days after the facility's receipt of your written request.

**Your Right to an Electronic Copy of Electronic Medical Records.** You have the right to request an electronic copy of your medical records be given to you or have the records transmitted to another individual or entity, if the records are maintained in an electronic format. We will attempt to provide the electronic copy of your records in the form and format you request, if it is readily producible. If the record is not readily producible in the form or format requested, it will be provided in a readable electronic form and format or in hard copy form. You may be charged a reasonable, cost-based fee for labor and materials used in making the electronic copy.

**Your Right to Amend.** You also have the right to amend your designated record set, unless OSF did not create such information or unless OSF determines that your designated record set is accurate and complete in its existing form. If you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, OSF will consider your request to amend it even if OSF did not create the information. If your request to amend is denied, in whole or in part, you have the right to submit a written statement disagreeing with the denial or to request that a copy of your request for amendment and OSF's denial be included with any future disclosures of the information that is the subject of the requested amendment.

**Your Right to an Accounting.** You have the right to request and receive an accounting of disclosures of your individually identifiable health information that OSF has made in the six (6) year period prior to the request date. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your designated record set, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, you may contact the office listed in Exhibit A for the health plan or health care provider in question.

**Your Right to Get This Notice By E-Mail.** You have the right to get a copy of this Notice by E-Mail. Even if you have agreed to receive this Notice via E-Mail, you also have the right to request a paper copy of this Notice.

**Your Right to Be Notified of a Breach.** You have the right to be notified upon a breach of your unsecured Protected Health Information.

## **PART V. GRIEVANCES OR FURTHER INQUIRIES**

If you believe that OSF has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with OSF and the Department of Health and Human Services. To file a complaint with OSF, please contact the office listed in Exhibit A for the health plan or health care provider in question. OSF will not retaliate against you for filing a complaint. For your convenience, OSF has established a number of offices you may contact, and encourages you to contact one of the offices in Exhibit A for a copy of this Privacy Notice or for further information regarding its contents.

## **PART VI. AMENDMENTS**

OSF reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If OSF amends this Privacy Notice, (i) a copy will be available upon your request on or after its effective date; or (ii) a copy of the revised Notice or information about the material changes and how to obtain a revised copy will be provided by an OSF health plan in which you are enrolled in its next annual mailing to individuals then covered by the plan. The revised Privacy Notice will also be available on OSF's web site, [www.osfhealthcare.org](http://www.osfhealthcare.org).

Created: April 14, 2003  
Revised: February 1, 2005  
Revised: May 15, 2006  
Revised: November 15, 2008  
Revised: May 15, 2010  
Revised: September 23, 2013  
Revised: December 20, 2024



**EXHIBIT A**  
**OSF SINGLE AFFILIATED COVERED ENTITY**  
**CONTACT INFORMATION**

Revised 12/20/2024

<b>COVERED ENTITIES AND SUBPARTS</b>	<b>CONTACT</b>	<b>OFFICE ADDRESS</b>	<b>OFFICE TELEPHONE</b>
<b>OSF HEALTHCARE SYSTEM</b>			
OSF HealthCare Divine Mercy Continuing Care Hospital	Compliance Officer	500 W. Romeo B. Garrett Avenue Peoria, IL 61605	(309) 655-4886
OSF HealthCare Heart of Mary Medical Center	Compliance Officer	1400 W. Park Street Urbana, IL 61801	(309) 665-4818
OSF HealthCare Holy Family Medical Center	Compliance Officer	1000 W. Harlem Avenue Monmouth, IL 61462	(309) 308-6685
OSF HealthCare Little Company of Mary Medical Center	Compliance Officer	2800 W. 95th Street Evergreen Park, IL 60805	(708) 229-5007
OSF HealthCare Sacred Heart Medical Center	Compliance Officer	812 N. Logan Avenue Danville, IL 61832	(309) 665-4818
OSF HealthCare Saint Anthony Medical Center	Compliance Officer	5666 E. State Street Rockford, IL 61108	(815) 878-5842
OSF HealthCare Saint Anthony's Health Center	Compliance Officer	1 Saint Anthony's Way Alton, IL 62002	(309) 308-6685
OSF HealthCare Saint Clare Medical Center	Compliance Officer	530 Park Avenue E Princeton, IL 61356	(309) 308-6685
OSF HealthCare Saint Elizabeth Medical Center/ Ottawa Regional Hospital and Healthcare Center	Compliance Officer	1100 East Norris Drive Ottawa, IL 61350	(815) 878-5842
OSF HealthCare St. Francis Hospital	Compliance Officer	3401 Ludington Street Escanaba, MI 49829	(708) 229-5007
OSF HealthCare Saint Francis Medical Center	Compliance Officer	530 N.E. Glen Oak Avenue Peoria, IL 61637	(309) 655-4886
OSF HealthCare Saint James – John W. Albrecht Medical Center	Compliance Officer	2500 W. Reynolds Street Pontiac, IL 61764	(309) 665-4818

<b>COVERED ENTITIES AND SUBPARTS</b>	<b>OFFICE NAME</b>	<b>OFFICE ADDRESS</b>	<b>OFFICE TELEPHONE</b>
OSF HealthCare St. Joseph Medical Center	Compliance Officer	2200 E. Washington Street Bloomington, IL 61701	(309) 665-4818
OSF HealthCare Saint Katharine Medical Center	Compliance Officer	403 East 1st Street Dixon, IL 61021	(815) 878-5842
OSF HealthCare Saint Luke Medical Center	Compliance Officer	1051 W. South Street Kewanee, IL 61443	(309) 308-6685
OSF HealthCare St. Mary Medical Center	Compliance Officer	3333 N. Seminary Street Galesburg, IL 61401	(309) 308-6685
OSF HealthCare Saint Paul Medical Center/Mendota Community Hospital	Compliance Officer	1401 E. 12th Street Mendota, IL 61342	(815) 878-5842
<b>OSF MULTI-SPECIALTY GROUP</b>			
OSF Multi-Specialty Group Alton Region	Compliance Officer	1 Saint Anthony's Way Alton, IL 62002	(309) 308-6685
OSF Multi-Specialty Group Bloomington Region	Compliance Officer	2200 E. Washington Street Bloomington, IL 61701	(309) 665-4818
OSF Multi-Specialty Group Chicago Region	Compliance Officer	2800 W. 95th Street Evergreen Park, IL 60805	(708) 229-5007
OSF Multi-Specialty Group Danville Region	Compliance Officer	812 N. Logan Avenue Danville, IL 61832	(309) 665-4818
OSF Multi-Specialty Group Dixon Region	Compliance Officer	403 East 1st Street Dixon, IL 61021	(815) 878-5842
OSF Multi-Specialty Group Escanaba Region	Compliance Officer	3409 Ludington Street Escanaba, MI 49829	(708) 229-5007
OSF Multi-Specialty Group Galesburg Region	Compliance Officer	3333 N. Seminary Street Galesburg, IL 61401	(309) 308-6685
OSF Multi-Specialty Group Kewanee Region	Compliance Officer	1051 W. South Street Kewanee, IL 61443	(309) 308-6685
OSF Multi-Specialty Group Mendota Region	Compliance Officer	1401 E. 12th Street Mendota, IL 61342	(815) 878-5842
OSF Multi-Specialty Group Monmouth Region	Compliance Officer	1000 W. Harlem Avenue Monmouth, IL 61462	(309) 308-6685

<b>COVERED ENTITIES AND SUBPARTS</b>	<b>OFFICE NAME</b>	<b>OFFICE ADDRESS</b>	<b>OFFICE TELEPHONE</b>
OSF Multi-Specialty Group Ottawa Region	Compliance Officer	1100 East Norris Drive Ottawa, IL 61350	(815) 878-5842
OSF Multi-Specialty Group Peoria Region	Compliance Officer	124 SW Adams Peoria, IL 61602	(309) 308-5964
OSF Multi-Specialty Group Pontiac Region	Compliance Officer	2500 W. Reynolds Street Pontiac, IL 61764	(309) 665-4818
OSF Multi-Specialty Group Princeton Region	Compliance Officer	530 Park Avenue E Princeton, IL 61356	(309) 308-6685
OSF Multi-Specialty Group Rockford Region	Compliance Officer	5666 E. State Street Rockford, IL 61108	(815) 878-5842
OSF Multi-Specialty Group Streator Region	Compliance Officer	1100 East Norris Drive Ottawa, IL 61350	(815) 878-5842
OSF Multi-Specialty Group Urbana Region	Compliance Officer	1400 W. Park Street Urbana, IL 61801	(309) 665-4818
OSF Multi-Specialty Group Cardiovascular Institute	Compliance Officer <b>Peoria</b> Region Compliance Officer <b>Bloomington</b> Region Compliance Officer <b>Rockford</b> Region	124 SW Adams Street Peoria, IL 61602 2200 E. Washington Street Bloomington, IL 61701 Center for Health 5510 E. State Street Rockford, IL 61108-2381	(309) 308-5964  (309) 665-4818  (815) 878-5842
OSF Multi-Specialty Group Children's Hospital of Illinois	Compliance Officer	124 SW Adams Peoria, IL 61602	(309) 308-5964
OSF Multi-Specialty Group Illinois Neurological Institute	Compliance Officer	124 SW Adams Street Peoria, IL 61602	(309) 308-5964
OSF HealthCare Home Care Services (All Regions)	Compliance Officer	124 SW Adams Street Peoria, IL 61602	(309) 308-5987
OSF HealthCare Home Medical Equipment (All Regions)	Compliance Officer	124 SW Adams Street Peoria, IL 61602	(309) 308-5987
OSF HealthCare Home Infusion Pharmacy (All Regions)	Compliance Officer	124 SW Adams Street Peoria, IL 61602	(309) 308-5987
OSF HealthCare Hospice Services (All Regions)	Compliance Officer	124 SW Adams Street Peoria, IL 61602	(309) 308-5987

<b>COVERED ENTITIES AND SUBPARTS</b>	<b>OFFICE NAME</b>	<b>OFFICE ADDRESS</b>	<b>OFFICE TELEPHONE</b>
<b>POINTCORE, INC.</b>			
Pointcore, Inc.	Vice President and Administrative Officer	9600 N. Franciscan Drive Peoria, IL 61615	(309) 308-0291
OSF Aviation, LLC	Vice President, OSF Aviation, LLC	530 NE Gleen Oak Avenue Peoria, IL 61637	(309) 624-2307
OSF Lifeline Ambulance, LLC	Compliance Officer	318 Roxbury Road Rockford, IL 61107	(815) 878-5842
<b>OSF BENEFIT PLANS</b>			
OSF Healthcare System Group Medical and Dental Plan	Human Resources	124 S.W. Adams Street Peoria, IL 61603-3200	(309) 655-2821
OSF Healthcare System Section 125 Plan	Human Resources	124 S.W. Adams Street Peoria, IL 61602	(309) 655-2821
OSF Healthcare System Miscellaneous Welfare Benefits Plan	Human Resources	124 S.W. Adams Street Peoria, IL 61602	(309) 655-2821

