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## **PRIVACY PRACTICES NOTICE**

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **Summary of Privacy Practices**

We may use and disclose your health information, without your permission, for treatment, payment, and certain health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your name and location in our facility to your family members, friends, and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

We will not otherwise use or disclose your health information without your written authorization.

You have the right to examine and receive a copy of your health information, to receive an accounting on certain disclosures we may make of your health information, and to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your health information.

Please review this entire notice for details about the uses and disclosures we may make of your health information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

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### **Our Responsibilities**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14th, 2003, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new

terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

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### **Uses and Disclosures of Health Information**

**Treatment:** We may use your health information, without your permission, to treat you. We may disclose your health information, without your permission, to a physician or other health care provider for your treatment. These treatment activities include coordination of your care with other providers, with health plans and with others, consultation with other providers, and referral to other providers related to your care.

**Payment:** We may use and disclose your health information, without your permission, to obtain or provide reimbursement for health care we provide to you, including submitting claims to health plans, other insurers or others. These payment activities include justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you, and the like. We may disclose your health information to another health care provider or to a health plan for that provider or plan to obtain payment or engage in other payment activities with respect to your health care.

## Uses and Disclosures of Health Information cont.

We may need your written permission to disclose information taken from your mental health treatment records or HIV test results for payment purposes.

**Health Care Operations:** We may use and disclose your health information for certain or our health care operations. Health Care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluation health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and
- business planning, development, management, and general administration, including customer service, de-identifying health information, and creating limited data sets for health care operations, public health activities, and research.

With your written permission, we may disclose your health information to a health plan or another health care provider who is subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the health information is for that provider's or plan's health care quality assessment and improvement activities, competence, and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your health information for any purpose other than those described in this notice.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** With your written permission, we may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. We will disclose only the health information that is relevant to the person's involvement.

**Health-Related Products and Services:** We may use your health information to contact you to provide appointment reminders, and to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you. These communications may describe health-related products or services that we provide, payment for such products or services, and the health care providers in a provider or health plan network.

**Public Health and Benefit Activities:** We may use and disclose your health information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions.

- for public health, including report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- for research;
- in response to court and certain administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations by a hospital;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and as authorized by state worker's compensation laws.

You may be able to opt out of use or disclosure of your health information for (a) research purposes or (b) pursuant to a written request from a government agency, unless the disclosure is required by law.

## Your Health Information Rights

**Access:** You have the right to examine and to receive a copy of your health information, with limited exceptions. You must make a written request to obtain access to your health information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable cost-based fees for a copy of your health information, or for mailing the copy to you. Contact us using the information at the end of this notice for information about our fees.

Specific to IL law, if you are under 18 and you request health information relating to mental health and disabilities, we must provide you assistance in interpreting the record at no charge.

**Disclosure Accounting:** You have the right to a list of instances after April 13, 2003 in which we disclose your health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

**Amendment:** You have the right to request that we amend your health information and mental health treatment records. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your health information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

**Confidential Communication:** You have the right to request that we communicate with you about your health information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and explains how payment for our services will be handled under the alternative means or alternative location you request for confidential communication of your health information. We will not ask you to explain the reason for your request.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

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### For more information or to report a problem

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your health information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 233 N Michigan Ave., Suite 240, Chicago, IL 60601. You may contact the Office of Civil Rights' Hot line at 1-800-368-1019

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Director of Health Information Management  
608-364-5128