



Notice of Privacy Practices

This privacy notice describes how medical information about you may be used and disclosed as Protected Health Information (PHI) in order to provide treatment, care, payment for services, organizational operations and other matters applicable by law. This notice also informs you of the procedures for you to access and obtain your Protected Health Information (PHI).

We must comply with all applicable laws to protect confidentiality. Violation of laws is a crime. You may report a violation to the appropriate authorities.

Please review the information contained in this privacy notice carefully. You may request a copy of this notice at any time.

How Protected Health Information May Be Used And Disclosed – The following list includes but is not limited to examples of uses and disclosures of PHI that may occur verbally, in writing or electronically.

Payment: With your consent, PHI will be used to arrange payment for service activities, such as contacting your health insurance company to determine your eligibility and coverage, processing claims and reviewing services provided.

Treatment: Your PHI may be used and disclosed by your counselor, physician, other program staff and others outside our organization with your written consent. For example, this information may be disclosed to a State agency that referred you to services or consultation with other healthcare providers.

Healthcare Operations: Information about you may be used and disclosed to support the business activities of our organization, including but not limited to, establishing appointments, quality assurance reviews, accreditation, licensing and certification and training activities. We may need to share your PHI with third parties that perform various business activities provided that we have a written contract with the business that prohibits them from re-disclosing your PHI and requires them to safeguard your PHI.

Organized Health Care Arrangement (OHCA): Covered Entity participates with other behavioral health services agencies (each, a “Participating Covered Entity”, or PCE) in the IPA Network established by Illinois Health Practice Alliance, LLC (“Company”). Through Company, the PCE’s have formed one or more organized systems of health care in which the PCE’s participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other PCE’s, and as such qualify to participate in an OHCA as defined by the Privacy Rule. As OHCA participants, all PCE’s may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

Some uses and disclosures of your PHI will be made only with your written consent. You may also revoke this authorization at any time.

Uses And Disclosures of PHI That Do Not Require Your Written Consent – The following list includes but is not limited to examples of disclosures and uses of PHI without your consent to the extent that such disclosures and uses are required by law and in compliance with law.

Medical Emergencies: PHI may be used and disclosed in a medical emergency situation.

Criminal Activity or Danger to Others: PHI may be disclosed to law enforcement officials if you have committed a crime on our property or against our staff. We may also inform law enforcement if we believe that you may present an imminent risk of harm to another individual.

Child Abuse and Neglect: PHI may be disclosed to a State agency that is authorized by law to receive and investigate reports of abuse or neglect against a child or children.

Coroners or Others Designated by Law Investigating Your Death: With regard to laws requiring the collection of information into the cause of death or other vital statistics, PHI may be disclosed to investigators for the purpose of determining the cause of death.

Health Oversight: As authorized by law, PHI may be disclosed to a health oversight organization, such as audits, investigations and inspections. These organizations include government agencies and organizations that provide financial assistance and peer review organizations that perform quality control. We are required to share information, as directed, with the U.S. Department of Health and Human Services and Illinois State agencies funding our services.

Research: In order to contribute to research that may have some benefits to people that we serve, we may ask you to participate in a research project that is conducted by an established educational institution. All research activities must be approved and monitored by our Internal Review Board and must comply with our policies and procedures regarding research protections of people we serve.

Court Order: Your PHI may be disclosed to a court in accordance with an appropriate court order, subpoena or judicial procedure.

Worker’s Compensation: If you are an employee and a service recipient, we may disclose PHI as authorized by and to the extent necessary to comply with laws associated with worker’s compensation.

Public Safety: State law requires us to provide information concerning mental health service recipients who pose an imminent threat to themselves or others to the Illinois Department of Human Services for the purpose of determining whether the individual possesses a Firearm Owner's Identification (FOID) Card. Any individual that has a FOID Card, or has applied for a FOID Card, may have their FOID Card revoked if that individual is a threat to themselves or others.

Public Health: We may use or disclose your PHI to a public health authority in order to prevent or control injury, disease or disability.

Deceased Service Recipients: Disclosure of PHI of deceased service recipients may occur as required by law and limited PHI to family members or caregivers for payment of care prior to death. Service recipients that have been deceased for more than 50 years no longer have PHI and PHI may be disclosed without authorization.

Required by Law: We may use or disclose PHI to the extent that we are required by law to use or disclose such information. You will be notified, as required by law, of any such uses or disclosures of your PHI.

Your Rights With Regard to Protected Health Information

The following information is a description of your rights with respect to PHI.

You Have the Right to Inspect and Copy PHI: You are permitted to inspect and copy PHI that is included in a record. A record may contain medical and billing information, and other information used by program staff for making decisions about you. You must submit your request in writing and a designated employee must be present with you while you are reviewing the requested information. You will be charged for copies of information requested from your records. In certain circumstances, we may deny your request to access your records. You may request that the decision to deny your access to records be reviewed.

You May Restrict the Use or Disclosure of PHI: You may ask that any part of your PHI may not be used or disclosed to family members or others who may be involved with your care. You must submit your request in writing and you must specifically indicate the information to be restricted and from whom the information is restricted. Please contact our privacy officer for more information. The right to restrict information does not apply to those that we are required by law to disclose.

You May Request to Change or Amend Your PHI: You may ask, in writing, that we change or amend a designated record. In some circumstances, we may deny your request to change or amend your record, and you have the right to submit in writing your disagreement with our decision. We may prepare a response to your disagreement and will provide you with a copy of it. If you have questions about changing or amending your record, please contact our privacy officer.

You May Receive An Accounting of Some Types of PHI: For a period of six years, you may request an accounting of disclosures of PHI except for disclosures made to you, made for treatment purposes, made as a result of your authorization, and certain other disclosures. Please contact our privacy officer if you have questions about accounting for PHI disclosures.

Notice of a Breach of Unsecured PHI: You have the right to receive notification in the event of a breach of unsecured PHI that relates to you. A breach generally involves acquisition, use or disclosure of PHI in a manner that is not allowed under the Health Insurance Portability and Accountability Act (HIPAA) that compromises the privacy and security of PHI.

Uses and Disclosures of PHI with Your Written Authorization: If you provide written authorization, other uses and disclosures may be made. Some examples include assessments, treatment plans, clinical notes, discharge information or in certain instances PHI released to covered entities. You may revoke an authorization at any time unless our staff has made use or disclosed PHI based upon your authorization.

You Have the Right to Request Confidential Communications of PHI From Us by Alternative Means or at an Alternative Location: You must make your request in writing that we send information to another address or by alternative means. We will accommodate such reasonable requests. We may condition this accommodation that by requesting that you submit information on how payment will be handled or specification of an alternative address or other method of contact. We have the right to verify that the payment information that you are providing is correct.

Complaints – If you believe that your privacy rights have been violated, you may file a written complaint to our privacy officer, Attn: Director of Quality Assurance, 10257 State Route 3, Red Bud, IL 62278, Phone 618-282-6233. You may also file a complaint with the U.S. Secretary of Health and Human Services, 200 Independence Ave. S.W. Washington D.C. 20201, Phone: 202-619-0257. We will not retaliate against you for filing a complaint.

We reserve the right to change the terms of our Privacy Notice at any time.

The effective date of this notice is July 24, 2020.