

## Notice of Privacy Practices and Client Rights

*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.*

We respect client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this agency. We are obligated under law to protect the privacy of your information, and we are required to honor the terms of this notice.

**Privacy Contact:** If you have questions about this policy or your rights, contact: *Coordinator of Medical Records, 1801 Fox Drive, Champaign, IL 61820. Phone: 217-398-8080.*

### Use and Disclosure of Protected Health Information

In order to effectively provide you care, there are times when we may need to share your confidential information with others both within and outside our agency. This includes releasing information for the purposes of:

*Treatment:* We may use your protected health information that we create or receive about you to provide you with care and services. We may disclose information about you to our staff who provide your care. We may share information about you with different programs within our facility in order to facilitate care. We may disclose your confidential information without your consent to the Illinois Department of Human Services for the purpose of admission, treatment, planning and discharge to and from State operated facilities. In order to release your information to any other person or agency for the purpose of admission, treatment, planning and discharge we must obtain your written permission.

*Payment:* Information will be sent to the appropriate companies or organizations in order to obtain payment for treatment and services provided. Such information will only be sent with your written consent.

*Healthcare Operations:* We may use information about you, without your written consent, in order to coordinate our business activities. This may include setting up your appointments, reviewing your care, verifying your payment information, and training staff.

### Information Disclosed Without Your Consent

Under Illinois and Federal law, information about you may be disclosed without your consent in the following circumstances:

*Emergencies:* Sufficient information may be shared to address the immediate emergency you are facing.

*Follow Up Appointments / Care:* We may contact you to remind you of future appointments or to provide information about treatment alternatives or other health related benefits and services that may be of interest to you. We may leave appointment information on your answering machine unless you tell us not to.

*As Required By Law:* This would include situations where we have a subpoena, court order, or are mandated by law to provide public health information such as concerning communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

*Coroners:* We are required to disclose information about the circumstances of a client's death to a coroner who is investigating.

*Governmental Requirements:* We may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. We are also required to share information, if requested, with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and with Illinois state agencies that fund our services.

*Criminal Activity or Danger to Others:* If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger to someone might exist.

*Except for these instances when we can release information without your consent, we will not release confidential information about you without your written permission.*

### **Client Rights Regarding Confidential Information**

*Copy of Record:* You are entitled to inspect the client record our agency has created about you. We may charge you a reasonable fee if we copy and mail your record to you. To arrange to see or receive your record, contact the Privacy Contact shown above.

*Objection to Record:* You have a right to have us place in your record a written objection to any part of your record. We are required to include your objection with any information we release from your record if the information released contains the material to which you object.

*Restriction on Record:* You may ask us not to use or disclose part of your clinical information that we would ordinarily use for treatment, payment, or healthcare operations. Your request must be in writing. Our agency is not required to honor your request if we believe it is in your best interest to permit use and disclosure of the information for our internal operations and for payment. You could also request such a restriction on information sent to persons or institutions outside our agency. However since no information in that case would be sent without your written permission, you always have control over what is sent. The request for a restriction should be given to the Privacy Contact listed above.

*Contacting You:* You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable.

*Amending Record:* If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the Privacy Contact listed above. In certain cases, we may deny your request. If we deny your request, you have a right to file a statement that you disagree with us. We will then file your statement and our response in your record.

*Accounting for Disclosures:* You may request a list of any disclosures we have made of your confidential information, except for information we used for treatment, payment or health care operations or that we shared with you or your family or information that you gave us specific authorization to release. To receive information regarding disclosures made during a specific time period, no longer than six years and only after April 14, 2003, submit your request in writing to the Privacy Contact listed above. We will notify you of any cost of preparing the list.

*Questions and Complaints:* If you have any questions or want a copy of this policy or if you have any complaints, you may contact the Privacy Contact listed above. You may also file complaints with the Secretary of the U.S. Department of Health and Human Services if you believe our agency has violated your privacy rights. We will never retaliate against you in any way for filing a complaint.

*Changes in Policy:* Our agency reserves the right to change this privacy policy at any time based on the needs of our agency and changes in federal and state law. If we change this policy and you are still an active client with the agency, you will be provided a copy of the new policy at the time of your next service.

**YOU ARE ENTITLED TO A COPY OF THIS PRIVACY NOTICE.**

Effective: April 14, 2003. Modified: January 25, 2005