

**Human Service Center  
Of Southern Metro-East**

**PRIVACY NOTICE**

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).

Please review the information contained in this privacy notice carefully.

**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.

**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 performs 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.

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

**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 and 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.

Required by Law: We may use our 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 designated record set. A designated record set may contain medical and billing records, and other records 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 set. In some circumstances, we may deny your request to change or amend your designated record set, 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 designated record set, 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.

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, the Director of Day Services, 10257 State Route 3, Red Bud, Illinois 62278. You may also file a complaint with the U.S. Secretary of Health and Human Services. 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 April 23, 2008.**