

PRAIRIE CENTER HEALTH SYSTEMS, INC.
HIPAA PRIVACY NOTICE
Notice of Privacy Practices
9-17-03

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ CAREFULLY.

The confidentiality of alcohol and drug abuse patients records maintained by this agency is protected by federal law and regulations. Generally, staff may not say to a person outside of the agency that a patient attends or receives treatment, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. You consent to such a release in writing, or
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical emergency or to qualified personnel for research, audit or program evaluation.

If you have any questions about this Notice please contact:
Privacy Officer
328-4500

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and other purposes that are permitted or required by Law. Also described herein are your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health and related health services.

We are required by law to abide by the terms of this notice. We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You will be requested to verify, by signature, that you have read this notice. You may request a copy of this notice at any time.

1. Uses and Disclosures of Protected Health Information

Uses and disclosures based upon your written consent: You will be asked to sign a consent, which conforms to the federal confidentiality law. This consent form will allow us to use your protected health information for treatment, payment, or health care operations. Your health care information may also be used for payment of your health care bills and services to you. The following are some examples of how we may use and disclose your health care information.

Treatment: We will use and disclose your protected health information with a valid release signed by you to provide, coordinate, or manage your health care and any related service. This includes the coordination or management of your health care with a third party that has already obtained your permission and a valid release signed by you to have access to your health protected information.

Payments: With a valid release of information your protected health information may be used, as needed, to obtain payments for services. This includes activities that your health insurance plan may undertake prior to approval or payment of services recommended to you. If no release is given you will be responsible for full payment.

Healthcare Operations: We may use or disclose your protected health information in order to support our business activities as a rehabilitation facility. These activities may include, but are not limited to, quality assurance, employee review, training of counseling/social work students, licensing, marketing, and conducting or arranging for other business activities.

We may use or disclose your protected health information to provide you with alternative treatments, other benefits or services, for treatment reminders. If you do not want to receive these materials, please contact our Privacy Officer.

Uses and disclosures based upon your written authorization: All disclosures outside of this agency will be with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent we have taken action on the use or disclosure indicated on the authorization.

Others involved in your health care: With a valid release of information we can release your protected health information to family, friend, or others person's involved in your health care. Finally we may use or disclose to an unauthorized public or private entity in the case of an emergency which is considered to be life threatening or may cause physical harm to you, and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other permitted or required uses and disclosures that may be made without your consent, authorization, or opportunity to object.

Required by Law: the use and disclosure will be made in compliance with the law and limited to the relevant requirement of the law. You will be notified, as required, of any such uses or disclosures.

Public Health: with a valid release of information the use and disclosure will be made to a public health authority that is permitted by law to collect the information for the purpose of disease control, injury, or disability.

Communicable Disease: with a valid release of information the use and disclosure will be made to a person who may have been exposed or may otherwise be at risk of contracting or spreading a disease or condition.

Abuse or Neglect: with a valid release of information we may disclose if we believe that you have been a victim of abuse, neglect or domestic violence to a governmental agency authorized to oversee the health system, government benefits programs, or other government regulatory programs and civil rights laws.

Food and Drug Administration: we may disclose to report adverse events, product defects or problems, or to make repairs or replacements, as required.

Legal Proceedings: we may disclose in the course of any judicial or administrative proceeding, in response to an order of the court of administrative tribunal (to the extent that such disclosure is expressed and authorized), in certain conditions in response to a subpoena, discovery requests, or other lawful purpose.

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

Child Abuse: Federal law and regulations do not protect any information about suspected child abuse or neglect or elder abuse. Such information must be reported to the appropriate state agency by center staff.

Research: we may disclose to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Required Uses and Disclosures: Under the law, we are required to maintain the privacy of personal health information, to provide patients with this notice, and to make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Your Rights: The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to copy and inspect your protected health information. This means you may inspect or obtain a copy of protected health information about you that is contained in a "designated record set" containing medical and billing records and any other records that we use for making decisions about you. The regular fee for photocopying is \$15.00 for the record or .10 per page.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access. Depending on the circumstances, a decision to deny access may be reviewable, please contact our privacy Officer if you have any questions about access to your medical record.

You have the right to request a restriction of your protected health information. You have the right to set the limits to any written authorization to limit the disclosure of any protected health information for the purpose of treatment, payment, or healthcare operations. Each release of information will specify the limits of the disclosure.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may ask for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to other basis of your request. Please make this request in writing to our Privacy Officer.

You have the right to have your protected health information amended. This means you may request an amendment of protecting health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request. If we deny your request you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosure for the purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you or any entities we have been given a valid release of information consent from you. You have the right to receive specific information regarding these

disclosures that occurred after April 14, 03. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice. You may, upon request, receive a paper copy of this notice, even if you have agreed to accept this notice electronically.

Complaints about privacy rights: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Client Rights

- 1 Access to services will not be denied on the basis of race, religion, ethnicity, disability, sexual orientation, or HIV status.**
- 2 Services will be provided in the least restrictive environment available.**
- 3 Persons with disabilities have the right to access services in accordance with the Americans with Disabilities Act of 1990.**
- 4 Under Illinois Law you have the right to receive services in a smoke-free environment.**
- 5 The right to refuse treatment, or any specific treatment procedure, and the right to be informed of consequences of such refusal.**
- 6 The identity of any person requesting HIV antibody test, and results of such testing, is protected by the AIDS Confidentiality Act. All information shall be maintained and released according to the requirements of the AIDS Confidentiality Act.**

Complaints or Concerns

Complaints of concerns about treatment received, staff, conditions, administration of programs shall be directed to:

- 1) The counselor primarily responsible for your care.
- 2) The clinical supervisor of the facility you are receiving care.
- 3) The facility director where you are receiving care.
- 4) The Prairie Center Chief Executive Officer at:
718 Killarney Street
Urbana, IL 61801
(217) 328-4500
- 5) The Illinois Department of Human Services, Office of Alcoholism and Substance Abuse at
222 College Street
Springfield, IL 62704

Your treatment at Prairie Center and the recommendations for such treatment will be governed by guidelines established by the American Society of Addiction Medicine and protocols established by our medical director. The staff will explain their treatment recommendations and ask for your help in developing your treatment plan.