

# **NOTICE OF PRIVACY PRACTICES**

**Effective: April 14, 2003**

## **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.**

This notice will tell you how we may use and disclose (give to others) health information about you. All such uses and disclosures are governed by the Confidentiality Act of Alcohol and Drug Abuse Patient Records regulations (42 CFR 2(1987), of the Alcohol, Drug Abuse and Mental Health Administration, of the Public Health Service, of the United States Department of Health and Human Services and Mental Health, of the Developmental Disabilities Confidentiality Act (740 ILCS 110) and the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. & 1320dd2). We use and disclose medical information about you for a number of different purposes as described in the following:

- We may use medical information about you to provide treatment, coordinate or manage your health care and related services. We may disclose medical information about you to other health care providers who become involved in your care. We may consult with other health care providers concerning you, and as part of the consultation share your medical information with them. For example, if you need to receive services from a physician with a particular specialty, we will disclose medical information to them or their office so they have the information they need to provide services for you.
- We may use and disclose medical information about you so we can be paid for the services we provide to you. We do bill you, and unless you choose otherwise, your insurance company, Medicare, Medicaid or third party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company can determine eligibility for payment and will pay us for those services or reimburse you for amounts you have paid. If you choose not to have your insurance company billed you will be responsible for the full bill. If a grant funding source is paying for the services you receive, we may be required to give them information about you and your treatment.
- We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate MCHD and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff and students working at MCHD. We also may use the information to study ways to more efficiently manage our organization.

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. We may leave messages for you on the answering machine or voice mail. We may use and disclose medical information about you to contact you to remind you of an appointment you have with us. We may use and disclose medical information about you to contact you about treatment alternatives or health related benefits or services that may be of interest to you. If you want to request that we communicate to you in a certain way or at a certain location, you have the right to request how we communicate medical information about you to you. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request alternative channels of communication, you must do so in person to the Intake staff or the Privacy Officer. You must state how or where you can be contacted. We will accommodate reasonable requests. However, we may require information from you concerning how payment will be handled.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is someone, such as a family member, other relative or close personal friend, you do **not** want us to disclose medical information about you, please notify the Privacy Contact person or the Privacy Officer.

Subject to certain requirements, we may give out health information without your authorization for:

- Disaster relief purposes [45 CFR~164.510 (b)(4)]
- As required by law [45 CFR~164.512 (a)]
- Public Health activities [45CFR~164.512(b)]
- Victims of abuse, neglect or domestic violence [45 CFR~164.512(c)]
- Health oversight activities [45 CFR~164.512(d)]
- Judicial and administrative proceedings [45 CFR~164.512(e)]
- Disclosures for law enforcement purposes [45 CFR~164.512(f)]
  - o As required by law.
  - o To identify or locate a suspect, fugitive, material witness or missing person.
  - o About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
  - o To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
  - o About crimes that occur at our facility
  - o To report a crime in emergency circumstances.
- Coroners and Medical Examiners [45 CFR~164.512(g)(1)]
- Funeral Directors [45 CFR~164.512(g)(2)]
- Research [45 CFR~164.512(i)]

- To avert serious threat to health or safety (yours or others) [45 CFR~164.512(j)]
- Military activities [45 CFR~164.512(k)(1)]
- National security and intelligence [45 CFR~164.512(k)(2)]
- Protective services to the President [45 CFR~164.512(k)(3)]
- Inmates; persons in custody [45 CFR~164.512(k)(5)]
- Workers Compensation [45 CFR~164.512(l)]

**Other Uses and Disclosures.**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Privacy Officer in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect of actions taken by us in reliance of it.

**Your Rights With Respect to Medical Information About You.**

You have the following rights with respect to medical information that we maintain about you.

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to any person identified by you. For example, you could ask that we **not** disclose medical information about you to a family member. To request a restriction, you may do so at this time or at any other later time. If you request a restriction, you should do so to the Privacy Officer or the Privacy Contact person. And tell us: (a) what information you want to limit; (b) weather you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

*We are not required to agree to any requested restriction.* If we do agree to the restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

With a few very limited exceptions you have the right to inspect and obtain a copy of medical information about you.

You must submit your request in writing to the Privacy Officer. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying, and if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy medical information if the medical information involved is:

- Psychotherapy notes created by a clinical psychologist or clinical social worker;
- Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

You have the right to ask us to amend medical information about you. You have this right for as long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to the Privacy Officer. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the medical information maintained by us;
- Would not be available for you to inspect or copy; or
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed four (4) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also have the right to complain about our denial of your request.

You have the right to receive an accounting of disclosures of medical information about you.

The accounting may be for up to three (3) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- Disclosures to carry out treatment payment and health care operations;
- Disclosures of your medical information made to you;
- Disclosures that are incidental to another use or disclosure;
- Disclosures that are authorized by you;
- Disclosures for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials having custody of you;
- Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed);
- Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official. Should you request an accounting during a period of time when your right is suspended, the accounting would not be included in the disclosure or disclosures to a law enforcement official or to a health oversight committee.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we received your request and may not include dates before April 14, 2003. Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

The current Notice of Privacy Practices will be posted in the waiting areas of the MCHD premises. You have the right to obtain a paper copy or an e-mail copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact the Privacy Officer at MCHD (217)532-2001. You may obtain a copy of the current Notice of Privacy Practices over the Internet at our Website, [www.montgomeryco.com/health/](http://www.montgomeryco.com/health/).

## **Our Duties**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. MCHD does not use any of your information for fundraising purposes. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

The effective date of the notice will be stated on the first page of the notice. You may complain to us and to the United States Secretary of Health and Human Services if you believe your rights have been violated by us. To file a complaint with us, contact the Privacy Officer at 11191 IL Rt. 185, Hillsboro, IL 62049. All complaints should be submitted in writing. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C., 20201.

You will not be retaliated against for filing a complaint.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Privacy Officer at the Montgomery County Health Dept at (217)532-2001.