# Notice of Privacy Practices

## Effective October 9th, 2026

This Notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or your rights concerning your information

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Christy Blank, HIPAA Privacy and Security Officer at (217) 854-3223 and by email at mcphd@mcphd.net if you have any questions.

### Who Will Follow This Notice

This "Notice of Privacy Practices" (aka Notice) describes the privacy practices of the Macoupin County Public Health Department (aka Department) and those of:

- Any health care professional authorized to enter information into your medical chart.
- All divisions and units of the Department, and the operations the Department outsources to certain of our business partners, as well as their Business Associates.
- All our workforce employed or otherwise.

All these entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or operations purposes described in this Notice.

### Our Pledge Regarding Medical Information

We understand that medical information about you and your health department is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by us. Your hospital or other physicians may have different policies or notices regarding the use and disclosure of medical information they create.

This Notice will tell you about how we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Make this Notice available to you of our legal duties and privacy practices with respect to medical information about you; and
- Notify affected individuals following a breach of unsecured protected health information; and
- Follow the terms of the Notice that is currently in effect. This Notice may change, in the manner

described below under “Changes to This Notice.”

The following categories describe ways that we use and disclose your medical information (also known as Individually Identifiable Health Information and/or Protected Health Information [PHI]). For each category of use or disclosure, we provide examples, but not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment**
  - We may use medical information about you to provide you with medical treatment or services.
  - We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, we may forward your records to another specialist to assure that you receive proper care. Also, if you were referred to by another health care provider, it is likely that we will report back to that provider with information about our diagnosis and plan for treatment.
  - In addition, at some time, it may be necessary for our staff to reach you by telephone, text, postcard, or email regarding your appointment. We may also send appointment reminders by telephone, postcard, text, or email. Unless otherwise notified by you in writing, we will contact you using numbers you have provided, and we may have to leave a voicemail message for you. In certain circumstances, caregivers from nursing homes, assisted living centers, etc. will bring a patient to our facility. Often these caregivers are exposed to that patient’s personal health information.
- **For Payment**
  - We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and collected from you, an insurance company, a health plan, or other third party. For example, we may need to give your health plan specific information about treatment you received at our office so your health plan will pay us or reimburse you for the treatment. In addition, we, or our representatives, may discuss payment issues with family members or others involved in the process of paying for medical treatment you have received. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may have our bills and payment arrangements outsourced to one or more third-party service providers who issue, process, and collect bills on our behalf. Each of these is governed by the same health care information disclosure and confidentiality laws that we must follow.
- **For Health Care Operations**
  - We may use and disclose medical information about you for our Department operations. These uses and disclosures are necessary to run our Department and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technologists, medical students, and other members of our staff for review and learning purposes.

- **Treatment Alternatives**
  - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Business Associates**
  - On occasion, the Department may use outside organizations to provide business services. Business Associates that will be exposed to your health information are required to comply with all the same HIPAA administrative, physical and technical safeguard requirements that apply to the Department. Also, if the business associate contracts with a third party, they too must comply with all HIPAA rules.
- **As Required by Law**
  - We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety**
  - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Special Situations**
  - We may also use and disclose medical information about you in the situations described under "Special Situations," below.
    - Special Situations
      - **Military and Veterans**
        - If you are a member of the armed forces, we may release medical information about you as required by military command authorities, or in some cases, if needed to determine benefits to the Department of Veterans Affairs.
      - **Public Health Risks**
        - We may disclose medical information about you for public health activities. These activities generally include the following:
          - To prevent or control disease, injury, or disability.
          - To report births and deaths.
          - To report child abuse or neglect.
          - To report reactions to medications or problems with products.
          - To notify people of recalls of products they may be using.
          - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or
          - To notify the appropriate government authority if we believe

a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.

- **Health Oversight Activities**
  - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Immunization Reporting**
  - The Department may disclose proof of immunization to a school where law requires a school to have such information. Written authorization for this disclosure is not required, however, the Department will obtain agreement to this release, which may be oral, from a parent, guardian or other person acting in loco parentis for the individual, or from the individual himself or herself, if the individual is an adult or emancipated minor.
- **Lawsuits and Disputes**
  - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement**
  - We may release medical information if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons, or similar process.
    - To identify or locate a suspect, fugitive, material witness, or missing person.
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
    - About a death we believe may be the result of criminal conduct.
    - About criminal conduct at our practice; and
    - In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors**
  - We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Decedents**
  - A decedent's PHI is protected for 50 years after the individual's death. After that point, the information is no longer considered PHI.
- **National Security, Intelligence and Federal Protective Service Activities**
  - We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates**
  - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Uses and Disclosures of PHI From Mental Health Records That Do Not Require Consent of Authorization**:
The laws let us use and disclose some of your PHI without your consent or authorizations in some cases. Here are some examples of when we might have to share your information.

*When Required by Law*:
There are some federal, state and local laws that require us to disclose PHI.

- We have to report suspected child abuse or elder abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request or other lawful purposes we may have to release some of your PHI.
- We have to disclose some information to the government agencies that check on us to see that we are obeying privacy laws.
- We might disclose some of your PHI to agencies that investigate disease or injuries.
- We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers' Compensation and Disability Programs, to correctional facilities if you are an inmate, and for national security reasons.

*If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.*

**Your Rights Regarding Medical Information About You**
You have the following rights regarding the medical information we maintain about you.

- **Right to Inspect and Copy**

  You have the right to inspect and request a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

  You may request an electronic copy of your PHI that is maintained electronically. The Department will provide an electronic copy in the form requested, if readily producible, or if not, in a readable electronic form and format as agreed by you and the Department.

  You must submit any request to inspect and copy your medical records to our staff, in writing. (A form for that request is available from our office.) We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

  We will submit a summary or copy of your medical records, usually, within 30 days.

We can request a single, additional 30 days to submit the requested medical information, but we will give you reasoning for the additional request.

- **We may deny your request in certain extremely limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by our staff will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.**

- **Right to Amend**

  If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment, as long as information is kept by or for our department. You must submit any request for an amendment to our staff, in writing. (A form for that request is available from our office.) Your written request must provide a reason that supports your request.

  We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - It is not part of the medical information kept by or for our Department.
  - It is not part of the information which you are permitted to inspect and copy; or
  - It is accurate and complete.

  ***We will inform you, in writing, why your amendment request was denied within 60 days of your request.***

- **Right to an Accounting of Disclosures**

  You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and may include:

  - Many routine disclosures for treatment, payment and operations; and
  - Disclosures to you

  You must submit any request for an accounting of disclosures to our office, in writing. (A form for that request is available from our office.) Your written request must state a time period, which may not be longer than six years. The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions**

  You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family

member or friend. For example, you could ask that we not use or disclose information about a medical service you received. You may also ask us to be selective in the way we communicate personal health information to you. For example, you may request that we not contact you by telephone, at your office, or you may designate a mailing address other than your home. Please make such requests in writing using the form available here. We will consider your requests consistent with the law. We will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to restrict the disclosure of PHI (for payment or health care operations) to a health plan when you pay out-of-pocket, in full, and request such a restriction. The Department must honor such a request unless otherwise required by law. This restriction does not apply to follow-up visits if they are not paid for in full out-of-pocket.

You must submit any request for restrictions to our staff, in writing. (A form for each request is available from our office.) Your written request must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Declare a Personal Representative**

  If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before taking action. You also have the right to designate an individual as personal representative, distinct from a medical power of attorney or a legal guardian, who can access your personal health information, just as you do.

- **Rights to a Paper Copy of This Notice**

  You may ask us to give you a paper copy of this “Notice of Privacy Practices” at any time by contacting our office.

- **Right to Receive a Breach Notice**

  Should the Department experience an impermissible use or disclosure of PHI and determine that such use or disclosure does not present a low probability that the PHI has been compromised based on a four-factor risk assessment, the Department will provide individual notice to all persons affected by the breach.

- **Right to File a Complaint**

  If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. Under no circumstances will you be penalized for filing a complaint.

  To file a complaint with our office, contact our Privacy Officer at (217) 854-3223. (A

form for this purpose is available from our office.)

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

- Written Complaints: 200 Independence Avenue, S.W., Washington, D.C. 20201
- Verbal Complaints: 1-877-696-6775
- Web Complaints: www.hhs.gov/ocr/privacy/hipaa/complaints/

**Violations of Department Regarding Medical Information About You**

**Outside Use**

It is a violation of Department Policy to use patient PHI for Marketing, Research, or to sell PHI in any way. Under no circumstances will the Department engage in these activities.

**Fundraising**

It is a violation of Department Policy to use patient PHI for fundraising purposes. The Department will not contact patients to conduct fundraising activities using PHI as a source of identification.

**The Department's Right to Make Changes to This Notice**

The Department reserves the right to change this Notice. When we do, we may make the changed Notice effective for medical information we already have about you, as well as information we receive in the future. We will post a copy of the current Notice in our facilities. Each Notice will contain on the first page, in the top middle header, its effective date. Also, each time you register at our office for medical services, a copy of the current Notice in effect will be available to you in the waiting area.

# Notice of Privacy Practices of MCPHD Part 2 Program

**Effective October 8th, 2026**

*This notice describes:*

• HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

• YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

• HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH **CHRISTY BLANK AT (217) 854-3223 AND MCPHD@MCPHD.NET** IF YOU HAVE ANY QUESTIONS.

**FEDERAL LAW PROTECTS THE CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS.**

Macoupin County Public Health Department (MCPHD) operates a Part 2 Program to serve patients in

treatment for substance use disorders. Our Part 2 Program's information is regulated by 42 CFR Part 2, a federal statute that protects the confidentiality of substance use disorder patient records.

Some uses are allowed under HIPAA that may be restricted or prohibited for 42 CFR Part 2 protected records (Part 2 Records). Federal law (42 CFR Part 2) gives your substance use disorder treatment records extra protection. Generally, we cannot use or share these records without your written consent unless a specific exemption applies. When a state law establishes a stricter standard, we follow the stricter standard.

The following information describes increased protections for Part 2 records and other information that may be applicable to Part 2 Records. We will make any uses and disclosures not outlined in this Notice only with your written consent.

**Uses and Disclosures Permitted Without Your Written Consent**

The following categories describe ways that we use and disclose your Part 2 substance use disorder treatment information without your written consent. For each category of use or disclosure, we provide examples, but not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **Communication within the MCPHD Part 2 Program or between the Part 2 Program and MCPHD**

  We may share your substance use disorder information among our staff who need it to treat you and operate the program, including with MCPHD administrative staff overseeing the program. An example of this disclosure would be when the MCPHD Clinical Director reviews your case notes with your counselor.

- **Qualified Service Organizations**

  We may share information with any Qualified Service Organizations as necessary to provide services to or on behalf of the Part 2 Program. For example, our Part 2 Program may relay information necessary to conduct business operations, such as billing, if a Qualified Service arrangement is established. An example of this disclosure would include MCPHD creating an arrangement with our IT vendor to troubleshoot a secure connection issue within your chart.

- **Medical Emergencies**

  We may communicate information to emergency medical personnel if you are having a bona fide medical emergency and we cannot get your written consent in time. This information can also be communicated with external medical staff if there is a federally declared or state-declared state of emergency as the result of a natural or major disaster and MCPHD is closed and unable to provide you with services or obtain your written consent. We may also alert Food and Drug Administration (FDA) medical staff about product safety issues so patients or their physicians can be notified. An example of this disclosure would include if you experienced a medical emergency in our clinic and the emergency department is requesting your medication list stored by our Part 2 Program.

With any disclosure in this section, we must document the following: the name of the medical personnel disclosed to and their facility, the name of staff disclosing, the date and time of disclosure, and the nature of the emergency.

- **Scientific Research with Strict Safeguards**

  We may share information with approved researchers only when HIPAA/FDA/HHS protections apply to the information received. The researchers must protect confidentiality and limit any reuse. The MCPHD Chief Executive Officer, or their designee, must directly review the research request and authorize the disclosure after confirmation of federal law requirements. An example of this disclosure would be MCPHD participating in an IRB-approved study analyzes outcomes of an evidence-based therapy.

- **Audits and Evaluations of MCPHD Part 2 Program**

  Government agencies, federal and state funders, your medical insurance company, or other qualified reviewers may review records to oversee our performance, verify payment, or improve quality. These disclosures are subject to strict limits on re-use and re-disclosure, including for both physical and electronic information. An example of this disclosure would be a state oversight body reviewing a sample of records for compliance and quality assurance.

- **Public Health Data – de-identified data only**

  We may share **de-identified** information with public health authorities to track trends (for example, overdose patterns). While HIPAA allows disclosure of **identified** information to public health authorities, this disclosure does not apply to information protected by 42 CFR Part 2. If the data could identify you, your **written consent is required**. An example of this disclosure would be providing de-identified overdose statistics to the Illinois Department of Public Health.

- **Child Abuse and Neglect**

  We must report, under Illinois Law, suspected child abuse and neglect to the appropriate state authorities. We must continue to restrict your Part 2 protected information from further use and disclosure for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect. An example of this disclosure would be if MCPHD staff are provided with evidence of suspected child abuse or neglect, the staff must report their suspicions to the Illinois Department of Children and Family Services as required by state law.

- **Crimes on Part 2 Premises or Against Part 2 Personnel**

  We may share limited identifying details with law enforcement when a crime occurs here or against MCPHD personnel. These limited identifying details would include your patient status, your name and address, and your last whereabouts. An example of this disclosure would include MCPHD providing an assailant's name and last known location after an on-site assault.

- **Court Orders and Subpoenas**

  A judge may authorize a disclosure for certain non-criminal or serious criminal matters **only** after strict findings and procedures. A Part 2 order **authorizes** but does **not** itself **compel** disclosure; a subpoena or similar legal mandate is required to compel it. An example of this disclosure would include MCPHD receiving a sealed court order authorizes limited testimony about dates of service, and a subpoena compels the testimony.

- **Deceased Patients and Vital Statistics**

  We may share information related to a patient's **cause of death** when state law requires vital statistics reporting or allows a coroner/medical examiner or overdose fatality review to inquire into the cause of death.

## Uses and Disclosures Requiring Your Written Consent

- **Treatment, Payment, Health Care Operations**

  To use and disclose your information to your other healthcare providers, medical insurance providers, or others for coordination of your care, billing, or operations, we require your written consent. You may submit a **single consent** that covers all future treatments, payments, and health care operations until you revoke it in writing. An example of this use and disclosure would be communicating updates regarding your substance use disorder care to your primary care provider or your health care plan to initiate billing.

- **Redisclosure for Treatment, Payment, and Healthcare Operations**

  Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by the part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

- **Sharing Information to Your Family, Friends, or Others You Designate.**

  42 CFR Part 2 does not allow informal or implied consent in discussing your substance use disorder care with anyone other than you, your legal representative, or anyone not otherwise outlined in a Part 2 exemption or exception. These individuals may include your family members, friends, clergy, coworkers, etc. For the MCPHD Part 2 Program to provide these individuals with updates on your substance use disorder treatment, your written consent will be required. An example of this disclosure would be your spouse contacting the MCPHD Part 2 Program for your upcoming appointment details. Without your written consent, your spouse will not be able to collect any information nor receive confirmation that you are a patient of the Part 2 Program.

- **Public Health Data – Identified data only**

  We may share **de-identified** information (as defined by the HIPAA de-identification standard) with public health authorities **without your consent**. If the information **could identify you**, we will obtain **your written consent** unless another Part 2 pathway applies (for example, a court order). An example of this disclosure would be if your information was provided to Illinois Department of Public Health for a disease surveillance project, following receipt of your written consent.

- **Civil, Criminal, Administrative, or Legislative Proceedings**

  Your records (or testimony relaying what's in them) generally **cannot** be used or disclosed in civil,

criminal, administrative, or legislative proceedings **against you** unless you **consent** or a court issues a **Part 2-compliant order** accompanied with a subpoena or similar mandate that compels the disclosure. An example of this type of disclosure would be your substance use disorder information to an attorney to be used in a civil proceeding following receipt of your written consent.

- **Central Registries (for certain opioid treatment programs)**
  We will not disclose your information to a central registry or to another withdrawal management or maintenance treatment program to prevent multiple enrollments unless you sign a special written consent. That consent must (1) identify the central registry and any known programs that will receive your information (or authorize disclosure to programs located within 200 miles), and (2) allows us to disclose only your identifying information, medication type/dose, and relevant dates—and only when you are accepted for treatment, your medication type/dose changes, or your treatment is interrupted, resumed, or terminated. Information disclosed for this purpose may only be used to prevent multiple enrollments (or to ensure appropriate coordinated care with a treating provider that is not a Part 2 program) and may not be used or redisclosed for other purposes.

- **Criminal Justice Referrals (court, probation, parole, or similar programs)**
  If your participation in treatment is a condition of a criminal case disposition or of your parole/probation or other release from custody, we may share treatment updates only with those criminal justice officials who need the information to monitor your progress—and only if you sign a criminal justice referral consent. That consent must (1) specify a reasonable duration considering your treatment and the proceeding, and (2) state that it becomes revocable upon a specified time or event, which may be no later than the final disposition of the related conditional release or action. Recipients may use or redisclose your information only as necessary to carry out their official duties related to that conditional release or action.

- **Scientific Research (without HIPAA, FDA, or HHS protections)**
  If a proposed study does not satisfy the strict research pathways under Part 2 and HIPAA/FDA/HHS regulations, your **written consent** would be required. An example of this disclosure would be for a project that lacks the necessary HIPAA authorization/waiver, we could only proceed if you complete written consent.

- **SUD Counseling Notes**
  Notes from your providers that document your substance use disorder counseling conversations may be kept separate from your medical record. These records would require separate written consent for most uses and disclosures and are not used or disclosed for treatment, payment, or health care operations.

## Your Rights Under 42 CFR Part 2

You have rights under 42 CFR Part 2 regarding your substance use disorder information. Below outlines each of your rights outlined in 42 CFR Part 2 and a brief description on how you may exercise these rights.

- **Right to Request Restrictions**
  You have the right to request restrictions of disclosures made with your prior written consent for

purposes of treatment, payment, and health care operations. We will consider your requests consistent with federal law. For example, you may request in writing to place a restriction on sharing your substance use disorder diagnosis with another provider for routine health care operations, unless the situation is an emergency. We will review and confirm in writing if we can honor this request.

- **Right to Restrict Disclosure to Your Health Plan for Services Paid in Full**
  If you pay for a service in full, you have the right to request and obtain restrictions on disclosing your substance use disorder treatment to your health plan for those services. For example, if you choose to pay for your substance use disorder counseling visit in full, you can then request in writing that the encounter's information is not provided to your medical insurance provider. We will honor this request.

- **Right to an Accounting of Disclosures**
  You have a right to request an accounting of disclosures of your substance use disorder treatment records under 42 CFR Part 2 from the past 3 years, as well as an accounting of your records that are protected by HIPAA regulations. For example, if you wish to know what disclosures we made in the last year of your substance use disorder treatment records under 42 CFR Part 2, you can request this information in writing, and we will provide you with the accounting in compliance with federal law.

- **Right to Request Intermediary Disclosures**
  You have the same right to request an accounting of disclosures, made by an intermediary, of your substance use disorder treatment records under 42 CFR Part 2 for the last 3 years. For example, if you signed a general designation, such as to "my treating providers," you may request an accounting of disclosures to a known Health Information Exchange that may have been utilized for use and disclosure of your information.

- **Right to Notice**
  You have the right to request this Notice in either paper or electronic format. For example, you may request the front desk for a paper copy or submit an emailed request to receive the electronic copy.

- **Right to Discuss Notice**
  You may discuss this Notice with the MCPHD Privacy Officer, as well as file a complaint with us or HHS if you believe your privacy rights were violated without retaliation. To discuss this Notice, you may call or email the MCPHD Privacy Officer utilizing the contact information within this Notice.

- **Right to Elect Not to Receive Fundraising Communications**
  MCPHD will not use your information for fundraising communications.

## Our Duties

Our Part 2 Program is required by law to maintain the privacy of records, to provide patients with this Notice outlining our legal duties and privacy practices with respect to your substance use disorder records, and to notify affected patients following a breach of unsecured substance use disorder records.

Our Part 2 Program is required to abide by the terms of this Notice currently in effect.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. Under no circumstances will you be penalized for filing a complaint.

To file a complaint with our office, contact our MCPHD Privacy Officer.
*(A form for this purpose is available from our office.)*

You can also file a complaint with the U.S. Department of Health and Human Services Secretary:
Written Complaints: 200 Independence Avenue, S.W., Washington, D.C. 20201
Verbal Complaints: 1-877-696-6775
Web Complaints: www.hhs.gov/ocr/privacy/hipaa/complaints/

**The Department's Right to Make Changes to This Notice**

The Department reserves the right to change this Notice. When it does, we may make the changed Notice effective for health information we already have about you, as well as information we receive in the future. We will post a copy of the current Notice in our facilities. Each Notice will contain on the first page, in the top middle header, its effective date. Also, each time you register at our office for health services, a copy of the current Notice in effect will be available to you in the waiting area.

**If you have a question(s) or problem(s):**

If you have any questions regarding this Notice or health information or privacy policies, please contact our Privacy Officer, **Christy Blank**, at **(217) 854-3223** or by email at mcphd@mcphd.net.

**THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOUR HEALTHCARE NEEDS!**