

Maple Street Clinic
109 E. Maple
Gillespie, IL 62033
217-839-1526 – Medical/Behavioral
217-839-4110 – Dental



Morgan Street Clinic
1115 Morgan Street
Carlinville, IL 62626
217-854-3692 – Medical/Behavioral
217-854-6823 – Dental

NOTICE OF PRIVACY PRACTICES

This notice describes how medical/clinical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction - To Our Clients:

This "Notice of Privacy Practices" has been created to help you understand our legal duties to protect your personal health information (PHI) and how we may use and disclose your PHI in relation to your past, present and future physical or mental health condition and its treatment. We will mainly use and disclose your PHI in relation to the services we provide you, such as therapy. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, obtaining payment for services provided to you and other healthcare operations and activities described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship to you the requirement to comply with this Notice.

Privacy and the Laws:

We are also required to tell you about privacy because of the privacy regulations of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your PHI private and give you this Notice of your legal duties and our privacy practices, which is called the Notice of Privacy Practices (NPP). We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to the entire PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can also get a copy from our Privacy Officer at any time and it will be posted on our website.

How your protected health information can be used and shared:

When your information is read by staff in this office and used to make decisions about your healthcare that is called, in the law, "use". If the information is shared with or sent to others outside the office, that is called, in the law, "disclosure". Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it will be used and to have a say in how it is disclosed (shared) and so we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose it for routine purposes, and we will tell you more about these below. For other uses we must tell you about them and have written authorization from you unless the law lets or requires us to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

Uses and Disclosures of PHI in Healthcare With Your Consent:

After you have read this Notice, you will be asked to sign a separate consent form to allow you to use and share your PHI. In almost all cases we intend to use your PHI here and share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called healthcare operations. Together these routine purposes are called TPO. You have to agree to let us collect the information and to use it to share it to care for you properly. Therefore, you must sign a Consent Form before we begin to treat you because if you do not agree and consent, we cannot treat you.

For Treatment:

We use your medical information to provide you with psychological treatment or services. These might include therapy, evaluations, treatment planning, or measuring benefits of our services. We may call you by name in the waiting room when it is time for you to see your therapist.

For Payment:

We may use your information to bill you, your insurance or others so we can be paid for the treatment we provide you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnosis, what treatments you have received, and the changes we expect in your condition. We will need to tell them about when we met, your progress and other similar things.

For Healthcare Operations:

There are a few other ways we may use or disclose your PHI for what we call healthcare operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

Other Uses in Healthcare:*Appointment Reminders:*

We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment Alternatives:

We may use and disclose your PHI to tell you about recommended possible treatment or alternatives that could be of help to you.

Other Benefits and Services:

We may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.

Research:

We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which one works better or faster or costs less. In all cases your personal information will be removed from the information given to researchers. If they do need to know who you are, we will discuss the research project with you and you will have to sign a special authorization form before any information is shared.

Business Associates:

There are some jobs we may hire other businesses to do. In the law they are called Business Associates. Examples would include a copy service we use to make copies of your health records or a billing service that figures out and prints our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with us to safeguard your information.

Uses and Disclosures That Require Your Authorization:

If we want to use your information for any purpose besides the TPO or those described above, we need your permission on an Authorization Form. If you do authorize us to use or disclose your PHI you can revoke (cancel) that permission, in writing, at any time. After that we will not use or disclose your information for the

purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

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.

Uses and Disclosures Where You Have an Opportunity to Object:

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about whom you want us to tell what information about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law or your treatment needs. We are not required to agree to restrictions that you may request if we believe it is counterproductive to your treatment goals. If you do not agree with our limitations on restricting disclosure, you have the right to use a different treatment provider. These rights may be different for clients who are court ordered to treatment. IF it is an emergency -so we cannot ask if you disagree- we can share information we believe that is what you would have wanted and if we believe it will help you if we share it. If we do share information in an emergency, we will tell you as soon as we can. If you do not approve we will stop as long as it is not against the law.

An Accounting of Disclosures:

When we disclose your PHI we may keep some records of whom we sent it to, why we sent it and what we sent. You can get an accounting (a list) of many of these disclosures.

Your Rights Regarding Your Health Information:

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care of the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you safely and appropriately.

3. You have the right to look at the health information we have about you such as medical and billing records, unless our treatment provider believes it is not in your best interest to do so. You can even get a copy of these records, but we may charge you. Contact your Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our privacy officer. You must tell us the reasons you want us to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the privacy officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the healthcare we provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our State and these may be the same or different from the rights described above.

If you have a question(s) or problems:

If you have any question s regarding this Notice or health information, privacy policies, please contact our Privacy Officer at: Kent Tarro or by email at: ktarro@mcphd.net

The effective date of this notice is: January 1, 2019