



7.05- PATIENT “NOTICE OF PRIVACY PRACTICES”

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

Protected Health Information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Heartland Community Health Clinic (HCHC) is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice of Privacy Practices describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

YOUR RIGHTS UNDER THE PRIVACY RULE

The following are statements of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the practice, and is maintained by HCHC, on our web site at www.heartlandchc.org

You have the right to authorize other use and disclosure - This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication – This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by HCHC, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

You have the right to inspect and copy your PHI - This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

You have the right to request a restriction of your PHI - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction.

You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

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You may have the right to request an amendment to your protected health information - This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your designated record set, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

You have the right to receive a privacy breach notice - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required. If you have questions regarding your privacy rights, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints.

Illinois Health Care Laws

- ***If you are a patient of a Physician***, you have the right to access most of your medical data on an unqualified basis upon request.
- ***If you are a recipient of Mental Health or Developmental Disabilities Services*** and if you are age 12 or older, you have an unqualified right to inspect and copy your records. The following persons also have this right: (i) your guardian if you are age 18 or older; (ii) an appointed agent under a power of attorney for health care which authorizes record access; (iii) your parent or guardian if you are under age 12; (iv) your parent or guardian if you are, at least, age 12 but under age 18 and if certain conditions are satisfied; and (v) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older.

HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Following are examples of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

Special Notices - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

Payment - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Health Information Organization - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

To Others Involved in Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your

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healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures - We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

In addition, HCHC may use and/or disclose your individually identifiable health information as follows:

Business Associates - There are some services provided by HCHC through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of HCHC or who otherwise provide services and have access to or use your protected health information. Examples include health care clearinghouses, accreditation agencies such as the National Committee for Quality Assurance, information system and medical equipment support vendors, attorneys, auditors, actuaries, third party claim administrators, pharmacy benefit managers, and specialized provider network administrators for mental health and substance abuse services. When these services are contracted, HCHC may disclose your health information to its business associate to enable it to perform the job HCHC has asked it to do. HCHC requires the business associate to enter into an agreement with HCHC in which the business associate agrees to appropriately safeguard your information.

Health Information Exchange - HCHC participates in Health Information Exchange (HIE) networks that permit the sharing, without the consent of the patient, of electronic health records with other participating healthcare providers for the purpose of treatment. HCHC may disclose individually identifiable health information to treating providers who request it, or HCHC may request individually identifiable health information from other providers when HCHC is providing treatment. Participating providers may access a patient's health information from other providers quickly in order to provide needed care. Information that is typically available from the HIE includes demographics, allergies, medications, laboratory results and radiology reports. Information available through the HIE is limited to electronic health records and does not include older health records. Health records will be available to the HIE unless an individual elects to opt-out. An individual who wishes to opt-out of participation in the HIE should contact the Revenue Cycle Manager or the Compliance Officer to request a restriction. An individual's decision to opt-out of HIE participation will not adversely affect his or her ability to receive care. However, it may affect the information available to the provider. It does not affect the sharing of health information for treatment through more traditional methods, such as having records faxed or mailed. After choosing to opt-out of HIE participation, an individual may later decide to opt-in.

Accountable Care Organizations - HCHC participates in Accountable Care Organizations with Medicare and commercial payers in which your protected health information may be used or disclosed to develop and implement activities related to coordinating care and improving the quality and efficiency of care for all patients.

Incidental Uses and Disclosures – HCHC is permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.

Patient Assistance Programs - HCHC may disclose your information to manufacturers of drugs, medical supplies or devices for the purpose of enrolling you, if eligible, into a patient assistance program designed to obtain replacement products, discounts, rebates or other forms of remuneration for your benefit.

Student Immunizations - HCHC may report to a school proof of immunizations required by State law for school entry about a student or prospective student when oral agreement is obtained from the parent, guardian or other person acting *in loco parentis* if the student is an unemancipated minor, or from the adult or emancipated minor student.

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USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes - Your written authorization is required for use or disclosure of psychotherapy notes except for use by the originator of the notes for treatment purposes, for training purposes, for compliance reviews, when required by law, for health care oversight, to a coroner or medical examiner or to avert a serious threat to health or safety.

MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, state laws or other federal laws provide more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, state law requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, HCHC must follow the state laws or other federal laws even though certain federal health information privacy laws may not require permission. State laws and other federal laws provide more stringent protection in the following areas:

Illinois Health Care Laws

- ***If you are a patient with High Blood Pressure***, your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.
- ***If you are a patient of an Advanced Practice Nurse***, neither HCHC nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in instances in which (i) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (ii) the nurse has surrendered his or her license while under disciplinary investigation by the Advanced Practice Nursing Board, or (iii) HCHC has terminated or restricted the nurse's organized professional staff clinical privileges for disciplinary violations related to your treatment. However, please note that the nurse or HCHC may reveal your name or other means of identifying you as a patient without your written permission and may release such information as otherwise described in this Privacy Notice.
- ***If you are a patient of a Podiatrist***, HCHC may not reveal your medical records to the Podiatric Medical Licensing Board without your written permission in instances in which your treatment is a subject of a report concerning a podiatrist who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment and who is under supervision or is in a program of rehabilitation. However, please note that HCHC may include your name, address and telephone number in its periodic reports to the Podiatric Medical Licensing Board concerning the impaired podiatrist if the Podiatric Medical Licensing Board requires OSF to do so and may release such information as this Privacy Notice may otherwise describe.
- ***If you are a patient of a Physician***, HCHC may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment. However, please note that HCHC may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. HCHC may also provide copies of your medical records in cases alleging your death or permanent bodily injury, provided that the law requires HCHC to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.
- ***If you are a patient of a Physician***, the physician may not disclose in any legal proceeding subject to the Code of Civil Procedure any information that he or she may have acquired while attending to you in a professional capacity that was necessary to enable him or her to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the physician may disclose such information for certain proceedings.
- ***If you are a patient of a Physician or other Health Care Provider***, either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you for this reason.
- ***If you are or have been a recipient of an HIV test***, HCHC may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except that HCHC may disclose your test results to you or your legally authorized representative or to certain person(s) for certain reasons (but not all of the reasons) listed under uses or disclosures HCHC may make without your consent in this Notice. Please note that a recipient of your test results may not redisclose this information except as this Privacy Notice may describe.

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- ***If you are or have been a recipient of Genetic Testing***, HCHC may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except that HCHC may disclose the results of your genetic test to (i) you or your legally authorized representative; (ii) certain person(s) for certain reasons (but not all of the reasons) listed under uses or disclosures HCHC may make without your consent in this Notice; and (iii) your parent or legal guardian if you are a minor under 18 years of age if, in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed. Further, a recipient of your test results may not re-disclose this information except as the Genetic Information Privacy Act may otherwise allow. The law defines “genetic testing” as “a test of a person’s genes, gene product, or chromosomes for abnormalities or deficiencies, including carrier status, that (i) are linked to physical or mental disorders or impairments, (ii) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (iii) demonstrate genetic or chromosomal damage due to environmental factors.” “Genetic testing” does *not include* routine physical measurements; chemical, blood and urine analyses that the medical community widely accepts as standard use in clinical practice; tests for use of drugs; and tests for the presence of the human immunodeficiency virus. This paragraph does not apply to results of genetic testing that indicate that you are, at the time of the test, afflicted with a disease, whether or not currently symptomatic.
- ***If you are a Minor under 18 years of age who is the recipient of Genetic Testing***, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or the health care provider has reason to believe that you have not made the notification as you had previously agreed.
- ***If you are a client of a Rape Crisis Counselor***, the rape crisis counselor may not disclose any confidential communications or testify as a witness as to any confidential communications without the written permission of either you or your authorized representative. However, please note that a rape crisis counselor may disclose confidential communications without your written permission if his or her failure to do so would likely result in a clear, imminent risk of serious physical injury or the death of you or another person.
- ***If you are a client of a Victim Aid Organization***, no counselor, employee, volunteer or personnel may disclose any statement or the contents of any statement that you make relating to the crime or its circumstances during the course of therapy or consultation without your written permission, unless a court order requires disclosure of that information for a judicial proceeding.
- ***If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed that your results are positive***, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed.
- ***If you are a Minor who has sought Counseling regarding your own Drug or Alcohol Abuse, or that of a family member, from a physician who provides diagnosis or treatment or any licensed clinical psychologist or professional social worker with a master’s degree or any qualified employee of (i) an organization that is a licensee or a recipient of funding by the Department of Human Services, or (ii) agencies or organizations operating Drug Abuse Programs that are licensees or recipients of funding by the Federal Government or the State of Illinois or any qualified person who is an employee or works in association with any public or private alcoholism or drug abuse program licensed by the State of Illinois, and you have come into contact with a Sexually-Transmitted Disease***, these professionals may not inform your parent, parents, guardian, or other responsible adult of your condition or treatment without your written permission. However, please note that these professionals may disclose such information to your parent, parents, guardian, or other responsible adult

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without your written permission if such action is, in the person's judgment, necessary to protect your safety or that of a family member or other individual.

- ***If you are a client of a Clinical Psychologist***, the psychologist may not disclose any information he or she may have acquired while attending to you in a professional capacity if the psychologist did not ensure that you understood the possible uses or distributions of the information and without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the clinical psychologist may disclose such information for certain proceedings.
- ***If you are a recipient of Mental Health or Developmental Disability Services***, HCHC may not disclose your mental health or developmental disability information without your written permission except to certain person(s) for certain reasons (but not all of the reasons) listed under uses or disclosures HCHC may make without your consent in this Notice. (This provision does not apply to personal/psychotherapy notes.) With respect to certain of the exceptions listed, Illinois law permits mental health or developmental disability information to be disclosed for purposes of treatment and care coordination to an integrated health system or members of an interdisciplinary team.
- ***If you are a Minor at least 12 years of age but under 18 years of age who receives Mental Health or Developmental Disability Services***, your parent or guardian may inspect and copy your records if you are informed and do not object or if the therapist does not find that there are compelling reasons to deny access. Should your parent or guardian be denied access by either you or the therapist, your parent or guardian may petition a court for access.
- ***If you are a client of a Clinical Social Worker***, the social worker may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting, conferring or consulting with administrative supervisors, colleagues or consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; (iv) when you waive the privileged nature of communication by bringing public charges against the social worker; or (v) when the social worker acquires the information during an elder abuse investigation.
- ***If you are a client of a Clinical Licensed Professional Counselor, Licensed Clinical Professional Counselor, Marriage and Family Therapist or Associate Marriage and Family Therapist***, the counselor may not disclose any information he or she may have acquired while attending to you in a professional capacity without your written permission, except (i) in the course of reporting, conferring or consulting with administrative supervisors, colleagues or consultants who share professional responsibility; (ii) in the case of your death or disability, with the written permission of your personal representative, to a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (iii) when a communication reveals that you intend to commit certain crimes or harmful acts; or (iv) when you waive the privileged nature of communication by bringing public charges against the counselor or therapist.

Federal Health Care Laws

If you are or have been a patient in a program or activity relating to Alcohol or other Drug Abuse or Dependency Education, Early Intervention, Intervention, Training, Treatment or Rehabilitation which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States or of the State of Illinois, records of your identity, diagnosis, prognosis or treatment are confidential and may be disclosed only in accordance with the provisions of Federal Law. Generally, an Alcohol or Drug Abuse Treatment Program may not say to a person outside the program that a patient attends the program or disclose information identifying a patient as an alcohol or drug abuser. The following, however, are exempt from these confidentiality protections:

- Veteran's Administration records.
- Information obtained by the Armed Forces.
- Information given to qualified service organizations.
- Communications within a program or between a program and an entity having direct administrative control over that program.

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- Information given to law enforcement personnel investigating a patient's commission of a crime on the program premises or against program personnel.
- Reports of incidents of suspected child abuse and neglect.

Your alcohol and substance abuse records may be disclosed without your consent to qualified personnel to the extent necessary to meet a bona fide medical emergency, to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, to your guardian (if any) appointed under state law, to a third party payer under certain circumstances for the sole purpose of obtaining payment for services, or with a court order.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

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

See 42 U.S.C. §290dd-3 and 42 U.S.C. §290ee-3 for Federal laws and 42 C.F.R.Part 2 for Federal regulations regarding the confidentiality of alcohol and drug abuse records.

NOTE: References in this Privacy Notice to health care professionals include only those professionals that HCHC employs.

GRIEVANCES OR FURTHER INQUIRIES

If you believe that HCHC has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with HCHC and/or directly to the Department of Health and Human Services. To file a complaint with HCHC, please contact HCHC's Compliance Officer at 309-680-7609. HCHC will not retaliate against you for filing a complaint.

AMENDMENTS

HCHC reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If HCHC amends this Privacy Notice, (i) a copy will be available upon your request on or after its effective date.

The revised Privacy Notice will also be available on HCHC's web site, www.heartlandchc.org.

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