



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). We are committed to protecting PHI, including information regarding your mental health treatment and related health care services.

This Notice of Privacy Practices applies to PHI maintained by Santa Maria Health and describes the ways in which we may use and disclose your PHI in accordance with HIPAA and Illinois law, as well as certain obligations we have regarding the use and disclosure of your PHI. It also describes your rights and how you may gain access to and control your PHI.

We are required by law to 1) maintain the privacy of PHI; 2) to provide you with notice of our legal duties and privacy practices with respect to PHI; and 3) to abide by the terms of this Notice as currently in effect.

### **HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU.**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are described below and include those that are required by law.

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, we may share PHI about you with providers, agencies or facilities treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We may also call you by name in the waiting room when your provider is ready to see you.

**For Payment.** We may use and disclose PHI so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, collection activities, or processing claims with your insurance company.

**For Health Care Operations.** We may use or disclose your PHI to support certain business management and administrative activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. Your PHI may also be used or disclosed to comply with law and regulation, for contractual obligations, health care contracting, legal services, business planning and development, the sale of all or part of Santa Maria Health to another entity, underwriting and other insurance activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services). Under Illinois law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

**Appointment Reminders.** We may contact you by phone, mail or other method approved by you to remind you that you have an appointment at Santa Maria Health. If you authorize us to do so, we may leave voice messages reminding you that you have an appointment.

**Treatment Alternatives/Health Related Services.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also contact you about health-related benefits or services that we provide.

**Public Health Disclosures.** We may disclose PHI about you for public health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;

- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect and make this disclosure as authorized or required by law;
- notifying the coroner of a patient's death.

**Health Oversight Activities.** We may disclose PHI to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose PHI about you in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process. We may disclose PHI to courts, attorneys, and court employees during conservatorship, writ and certain other judicial or administrative proceedings.

**Worker's Compensation Purposes.** We may disclose your PHI to an attorney representing your employer, upon your request, unless we believe the release is contrary to your best interests.

**Law Enforcement.** We may release PHI to law enforcement officials as follows:

- as needed for the protection of certain elected officials, others and their families, as required by law;
- for the protection of persons when necessary to protect them from a serious danger of violence;
- when requested at the time of a patient's involuntary hospitalization;
- when reporting that a patient, while hospitalized, has been a victim or perpetrator of certain specified crimes;
- when requested by an officer who lodges a warrant with the facility;
- to identify or locate a suspect, fugitive, material witness, certain escapees and certain missing persons, or for matters of national security.

**Abuse, Domestic Violence.** As required by law, we may use or disclose PHI for the mandatory reporting of child abuse, neglect or domestic violence, elder/dependent adult abuse. We may disclose PHI relevant to the prevention, identification, management, or treatment of an abused child and the child's parents or an abused elder or dependent adult.

**Department of Justice.** We may disclose limited information to the Illinois Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

**Emergency Response Worker.** We may disclose PHI to emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law. Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release PHI about you to the correctional institution as authorized or required by law.

**Research:** Santa Maria Health may use or disclose PHI for research purposes within Santa Maria Health as long as 1) the PHI does not leave Santa Maria Health or 2) proof of an authorization, waiver, or other sufficient process is provided to Santa Maria Health, and the researcher agrees to protect the PHI. All Santa Maria Health research projects are subject to a special approval process that considers the protection of PHI in evaluating the proposed project.

**Psychotherapy Notes.** Psychotherapy notes, including any notes separated from the rest of the medical record which are recorded by a mental health professional and document or analyze conversations during a counseling session, may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by Santa Maria Health to defend a legal action or other proceeding brought by you;
- A use or disclosure that is required by law;
- A use or disclosure that is permitted for legal and clinical oversight of the psychotherapist who made the notes;
- To prevent or lessen a serious and imminent threat to the health or safety of another person.

**Marketing.** Santa Maria Health may only use or disclose your PHI for marketing purposes, including subsidized treatment communications, with your written authorization.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your

written authorization by a separate Authorization for Release of Information, which may be revoked at any time by providing written notice to the Privacy Officer, Santa Maria Health 314 E Downer Pl. Aurora, IL 60505.

#### **YOUR RIGHTS REGARDING YOUR PHI**

Your PHI is the property of Santa Maria Health. You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at Santa Maria Health, 314 E Downer Pl. Aurora, IL 60505.

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your PHI. To inspect and/or to receive a copy of your PHI, you must submit a written request to the address above. The request must state what information you want access to and whether you want to inspect it or copy it. If you request a copy of the information, you must pay the cost of photocopying and postage (if applicable) prior to our release of the documents. We will respond to your request within 30 days.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to PHI, except for psychotherapy notes, you may request to have the denial reviewed. Another licensed health professional chosen by Santa Maria Health 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 the review.

**Right to Request an Amendment or Addendum.** If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum. You have the right to request an amendment or addendum for as long as the information was created and is kept by Santa Maria Health. To request an amendment, your request must be made in writing to the address above. In addition, you must provide a reason that supports your request. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record. 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 Santa Maria Health Notice of Privacy Practices request if you ask us to amend information that was not created by Santa Maria Health, is not part of the PHI kept by or for Santa Maria Health, is not part of the information which you would be permitted to inspect and copy, or is accurate and complete in the record.

If we deny your request to amend, we will provide you with a written denial within 60 days of your request. You have the right to submit a written statement disagreeing with the denial to the address above. If you choose not to submit a statement of disagreement, you may request that we provide a copy of your request for amendment and our denial with any future disclosures of the PHI that was the subject of the amendment. The statement of disagreement must be 250 words or less. If we prepare a rebuttal statement, we will provide you with a copy for your records.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. To request an accounting of disclosures, submit your request in writing to the address above. Your request must state a period that may not be longer than the six previous years.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member, friend, or your health insurance company. You may specifically request to restrict disclosures of your PHI for items or services you pay for out-of-pocket. Your request must be in writing to Santa Maria Health at the address above and must state 1) the information you want limited, 2) whether you want to limit our use or disclosure or both, and 3) to whom you want the limits to apply. We will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. To request confidential communications, you must make your request in writing to our Privacy Officer at 314 E Downer Pl Aurora, IL 60505. We will accommodate all reasonable requests.

**Right of Affected Individual to be Notified in the Event of Improper PHI Disclosure.** In the unfortunate event of an improper disclosure of your PHI, you have the right to receive notification from us of the circumstances surrounding the disclosure, the type of PHI disclosed, and what steps you should take to protect your privacy. We will provide you with this notification in writing within five business days of our detection of the improper disclosure.

**Right to a Paper Copy.** You have a right to a paper copy of this Notice upon request.

**CHANGES TO PRIVACY PRACTICES AND THIS NOTICE**

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. A current copy of this Notice is available at Santa Maria Health. We will provide you with a copy of any revised Notice by sending a copy to you in the mail or providing one at your next appointment.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at 314 E Downer Pl Aurora, IL 60505, or with the Secretary of the Department of Health and Human Services.

**NOTICE OF PRIVACY PRACTICES**

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Santa Maria Health. Our "Notice of Privacy Practices" provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our "Notice of Privacy Practices" is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website, contacting the Privacy Office, or at the Clinic.

**I acknowledge receipt of the "Notice of Privacy Practices" of Santa Maria Health.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Name of Legal Representative: \_\_\_\_\_

*For Office Use Only: Inability to Obtain Acknowledgment*

<p>The patient listed above received a copy of, and had an opportunity to review, the Notice of Privacy Practices. We attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but acknowledgement could not be obtained because:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Individual refused to sign.</li> <li><input type="radio"/> Communication barriers prohibited obtaining the acknowledgement.</li> <li><input type="radio"/> An emergency situation prevented us from obtaining acknowledgement.</li> <li><input type="radio"/> Other (Please Specify): _____</li> </ul> <p>Employee Name: _____ Date: _____</p>
---