



## **HIPAA NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how the Mental Health Centers of Western Illinois may use and disclose your protected health information (PHI) to carry out treatment; payment; and health care operations (TPO); and for other purposes that are permitted or required by law. It also describes your rights in regards to accessing your PHI. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

In order for you to benefit from service provision, a trusting and confidential relationship must be developed between you and agency staff. Your participation in services may require you to discuss or disclose personal information regarding yourself or others. The Mental Health Centers of Western Illinois and its staff complies with the Mental Health and Developmental Disabilities Confidentiality Act, Confidentiality of Alcohol and Drug Abuse Patient Records regulations, AIDS Confidentiality Act, AIDS Confidentiality and Testing Code, and Health Insurance Portability and Accountability Act (HIPAA). Our compliance with these acts and codes insures any personal or health-related information or documentation will be maintained in a confidential manner and only released with your written authorization or by the disclosures described below. Use or disclosure will be limited to only the minimum amount of PHI necessary to achieve the purpose of a particular use or disclosure.

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### **Uses and Disclosures of Protected Health Information (PHI)**

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*We will use your health information for treatment.*

Your PHI may be used and/or disclosed for treatment. Treatment includes service provision, management and coordination with other health care providers. For example, a pharmacist may contact staff regarding a medication prescribed, or agency staff may provide information to a hospital to insure appropriate treatment.

*We will use your health information for payment.*

Your PHI may be used and/or disclosed to obtain payment for services. For example, the agency may contact your insurance carrier to verify coverage; you will receive a monthly statement sent to your home for payment of services; and insurance forms will be sent to your insurance carrier, such as Medicare, Medicaid or private. On occasion, insurance companies may request further information/ documentation in order to process your claim.

*We will use your health information for health care operations.*

Your PHI may be used and/or disclosed by the agency in the performance of administrative health care operations. For example, secretarial staff completing duties related to the typing and filing of documentation; Quality Assurance Review of clinical records to determine appropriateness of services provided; clinical supervision of staff to insure appropriate treatment interventions; and financial activities associated with payeeship management. In addition, we may call you by name in the reception area when your counselor is ready to see you or contact you to reschedule or remind you of an appointment.

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### **Business Associates**

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To maintain health care operations, our agency must utilize Business Associates. Examples include computer technology, legal guidance, accounting/financial services and accreditation. In the performance of the Business Associates duties, your PHI may be disclosed. All Business Associates of this agency must sign an agreement to protect your PHI.

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## Uses and Disclosures of PHI Requiring Authorization

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For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

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## Uses and Disclosures of PHI Not Requiring Consent or Authorization

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The law provides that we may use/disclose your PHI from your clinical record without consent or authorization in the following circumstances:

- To report suspected child abuse or neglect
- To warn/inform the appropriate authorities or individuals if it is believed you will harm yourself or others
- In response to a court order and subpoena
- To provide law enforcement personnel with limited identifying information regarding a criminal investigation
- To comply with government entities who insure compliance with federal/state regulations or contracts
- In the event of a medical or psychiatric emergency, staff will provide emergency personnel with relevant medical information
- In the event of your death, staff will provide the appropriate authorities with requested information

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## Your Rights Regarding Your PHI

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You have the following rights relating to your PHI:

- **To request a restriction on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- **To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We will agree to your request as long as it is reasonably easy for us to do so.
- **To inspect and request a copy of your PHI:** You have the right to review your PHI, with the exception of information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and information obtained under a promise of confidentiality. The agency requires a written request and will respond to your request within 30 days. If your request is approved, you may view your record with an agency staff member present. If we deny your request, we will give you a written reason for the denial and explain how you may appeal the denial. You have the right to choose what information you want copied. MHCWI may deny access to portions of the record for the following reasons: if the information is reasonably likely to endanger the life or physical safety of the individual or another person; if the information makes reference to another individual and access is reasonably likely to cause serious harm to the other person; and if a personal representative requests access that is believed to be against the best interest of the individual served.
- **To request amendment of your PHI:** If you believe there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is correct and complete; not created by us and/or not part of our records; or not permitted to be disclosed. Any denial will state the reason(s) for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and notify others that need to know about the change in the PHI.

- **To obtain an accounting of disclosures of your PHI:** You may request, in writing, an accounting of disclosures of your PHI other than instances related to treatment, payment or operations; to you; or pursuant to your written authorization. We will respond to your request within 60 days.
- **To be notified in case of a breach of confidential information.** If there is a breach of your confidential information MHCWI will notify you without unreasonable delay and in any event within 60 days of discovery (or within 60 days of the date the breach should have been discovered.) This notification will be made by either first class mail or electronic mail if specified as a preference. This notification will include the following information:
  - Circumstances of the breach
  - Date of the breach
  - Date of the discovery
  - Type of PHI involved
  - Steps individuals should take to protect themselves
  - Steps the covered entity is taking to mitigate harm and to protect against future breaches
  - How the individual can obtain additional information about the breach

MHCWI will maintain a log of any breaches that affect fewer than 500 individuals and will report such breaches annually to Health and Human Services. If a breach affects 500 or more individuals, MHCWI will notify HHS immediately. HHS will post information about breaches affecting more than 500 individuals

MHCWI will notify prominent media outlets serving a state or jurisdiction if the breach affects more than 500 residents of that state or jurisdiction.

You also have the right to receive a paper copy of this notice and/or an electronic copy by e-mail upon request.

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## **For More Information or to Report a Problem**

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The Quality Assurance Supervisor (Brown site) of the Mental Health Centers of Western Illinois has been designated the Privacy Officer to handle complaints and questions regarding HIPAA and this notice. The Quality Assurance Supervisor (Brown site) is also designated as the Security Officer. If you wish to voice a complaint or have questions, you may contact the Quality Assurance Supervisor at (217) 773-3325.

If you believe your privacy rights have been violated, you can file a grievance with the Executive Director or with the Secretary of Health and Human Services at the address below.

Secretary of the U.S. Department of Health & Human Services  
200 Independence Avenue SW  
Washington D.C. 20201  
1-877-696-6775

There will be no retaliatory action taken against you for filing a grievance.

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## **Our Responsibilities**

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The Mental Health Centers of Western Illinois is required by law to maintain the privacy of your protected health information, provide you with a notice of our legal duties and privacy practices, and abide by the terms as provided in this notice. We do, however, reserve the right to change our Notice of Privacy Practices. If a change is made, we will make the new provisions effective for all PHI we maintain and mail a revised notice to your home address.

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