

SOUTHERN ILLINOIS REGIONAL SOCIAL SERVICES, INC.

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 we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which includes information about you, including demographics that may identify you and that relates to your past, present, or future physical and mental health condition and related provision of services.

If you have questions about this notice please contact our Privacy Officer at (618) 457-6703.

Uses and Disclosures of Protected Health Information:

In order to effectively provide you care, there are times when we need to share your protected health information with others beyond our agency. This includes:

Treatment: With your written consent, we may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our agency with whom we are consulting or to whom we are referring you.

Payment: With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. For example, a bill may be sent to you or a third party payer. The information on the bill may include information that identifies you as well as your diagnosis and services rendered.

Healthcare Operations: Information about you may be used to coordinate our business activities. This may include setting up your appointments, reviewing your care, quality assurance activities, and training staff.

Marketing: We must obtain your written authorization prior to using your protected health information to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your marketing authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your marketing authorization.

Uses and Disclosures of Protected Health Information Without Your Consent:

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

As Required by Law:

This would include situations where we are mandated to provide public health information, such as communicable diseases, or are mandated to report suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse, or are required by subpoena or court order to provide information to a court of law.

Emergencies:

Sufficient information may be shared to address the immediate emergency you are facing, including risk of self-harm.

Follow Up Appointments/Care:

We may contact you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to.

Fundraising Communications: We may contract you to request a tax deductible contribution to support important activities of Southern Illinois Regional Social Services. In connection with any fundraising, we may disclose to our fundraising staff demographic protected health information about you (e.g., your name, address, and phone number) and that you were a client at SIRSS sometime in the past.

Governmental Requirements:

We may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, and licensure. We are required to share information, if requested, with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services.

Coroners:

We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Research:

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the proposal and protocols to ensure the privacy of your protected health information.

Criminal Activity or Danger to Others:

If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe that you may present an imminent risk of harm to someone.

Military Activity and National Security:

We may disclose your protected health information to Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure proper execution of a military mission; for the purpose of determination by the Department of Veterans Affairs of your eligibility or entitlement to benefits; to foreign military personnel under the same conditions as

for U.S. military command authorities above. We may disclose your personal health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, including the provision of protective services to the President, or others legally authorized.

Inmates:

If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof protected health information necessary for your health and the health and safety of other individuals.

Worker's Compensation:

We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to worker's compensation. A subpoena from the Illinois Industrial Commission is sufficient to release protected health information.

INDIVIDUAL RIGHTS:

Although the record of the services you receive at our agency is the physical property of the agency, the information belongs to you. You have the right to:

Receive notice of our privacy practices.

Inspect and copy your protected health information:

You are entitled to inspect the clinical record our agency has generated about you. We ask that you make the request in writing and require that an employee is present with you while you are reviewing your record. We may charge you a reasonable fee for copying your record. Depending on the circumstances, a decision may be made to deny access to the information you are requesting. In some circumstances, you may have the right to have this decision reviewed.

Request a restriction of your protected health information:

This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or others who may be involved in your care. Your request must include the specific restriction requested and to whom the restrictions apply. The right to request restriction does not extend to those disclosures that we are required, under law, to make. You may request a restriction by submitting your request, in writing, to the staff member who is working with you. We are not required to agree to the restrictions that you may request. If we believe that it is in your best interest to permit use and disclosure of your protected health information, the information will not be restricted. If we agree to the restriction, we will not make disclosures that are inconsistent with the restriction, unless it is needed to provide emergency treatment. In those cases, we will request that the emergency treatment provider not further use or disclose the information.

Request correction/amendment to your protected health information:

If you believe that something in your record is incorrect or incomplete, you may request we amend it. You must make your request in writing on the Request to Amend Health Information form directed to the Privacy Officer. We may deny your request if we find that the information or record that is the subject of the request was not created by us, is not a part of the designated record set, is not available for inspection or copy due to federal or state law, or is accurate and

complete. If we deny your request, you have the right to file a written statement disagreeing with the denial. We will then file our response and your statement and our response will be added to your record.

Receive an accounting of disclosures of protected health information:

You may request an accounting of any disclosures we have made related to your medical information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. We will notify you of the cost involved in preparing this list.

Receive confidential communications of protected health information from us by alternative means or at an alternative locations:

You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. Please make your request in writing and submit the request to the employee who is working with you.

Complaints:

If you believe that we have violated your privacy rights, you may file a complaint with us by contacting our Privacy Officer at 457-6703, extension 252. You may also choose to file a complaint with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Changes in Policy:

Southern Illinois Regional Social Services reserves the right to change its Notice of Privacy Practices based upon the needs of the agency and changes in state and federal law.

Original notice became effective on April 14, 2003. Revisions made on September 18, 2006.