

Name: _____

ID#: _____

NOTICE OF PRIVACY PRACTICES

Egyptian Public & Mental Health Department

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, about you, is maintained as a record of your contacts or visits for services with the Egyptian Public & Mental Health Department (EHD). Specifically, "protected health information" or "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 health care service.

EHD 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 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 health care operations and for other purposes that are permitted or required by law.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment, you may obtain a copy of a revised Notice.

If you have any questions about this Notice, please contact the Chief Privacy Officer/Compliance Officer at 618-273-3326, ext. 2013.

Your Rights Under the Privacy Rule

Following is a statement 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. If needed, new versions of this notice will be effective for all PHI that we maintain at that time. This Notice will also be available on our website at www.egyptian.org.

You have the right to authorize other use and disclosure-This means you have the right to authorize or deny any other use or disclosure of PHI that is not specified within this notice. You may revoke an authorization, at any time, in writing, except to the extent that your Healthcare Provider or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to designate a personal representative-This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of PHI.

You have the right to inspect and copy your protected health information-This means you may inspect and obtain a copy of PHI about you that is contained in your record. We have the right to charge a reasonable fee for copies as established by professional, state, or federal guidelines.

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You have the right to request a restriction of your protected health information-This means you may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In certain cases, we may deny your request for a restriction.

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 for an amendment.

You may have the right to request a disclosure accountability-This means that you may request a listing of disclosures that we have made, or your PHI, to entities or persons outside of our office.

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 the types of uses and disclosures that may be made by our office.

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.

We may also call you by name in the waiting room when the staff member is ready to see you. We may use or disclose your PHI, as necessary, 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.

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, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations-We may use or disclose, as needed, your PHI in order to support the business activities of EHD. This includes, but is not limited to: business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance-related activities. Additionally, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures,

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due diligence in connection with the sale or transfer of assets, and creating de-identified information.

Other Permitted and Required Uses and Disclosures

We may also use and disclose your protected health information in the following instances as outlined below. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI.

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 healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that 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, general condition or death. If you are not present to agree or object to the use or disclosure of the PHI, then EHD may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclosed.

As Required by Law-We may use or disclose your PHI to the extent that law requires it.

For Public Health-We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

For Communicable Diseases-We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight-We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

In Cases of Abuse or Neglect-We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made in a manner that is consistent with the requirements of applicable federal and state laws.

To the Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

For Legal Proceedings-We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court.

To Law Enforcement-We may also disclose PHI, as long as applicable legal requirements are

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met, for law enforcement purposes.

In Cases of Criminal Activity-Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI, if it is necessary for law enforcement authorities, to identify or apprehend an individual.

For Military Activity and National Security-When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service.

For Worker's Compensation-Your PHI may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

When an Inmate-We may use or disclose your PHI if you are an inmate of a correctional facility and EHD created or received your PHI in the course of providing care to you.

Required Uses and Disclosures-Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Covered Entity participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("company"). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"), as defined by the Privacy Rule. As OHCA participants, all participating Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by asking for a Complaint Form. You have exactly 180 days to file the complaint, from the date when the act or omission occurred.

Acknowledgement of Receipt of Notice

The Health Insurance Portability and Accountability Act requires EHD to obtain an acknowledgement from you, stating that you received this Notice. Please sign the Acknowledgement of Receipt and return it to staff

If you have any questions regarding this Notice of Privacy Practices, you may call the Chief Privacy Officer/Compliance Officer at 618-273-3326, ext. 2013, or by [email: efowler@egyptian.org](mailto:efowler@egyptian.org).

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**Acknowledgement of Receipt
Notice of Privacy Practices**

I, _____ hereby acknowledge that I received the Notice of Privacy Practices of the Egyptian Public & Mental Health Department. Signatures on this form do not indicate written permission for disclosure. In order to disclose information, a separate release form is required, except in the case of child/elder sexual/physical abuse, or duty to warn in the case of impending physical harm to others.

Consumer Signature

Consumer/Guardian Signature

Date

Check if any of the following apply:

- Parent or Guardian of minor
- Power of Attorney for Health Care
- Guardian with power to make health care decisions

FOR STAFF USE ONLY:

I attempted to obtain an Acknowledgement of the Receipt of the Notice of Privacy Practices on behalf of the Egyptian Public & Mental Health Department. The Health Department was unable to obtain the Acknowledgement because:

- Client refuses to sign
- Other

(Employee Signature)

(Date)

(Staff: Place Acknowledgement in patient/client's record.)