

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

Revised: September 23, 2014

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

Who will follow this notice?

TriCity Family Services provides mental health counseling and Employee Assistance services to our clients through the services of mental health professionals, psychologists and psychiatrists. The information privacy practices in this notice will be followed by:

- All mental health care professionals who treat you at any of our locations.
- All of our employees, staff or volunteers, with whom we may share information.

Our pledge to you.

We understand that health information about you is personal, and are committed to protecting the privacy of your health information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or those received from other health care providers. The law requires us to:

- Keep health information about you private.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice currently in effect.
- We may use or disclose medical information about you **without your prior authorization** for several other reasons. Subject to certain requirements, we may give out health information about you without prior authorization for **public health purposes** (such as reporting births and deaths or preventing/controlling disease, injury or disability), **abuse or neglect reporting, health oversight audits or inspections, research studies, coroner/medical examiner reviews, workers' compensation purposes, governmental functions** (such as protection of public officials or reporting to various branches of the armed

services) and **emergencies**. We may also disclose health information **when required by law** and for **law enforcement purposes**, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders, if you are a **member of the armed forces or foreign military personnel** or if you are an **inmate or under the custody of a law enforcement official**.

Changes to this notice.

We may change our privacy policies and this notice at any time. Changes will apply to health information we already hold, as well as new information held after the change occurs. Before a policy change affecting the privacy of your health information is made, we will change this notice and post the new notice in waiting areas, staff offices, and on our Web site at www.tricityfamilyservices.org. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register.

How we may use and disclose health information about you.

- Your electronic medical records (EMR) is an electronic recording – rather than a paper record – of your medical information. With your permission, we may exchange your information with external or non-affiliated providers in order to facilitate your care.
- We may use and disclose health information about you for treatment (such as sending health information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicaid); and to support our health care operations (such as comparing patient data to improve treatment methods).

Other uses of health information.

- In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing health information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing. However, we cannot take back any disclosures already made with your permission, and must keep records of your care.

Your rights regarding health information about you.

- You have the right to look at or get a copy of health information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct or amend the records, by submitting a request in writing that provides your reason for requesting the correction/amendment. We could deny your request to correct or amend a record if the information was not created by us; if it is not part of the health information maintained by us; or if we determine that record is accurate and complete. You may appeal, in writing, a decision by us not to correct or amend your record.
- You have the right to a list of certain instances where we have disclosed health information about you, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list requested in a 12-month period is free; other requests within the same 12-month period will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.

- You have the right to request that health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. We will not ask you the reason for your request, and will accommodate all reasonable requests.
- You may request, in writing, a limit on the health information we use or disclose about you for treatment, payment or healthcare operations, and may request that we limit the health information disclosed about you to someone who is involved in your care or payment for your care, except when specifically authorized by you, when required by law, or in an emergency. In your request, you must state: (i) what information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) to whom you want to limit the information (for example, disclosures only to your spouse). We will consider your request but are not legally required to accept it. We will inform you of our decision on your request.

Complaints.

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer.
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. Our Privacy Officer can provide you with the address.
- Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer

TriCity Family Services
1120 Randall Court
Geneva, IL 60134
630/232-1070
630/232-1471(Fax)