

**NOTICE OF PRIVACY PRACTICES
KEEP THIS COPY FOR YOUR RECORDS**

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

I. Who We Are

This Notice describes the privacy practices of **Associates of Behavioral Health Northwest**. It applies to services furnished to you at 2030 Algonquin Road, Suite 401 Schaumburg, Illinois.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information (“**Protected Health Information**” or “**PHI**”) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or any other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures without Your Written Authorization

In certain situations, which will be described in Section IV below, we must obtain your written **consent or authorization (“Your Authorization”)** in order to use and/or disclose your PHI. However, unless the PHI is Highly Confidential Information (as defined in Section IV.C below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without Your Authorization for the following purposes:

A. Treatment, Payment and Health Care Operations.

We may use and disclose PHI, in order to treat you, obtain payment for services provided to you and conduct health care operations as detailed below: (Associates of Behavioral Health Northwest policies and procedures require that your written consent/authorization is obtained in order to disclose most PHI).

i. Treatment. We may use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. 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. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

ii. Payment. We may use and disclose your PHI to obtain payment for services that we provide to you from Medicare, the Illinois Medicaid program or another governmental program that arranges or pays the cost of some or all of your health care. We will obtain Your Authorization to disclose PHI to your private health insurer, HMO or other private payor.

iii. Health Care Operations. We may use and disclose your PHI for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that is delivered to you. For example, your PHI may be used to evaluate the quality and competence of our psychologists, social workers and other health care workers.

A

B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use and disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) your agreement is obtained; (2) you are provided with the opportunity to object to the disclosure and you do not object; or (3) it is reasonably inferred that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, professional judgment will be exercised to determine whether a disclosure is in your best interests. If your information is disclosed to a family member, other relative or a close personal friend, only information that is directly relevant to the person’s involvement with your health care or

payment related to your health care will be disclosed. We may disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to the Illinois Department of Children and Family Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the Illinois Department of Children and Family Services, the Illinois Department of Human Services or other governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

E. Health Oversight Activities. We may disclose you PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. Further, unless specifically authorized by a court order, your PHI may not be used or disclosed identifying you as a recipient of substance abuse program services if the purpose is to initiate or substantiate any criminal charges against you or to conduct any investigation of you.

G. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.

I. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

J. Specialized Government Functions. We may disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

K. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

L. As required by law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

For any purpose other than the ones described above in Section III, we may use or disclose your PHI only when you give Your Authorization on our consent or authorization form.

A. Private Payors. Your Authorization must be obtained to disclose PHI to your HMO, health insurer or other private payor.

B. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and Illinois law imposes special privacy protections for “**Highly Confidential Information**”), which is Psychotherapy Notes and the subset of Protected Health Information that is related to: (1) treatment of a mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) genetic testing. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by laws regulating Highly Confidential Information, Your Authorization must be obtained.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision that was made about access to your PHI, please speak with your provider regarding the matter. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.

B. Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be considered carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from your provider and submit the completed form to your provider. We will send you a written response.

C. Right to Receive Confidential Communications. You may request and be accommodated with any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to your provider. A form of Written Revocation is available upon request from your provider.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, access may be denied to a portion of your records. If you desire access to your records, please obtain a record request form from your provider. If you request copies, we will charge you **\$0.10** for each page. We will also charge you for our postage costs, if you request that we mail the copies to you. If you request a summary of your PHI, we will charge you \$25.00 per hour for each summary.

F. Right to Amend Your Records. You have the right to request amendments to your Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from your provider. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 25, 2014. If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.10 for each page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on: April 25, 2014.

B. Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this notice is changed, the new notice terms effective for all Protected Health Information that is maintained, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas.