

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

**Please review this notice carefully.**

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. "Protected health information" or "PHI" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. The confidentiality of mental health and alcohol and drug abuse client records is specifically protected by State and/ or Federal law and regulations. Rosecrance, Inc., Rosecrance Health Network, and Aspen Counseling & Consulting, LLC (collectively the "Covered Entities") are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the program that you attend the program or disclosing any information that identifies you as a mental health client or an alcohol or drug abuser. The violation of State and Federal laws or regulations by the Covered Entities is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with State and Federal regulations. Additionally, the Covered Entities included in this joint Notice will share protected health information with each other, as necessary, to carry out treatment, payment and healthcare operations.

#### **How We May Use and Disclose Health Information About You**

- **For treatment.** We may use medical and clinical information about you to provide you with treatment or services, coordinating care, or managing your treatment. We may disclose PHI to other providers after obtaining your authorization.
- **For payment.** With your authorization, we may use and disclose protected health information about you so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- **For health care operations.** We may use and disclose your protected health information for certain purposes in connection with the operation of our program, including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
- **Required by law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Without authorization.** Applicable law also permits us to disclose information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained below.
- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight

agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

- **Public Health.** We may disclose your PHI for public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. In certain circumstances outlined in the Privacy Regulations, we may disclose your PHI to a person who is subject to the jurisdiction of the Food and Drug Administration with respect to the reporting of certain occurrences involving food, drugs, or other products distributed by such person. In certain limited circumstances, we may also disclose your PHI to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disease is authorized by law. For example, we may disclose PHI regarding the fact that you have contracted a certain communicable disease to a public health authority authorized by law to collect or receive such information.
- **Medical Emergencies.** We may use or disclose your protected health information in a medical emergency situation to medical personnel only. Our staff will try to provide a copy of this notice as soon as reasonably possible practicable after the resolution of the emergency.
- **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.
- **Deceased Client.** We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Research.** We may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to redisclose your protected health information except back to the Covered Entity.
- **Criminal Activity on Program Premises/Against Program Personnel.** We may disclose your PHI to the law enforcement officials if you have committed a crime on program premises or against program personnel.
- **Court Order.** We may disclose your PHI if the court issues an appropriate order and follows required procedures. Special Government Functions. If we have a member of the U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may disclose your PHI to authorized federal officials for national security and intelligence reasons and to the Department of State for medical suitability determinations.
- **With authorization.** We must obtain written authorization from you for other uses and disclosures of your PHI.

### **Your Rights Regarding Your PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to 8616 Northern Avenue, Rockford, IL 61107, 815.399.9700.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions

about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **Complaints**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing to Steve Smith at 8616 Northern Avenue, Rockford, IL 61107, 815.399.9700. You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202.619.0257. We will not retaliate against you for filing a complaint.

### **Confidentiality of Alcohol and Drug Abuse Client Records**

The confidentiality of alcohol and drug abuse client records is protected by additional Federal law and regulations. The Covered Entities are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the Covered Entities that you attend a substance abuse treatment program or disclosing any information that identifies you as an alcohol or drug abuser. Some of the exceptions to this general rule include:

- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent

The violation of Federal laws or regulations by this program is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations

### **Confidentiality of Mental Health Client Records**

The confidentiality of mental health client records is protected by State law and regulations. The Covered Entities are required to comply with these additional restrictions. This includes a prohibition, with limited exceptions, on informing anyone outside the Covered Entities that you are a recipient of mental health treatment or disclosing any information that identifies you as a mental health client. Some of the exceptions to this general rule include:

- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent
- The disclosure for purposes of health information exchange, in accordance with the requirements of the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Unless you have chosen to opt-out of the health information exchange as specified in that Act.

The violation of State laws or regulations by this program is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with State law.

***If you have any questions about this Notice of Privacy Practices, please contact:***

Steve Smith  
8616 Northern Avenue  
Rockford , IL 61107  
815.399.9700

This Notice of Privacy Practices describes how we may use and disclose your protected health information (“PHI”) in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. 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 of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting a copy on our website: <http://www.aspenbh.com/>, sending a copy to you in the mail upon request, or providing one to you at your next appointment.