



Notice of Privacy Practices and Consumer Rights

Effective Date: April 14, 2003 and modifications as of September 22, 2013.

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY. IT ALSO INFORMS YOU OF YOUR RIGHTS UNDER ILLINOIS LAW.

USE AND DISCLOSURE OF PROTECTED MEDICAL INFORMATION

St. Clair Associated Vocational Enterprises, Inc. (SAVE) respects consumer confidentiality and only releases confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of services you have received from SAVE.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you with service, there are times when we will need to share your confidential information with others beyond our organization. Before we can share information about you, you must sign a release giving us permission to take the identified action. You have the right to refuse to give us permission to share that information.

There may be a need for SAVE to share information about you for various reasons. Here are some examples:

- **Treatment** - We may need to use or disclose personal information about you in order to provide, coordinate, or manage your service or any related services. This may include sharing information with others outside SAVE for referral or consultation purposes. In order for this to happen, you will be asked to sign a release to give us permission to share information.
- **Payment** - With your written consent, information will be used to obtain payment for the treatment and services provided to you. This may include contacting your health insurance company for prior approval for planned treatment, or for billing purposes. You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.
- **Healthcare Operations** - We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your case, and training staff.

Information That May Be Disclosed Without Your Consent

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

- **Emergencies** - Sufficient information may be shared to address your needs in an immediate medical or psychiatric emergency you are facing.
- **Follow Up Appointments/Care** - We will be contacting you to remind you of future appointments or information about treatment alternatives or other benefits and services that may be of interest to you. We will leave appointment information on your voice mail unless you tell us not to do so.
- **As Required by Law** - We will share essential information when we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.
- **Coroners** - We are required to disclose information about the circumstances of your death to a coroner who is investigating it.
- **Next of Kin and Emergency Contacts** - We may disclose relevant information to your next of kin or emergency contact after your death under the same circumstances that were permitted when you were alive.
- **Government Requirements** - We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure activities. We are also 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 also with state agencies that fund our services.
- **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 an immediate danger may occur to someone.
- **Marketing/Fundraising** - As a not for profit provider of health care services we may need assistance in raising money to carry out our mission. We may contact you to seek a donation. We also may ask your permission to use your photo or endorsement of SAVE in our marketing materials. Also you may receive various publications that SAVE might distribute to the public unless you ask us not to do that. You will have the opportunity to opt out of receiving such communication. You may also opt out of our providing your contact information for any marketing that results in compensation to SAVE.

CONSUMER PRIVACY RIGHTS

As a consumer, you have the following rights under state and federal law:

- **Copy of Your Record** - You are entitled to inspect the consumer record SAVE has generated about you. We may charge you a reasonable fee for copying and mailing your record. The cost for copies is 20 cents per page. You have the right to request your records be delivered to you in an electronic format (e-PHI) providing the agency has the capability to produce the records in that way. If a mutually agreed upon media cannot be obtained then records will be made available as hard copies. You can request that information be e-mailed to you; however you are also advised that sending documents in this fashion (even if encrypted) can put your PHI at risk.
- **Release of Records** - You may consent in writing to release copies of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your services. You may revoke this consent at any time, but only to the extent that no action has already been taken on your prior authorization. If an attorney or other outside party requests copies (with your permission) of your records, the cost for copying is a \$20 fee. Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.
- **Restriction on Record** - You may ask us not to use or disclose part of your medical information. This request must be in writing. SAVE is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to your Privacy Contact.
- **Contacting You** - You may request that we send information to another address or by alternative delivery means. We will honor such a 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.
- **Amending Record** - If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact your Privacy Contact and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement that you disagree with us. We will then file our response and your statement and our response will be added to your record.
- **Accounting for Disclosures** - You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or program purposes, or that we shared with you or your family, or information that you gave us specific written consent to release. It also excludes information we were required to release. To receive information regarding a disclosure made for a specific time period after April 14, 2003, and for no longer than six years; please submit your request in writing to your Privacy Contact. We will notify you of the cost involved in preparing this list.
- **Notification of Breach** - You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule, as well as the HITECH act and there is an assessment that your protected information may be compromised.
- **Questions and Complaints** - If you have any questions, or wish a copy of this Policy or have any complaints you may contact your Privacy Contact at our office . If you do not have resolution of

your complaint, you may choose to file a grievance with SAVE. You also may complain to the Secretary of the U.S. Department of Health and Human Services if you believe SAVE has violated your privacy rights. We will not retaliate against you for filing a complaint.

- **Changes in Policy** - SAVE reserves the right to change our policies based on the needs of SAVE and changes in state and federal law. Before we make a significant change, we will change our notice and post a new notice in each service delivery site and on our Web site. For more information, contact your Privacy Contact at the phone number listed below.

PRIVACY CONTACTS

If you have any questions about this policy or your rights, contact the Training/Quality Assurance Coordinator at 618-234-1992