

## THE BABY FOLD NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice applies to the residential treatment center and professional foster care programs only.*

Effective Date: April 14, 2003

We respect client confidentiality and only release confidential information about you in accordance with the Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this Agency.

**Privacy Contact.** If you have any questions about this policy or your rights contact the HIPAA Privacy Officer of The Baby Fold at (309) 454-1770.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our Agency. This includes for:

**Treatment.** We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our Agency that we are consulting with or referring you to.

**Payment.** With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

**Healthcare Operations.** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care and training staff.

**Information 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 the immediate 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 health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to.

**As Required by Law.** This would include situations where 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 may disclose information about the circumstances of your death to a coroner who is investigating it.

**Governmental Requirements.** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois 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.

**Fundraising.** As a not for profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a donation.

## **CLIENT RIGHTS**

You have the following rights under Illinois and federal law:

**Copy of Record.** You are entitled to inspect the client record our Agency has generated about you. We may charge you a reasonable fee for copying and mailing your record.

**Release of Records.** You may consent in writing to release 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 care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

**Restriction on Record.** You may ask us not to use or disclose part of the medical information. This request must be in writing. The Baby Fold 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 the **Privacy Contact**.

**Contacting You.** You may request that we send information to another address or by alternative means. We will honor such 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. We also will be glad to provide you information by email if you request it.

**Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the **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 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 medical information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our **Privacy Contact**. We will notify you of the cost involved in preparing this list.

**Questions and Complaints.** If you have any questions, or wish a copy of this Policy or have any complaints you may contact our **Privacy Contact** in writing at our office for further information. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe The Baby Fold has violated your privacy rights. We will not retaliate against you for filing a complaint.

**Changes in Policy.** The Baby Fold reserves the right to change its Privacy Policy based on the needs of our agency and changes in state and federal law.