

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officers: Dr. Ed Marston or Mr. Joseph Rinke  
17746 S. Oak Park Avenue, Tinley Park IL 60477  
Phone: (708) 444-1012**

State and federal law protects the confidentiality of your health information. Protected Health Information (“PHI”) includes any personal or demographic information that may identify you and that relates to your past, present or future physical or mental health condition and healthcare services.

In addition to the legal protection given health records in general, specific state laws protect the confidentiality of mental health records and specific Federal laws and regulations protect alcohol and drug abuse records. Grand Prairie Services is required to comply with these legal restrictions on the use and disclosure of your PHI. This means that, with very few exceptions, we are prohibited from disclosing to anyone outside our organization any information that identifies you as a person receiving our services.

Violation of these laws and regulations by any behavioral healthcare organization is a crime. If you suspect a violation, you may file a report to the appropriate authorities, in accordance with applicable law.

We are required by law to provide you with notice of our legal duties and privacy practices with respect to your Protected Health Information. This Notice of Privacy Practices describes how we may lawfully use and disclose your Protected Health Information. It also describes your rights to access and control your PHI, and how to exercise those rights.

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 Protected Health Information that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting a copy on our corporate website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

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

Listed below are examples of the uses and disclosures that Grand Prairie Services may make of your PHI. These examples are not meant to be exhaustive, but describe the types of uses and disclosures that may be made.

### **Uses and Disclosures of PHI for Treatment, Payment and Healthcare Operations**

- **For Treatment.** Your PHI may be used and disclosed by your treatment team for the purpose of providing, coordinating, or managing your healthcare treatment and any related services. This may include coordination or management of your healthcare with a third party, consultation with other healthcare providers, or referral to another provider for healthcare treatment. For example, your Protected Health Information may be provided to a state agency that referred you to GPS to ensure that you are participating in treatment. In addition, we may disclose your Protected Health Information to another physician or healthcare provider (e.g., a specialist or laboratory) who, at the request of GPS, becomes involved in your care. Except for emergency services, we will not send your PHI to an outside healthcare provider who is caring for you unless you give us written authorization to do so.

- **For Payment.** 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 you receive substance abuse treatment services, we will not use your PHI to obtain payment for your healthcare without your written authorization. If you receive mental health services, we may use your PHI to obtain payment for your healthcare without your specific written authorization.
- **For Healthcare Operations.** We may use or disclose, as needed, your PHI in order to support the business activities of GPS including, but not limited to: quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or counselor. We may also call you by name in the waiting room when it is time to be seen. We may share your PHI with third parties that perform various business activities (e.g., billing or typing services) for Grand Prairie Services, provided we have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI.

We may contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you concerning Grand Prairie Services fundraising activities.

#### **Other Uses and Disclosures That Do Not Require Your Authorization**

- **Required by Law.** We may use or disclose your PHI without your authorization to the extent that the use or disclosure is required by law, such as in response to a Court Order. The information we disclose is limited to only that information which is necessary for legal compliance. To the extent required by law, you will be notified of any such uses or disclosures.

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 federal Privacy Rule.

- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to GPS (such as third-party payors) and peer review organizations performing utilization and quality control.
- **Medical Emergencies.** In a medical emergency situation, we may use or disclose your PHI to medical personnel only. Our staff will try to provide you notice of such disclosure as soon as reasonably 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. The information we disclose is limited to only that information which is relevant to the mandated report.
- **Deceased Patients.** We may disclose PHI regarding deceased patients 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 a 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 Grand Prairie Services.
- **Criminal Activity on GPS Premises/Against GPS Personnel.** We may disclose your PHI to law enforcement officials if you have committed a crime on our premises or against our personnel.

- **Interagency Disclosures.** Limited PHI may be disclosed for the purpose of coordinating services among government programs that provide mental health services where those programs have entered into an interagency agreement.
- **Public Safety.** We may disclose PHI to avert a serious threat to health or safety, such as physical or mental injury being inflicted on you or someone else.

### **Uses and Disclosures of PHI With Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke your authorization at any time, unless GPS or its staff already has acted in reliance on the authorization you provided.

### **Your Rights Regarding Your Protected Health Information**

Your rights with respect to your Protected Health Information are explained below. Any requests with respect to these rights must be in writing.

- **You have the right to inspect and copy your Protected Health Information.** You may inspect and obtain a copy of PHI that is contained in a designated record set for as long as we maintain the record. A “designated record set” contains medical and billing records and any other records that GPS uses for making decisions about you. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances, in which case you will have a right to appeal the denial of access.
- **You have the right to request amendment of your Protected Health Information.** If you believe that the PHI we have about you is incorrect or incomplete, you may ask us in writing to amend the information. In certain cases, we may deny your request for an 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 of it.
- **You have the right to receive an accounting of some types of Protected Health Information disclosures.** You may request an accounting of disclosures for a period of up to six years (excluding disclosures made to you, made for treatment purposes, made as a result of your authorization, and certain other disclosures). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **You have the right to request added restrictions on disclosures and uses of your Protected Health Information.** You have the right to ask us not to use or disclose any part of your PHI for treatment, payment or healthcare operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions.
- **You have a right to request confidential communications.** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. We will not ask you why you are making the request.
- **You have a right to receive a copy of this notice.**
- **You have the right to file a privacy complaint.** If you believe we have violated your privacy rights, you may file a complaint in writing.

*We will not retaliate against you for filing a complaint.*

You may file a privacy complaint with Grand Prairie Services by notifying our Privacy Officer:

**Dr. Ed Marston or Mr. Joseph Rinke**  
**Grand Prairie Services**  
**17746 S. Oak Park Avenue**  
**Tinley Park IL 60477**  
**Phone: (708) 444-1012**

You may also file a complaint with federal privacy authorities as follows:

**U.S. Secretary of Health and Human Services**  
**200 Independence Avenue, S.W.**  
**Washington, D.C. 20201**  
**(202) 619-0257**

**The effective date of this Notice is April 14, 2003.**

**Notice of Privacy Practices  
Receipt and Acknowledgement of Notice**

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**I hereby acknowledge that I have received and have been given an opportunity to read a copy of Grand Prairie Services' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Edward Marston or Mr. Joseph Rinke at 708-444-1012.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent, Guardian or Personal Representative\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**\* If you are signing as a personal representative of a Patient, please describe your legal authority to act for this individual (power or attorney, healthcare surrogate, etc.)**

**Client Refuses to Acknowledge Receipt**

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**