



Carle Clinic Association, P.C.
602 West University Avenue
Urbana, IL 61801

NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2009

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.

The Federal Government published a rule regarding the privacy of protected health information. The Health Insurance Portability and Accountability Act ("HIPAA") established privacy standards that govern organizations like Carle Clinic Association, P.C. ("Clinic"). The Clinic uses health information for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive.

I. WHAT IS PROTECTED HEALTH INFORMATION?

Throughout this notice we will refer to protected health information ("PHI"). PHI is any information we might have about you that relates to your health care or payment for care from which your identity might be known. Some examples of PHI are:

- Your medical records, including but not limited to doctors' notes and orders, x-ray films and reports, lab reports, and nurses' notes; and
- Insurance, billing and similar information relating to payment for your care and treatment.

II. WHO WILL FOLLOW THIS NOTICE?

This notice describes the Clinic's privacy practices and applies to:

- All departments and branch sites of the Clinic; and
- Administrative staff and all other employees of the Clinic.

III. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that your health information is personal, and we are committed to maintaining the privacy of your health information. We create a record of the care and services you receive at the Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to:

- take steps to make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that is currently in effect.

IV. HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we may use and disclose PHI without your written authorization will fall within one of the categories. Other uses and disclosures of PHI not otherwise permitted by HIPAA will be made only with your written authorization or in accordance with more stringent law. You may revoke your written authorization at any time provided that the revocation is in writing, except when the Clinic has already taken action based on the authorization.

A. For Treatment. We may use and disclose your PHI to provide, coordinate and manage your care. This includes communications with doctors, nurses, technicians, medical students or other personnel both within and outside the Clinic to ensure continuity of care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the clinic also may share your medical information in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.

B. For Payment. We may use and disclose your PHI so that the treatment and services you receive at the Clinic may be billed to, and payment may be collected from, an insurance company or a third party. For example, we may need to provide your PHI to your health insurer or health plan so that they can make a determination of eligibility for benefits and provide prior approval for recommended treatment. We may also use and disclose PHI to obtain payment from your health insurer or health plan, or from other third parties that may be responsible for your health care expenses, such as family members.

C. For Healthcare Operations. We may use and disclose PHI for the health care operations of the Clinic. These uses and disclosures are necessary to run the Clinic and make sure that all of our patients receive quality care. For example, we may use PHI to review your care and treatment and evaluate the performance of our staff in caring for you. We may disclose PHI to residents, interns and other students for educational purposes. We may share PHI with other covered entities for their health care operations under certain circumstances. We may, also, combine PHI about many Clinic patients to determine additional services the Clinic should offer, what services are not needed, and whether certain new treatments are effective.

D. To Business Associates. We may share your PHI with third party “business associates” that perform services on our behalf, such as billing or transcription for the Clinic. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that require the business associate to provide certain privacy protections for the PHI it receives or creates on our behalf.

E. Within an Organized Health Care Arrangement. The Clinic is a legal entity separate from Carle Foundation Hospital and other healthcare facilities. We are, however, an Organized Health Care Arrangement with Carle Foundation Hospital and other healthcare facilities for the purpose of sharing medical information as necessary to carry out treatment, payment and healthcare operations. Physicians and staff at these facilities may have access to PHI for those purposes.

F. To Affiliated Covered Entities. The Clinic and Health Alliance Medical Plans are Affiliated Covered Entities. PHI will be made available to Health Alliance Medical Plans as necessary to carry out treatment, payment, healthcare operations and other purposes.

G. For Appointment Reminders. We may use your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the Clinic.

H. To Communicate Health-Related Benefits & Services and Treatment Alternatives. We may use and disclose PHI to inform you of health-related benefits or services or to recommend possible treatment options or alternatives that may be of interest to you.

I. To Individuals Involved in Your Care or Payment for Your Care. In most circumstances, we may disclose to a member of your family, a relative, or a close friend or other person your PHI that directly relates to that person’s involvement in your health care or payment for care. If you are not present or otherwise unable to agree or object to such a disclosure, we may disclose such PHI if we determine in our professional judgment that it is in your best interest. We may use or disclose certain PHI to notify or assist in notifying a family member or any other person that is responsible for your care of your location, general condition or death.

J. Required by Law. We will disclose your PHI when required to do so by federal, state or local law. For example, the Clinic is required to report certain injuries such as gunshot wounds that may have resulted from an unlawful act.

K. Public Health. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. For example:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person to the extent permitted by law regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals to the extent permitted by law if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if you agree or if we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

L. Health Oversight. We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government agencies to oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

M. Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process, but only if we receive assurances that a reasonable effort has been made to inform you of the request, or that reasonable efforts have been made to obtain a qualified protective order over the requested PHI.

N. Law Enforcement. We may disclose PHI, to the extent required or permitted by law, for law enforcement purposes, including:

- Responding to a court order, subpoena, warrant, summons or otherwise as required by law,
- Identifying or locating a suspect, fugitive, material witness or missing person
- Reporting information pertaining to victims of a crime,
- Reporting suspicion that death has occurred as a result of criminal conduct,
- Reporting crimes that occur on the premises of the Clinic, and
- Responding to a medical emergency (not on the Clinic’s premises) and it is likely that a crime has occurred.

O. Coroners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

P. For Disaster Relief Efforts. We may use or disclose your PHI to appropriate disaster relief organizations engaging in disaster relief efforts, for the purpose of coordinating with such entities to notify your family or other persons involved in your health care of your location, general condition or death. We will not make such disclosures if you object, unless we determine that restricting the disclosure would interfere with the ability to respond to emergency circumstances.

Q. For Research. We may use and disclose your PHI to researchers when the Clinic has received assurances from a researcher to protect the privacy of your PHI, when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved a waiver from the requirement for subject authorization, or as otherwise permitted by law.

R. Responding to Threats. Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

S. Organ and Tissue Donation. We may use and disclose your PHI to organizations that procure, transplant or bank eyes, organs or tissue as necessary to facilitate organ, eye or tissue donation and transplantation.

T. Military Activity and National Security. If you are a member of the armed forces, we may use or disclose PHI (1) as required by military command authorities, (2) for the purpose of determining by the Department of Veterans Affairs of your eligibility for benefits, or (3) for foreign military personnel to the appropriate foreign military authority. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the protective services to the President or other dignitaries.

U. Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

V. Inmates. If you are an inmate of a correctional facility or are in lawful custody of a law enforcement official, we may, under certain circumstances, disclose your PHI to the correctional facility or law enforcement official.

W. Disclosures to HHS. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services (HHS) to investigate or determine our compliance with the requirements of 45 C.F.R. Part 164, subpart E.

V. POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

HIPAA generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any applicable state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

VI. INFORMATION WITH ADDITIONAL PROTECTION

Certain types of PHI may have additional protection under federal or State law. For example, mental health records, certain genetic test results, HIV/AIDS test results and federally assisted alcohol and substance abuse treatment program records are subject to special restrictions on our use and disclosure under various laws.

VII. YOUR RIGHTS REGARDING YOUR PHI, AND HOW YOU MAY EXERCISE THESE RIGHTS

A. You Have the Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Carle Clinic Association, ATTN: Health Information Management Department, 602 West University Avenue, Urbana, IL 61801. We will not ask you the reason for your request. We will endeavor to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

B. You Have the Right to Request Restrictions of Uses and Disclosures of PHI. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **The Clinic is not required to agree to your request.** If we do agree to your request for a restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction of uses and disclosures of your PHI, you must make your request in writing to Carle Clinic Association, ATTN: Health Information Management Department, 602 West University Avenue, Urbana, IL 61801.

C. You Have the Right to Inspect and Copy Certain Categories of PHI. You may inspect and obtain a copy of your PHI with some exceptions. **We may charge you a reasonable fee for copying and mailing records.**

To inspect and obtain a copy of your PHI, you must submit your request in writing to Carle Clinic Association, ATTN: Health Information Management Department, 602 West University Avenue, Urbana, IL 61801.

D. You Have the Right to Request the Clinic to Amend Your PHI. If you feel that any of your PHI is incorrect or incomplete, you have the right to ask us to amend the information. Amending the information means adding to the information with which you disagree. It does not include deleting, removing or otherwise changing the content of the record. You have the right to request an amendment for as long as the information is kept by or for the Clinic. To request an amendment, your request must be made in writing and submitted to Carle Clinic Association, ATTN: Health Information Management Department, 602 West University Avenue, Urbana, IL 61801. Your request must identify the PHI you feel is inaccurate or incomplete, and the reason for your request.

E. You Have the Right to Receive an Accounting of Certain Disclosures We Have Made, if Any, of Your PHI. This does not apply to disclosures for the purposes of treatment, payment or health care operations, disclosures we have made to you, your family members, or personal representatives, or others involved in your care, disclosures you have authorized, and other disclosures which are exempt from the accounting requirements under federal or state law. Your right to receive an accounting of disclosures applies only to disclosures made on or after April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to Carle Clinic Association, ATTN: Health Information Management Department, 602 West University Avenue, Urbana, IL 61801. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate whether you wish to receive the list in paper form or electronically. If you request more than one (1) accounting in any twelve (12) month period, you may be assessed a reasonable charge to prepare additional accountings. We will notify you in advance of any such charges, and you may choose to withdraw or modify your request at that time before any costs are incurred.

F. You Have the Right to Obtain a Paper Copy of This Notice Upon Request. Additional copies of this notice are available for printing on our website at www.carle-clinic.com, or obtain a copy from any of our service delivery sites.

VIII. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised notice effective for all PHI maintained by the Clinic. We will post a copy of the current notice in the Clinic. The notice will contain the effective date on the first page.

IX. COMPLAINTS

If you have concerns about your privacy rights, you may file a complaint with the Clinic or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Clinic, please contact:

Carle Clinic Association,
ATTN: Compliance Department
602 West University Avenue
Urbana, IL 61801
Telephone: (217) 326-2740

You will not be penalized for filing a complaint in good faith.

X. CONTACT

If you have any questions about this notice, please contact the Carle Clinic Association Compliance Department at (217) 326-2740 during normal business hours, Monday – Friday, 8 a.m. – 5 p.m.



ACKNOWLEDGEMENT OF RECEIPT

Dear Patient:

Carle Clinic Association is required by law to notify you of our privacy practices. This document serves as our notice to you. To acknowledge that you have received this notice, we respectfully ask that you complete this form and return it to us at your earliest convenience.

Please complete the requested information for yourself (the patient).

Please Print

Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Birth Date: _____

Clinic # _____

You may return this at the time of your next appointment, enclose it with your account payment or mail it to:

**Carle Clinic Association
ATTN: Health Information Management Department
602 West University Avenue
Urbana, IL 61801**