

**LIFELINKS MENTAL HEALTH  
NOTICE OF PRIVACY PRACTICES**

**Effective Date: July 1, 2013**

**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.**

If you have questions about this Notice of Privacy Practices ('Notice'), please contact:

**LifeLinks' HIPAA Privacy Officer**

**Phone Number: (217) 238-5700**

**Section A: Who Will Follow this Notice?**

This notice describes LifeLinks Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:

- All of LifeLinks' programs.
- Any member of a volunteer group.
- All employees, staff and other LifeLinks' personnel.
- Any entity, site or location providing services under LifeLinks' direction and control will follow the terms of this notice. These entities, sites and locations may share medical information with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

**Section B: Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at LifeLinks. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by LifeLinks.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information about you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

**Section C: How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information. In order to effectively provide you care, there are times when we will need to share your medical information with others beyond our practice. This includes for:

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, interns or other agency personnel who are involved in taking care of you at LifeLinks. We will share information with others outside our agency for consultation and/or referral only with your signed consent to do so.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at LifeLinks may be billed and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you for LifeLinks' business operations. These uses and disclosures are necessary to run LifeLinks and make sure all of our consumers receive quality care. Examples may include reviewing your plan of care and staff training.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care at LifeLinks.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for LifeLinks and its operations. If you do not want LifeLinks to contact you for fundraising efforts, you must notify us in writing and you will be given the opportunity to 'Opt-out' of these communications.
- **Authorizations Required.** We will not use your protected health information for any purpose not specifically allowed by Federal or Illinois State laws or regulations without your written authorization; this includes the use of your PHI for marketing or sales activities.
- **Emergencies.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Psychotherapy Notes.** Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.
- **Individuals Involved in Your Care or Payment for Your Care.** We will not release medical information about you to a friend or family member who is involved in your medical care and give information to someone who helps pay for your care without your written authorization.
- **Research.** We will not use or disclose medical information about you for research purposes without your written authorization.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **E-Mail Use.** E-mail will only be used following LifeLinks' current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

#### Section D: Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you are required by military command authorities. We may release medical information about foreign military personnel to appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation.
- **Public Health Risks.** We may disclose medical information about you for public health activities including:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products that they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena or other lawful process.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at LifeLinks; and
  - in emergency circumstances, to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information about you to a coroner, medical examiner or funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protected Services for the President and Others.** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

## Section E: Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect and Copy.** You have the right to access, inspect and copy the information that may be used to make decisions about your care, with a few exceptions. Usually this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by LifeLinks will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for LifeLinks. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Provider;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an 'Accounting of Disclosures.' This is a list of the disclosures we made of medical information about you. 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 in what form you want the accounting (paper or electronically, if available). The first accounting you request within a 12 month period will be complementary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for payment or healthcare operations. This request must be in writing. LifeLinks is not required to agree to your request if we believe it is your best interest to permit use and disclosure of information. We will not comply with any requests to restrict the use or access of your medical information for treatment purposes.

You also have the right to restrict use and disclosure of your medical information about a service for which you have paid out of pocket, for payment or operation (but not treatment) purposes, if you have completely paid your bill for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event no later than 60 days following the discovery of the breach. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the age of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more consumers whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 consumers in Illinois, we will send notices to prominent media outlets and we are required to immediately notify the Secretary of the Department of Health and Human Services ('Secretary'.) We are also required to submit an annual report to the Secretary of a breach that involved less than 500 consumers during the year and will maintain a written log of breaches involving less than 500 consumers.

To exercise the above rights, please contact LifeLinks' Privacy Officer to obtain a copy of the relevant form you will need to complete to make your request.

### **Section F: Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page in the top right hand corner, the effective date. In addition, each time you are admitted for treatment or healthcare services, we will offer you a copy of the current Notice in effect.

### **Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with LifeLinks or with the Secretary of the Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/complaints/index.html>. To file a complaint with LifeLinks, contact the Privacy Officer listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Section H: Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws of the State of Illinois that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Section I: Organized Healthcare Arrangement**

LifeLinks Mental Health and other healthcare providers affiliated with LifeLinks have agreed, as permitted by law, to share your health information among themselves for purpose of treatment, payment, or health care operations. This enables us to better address your healthcare needs.

Revision Date: March 3, 2013 to be compliant with HIPAA Omnibus Privacy Rules.  
Original Effective Date: April 14, 2003.