



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, according to federal and state law [the Health Insurance Portability and Accountability Act (HIPAA) and more restrictive laws concerning specific types of health information]. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights. You have the right to:

- **Get an electronic or paper copy of your medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you by completing a Release of Information request. We will provide a copy or a summary of your health information.
- **Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete by submitting a request in writing, including the reason(s) you want to make the change(s). We may say “no” to your request, but we will tell you why in writing within 60 days. Your written request to change the record becomes part of your record.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home, cell, or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit the information we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information:** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You must submit your request in writing.

- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Discuss this notice with someone from our office:** You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing your provider; the contact information is at the end of this notice.
- **Choose someone to act for you:** If someone has authority to act as your personal representative, such as if someone is your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority to act for you before we take any action.
- **Choose in advance about fundraising:** You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications.
- **File a complaint if you feel your privacy rights have been violated:** You can complain if you feel we have violated your rights by contacting us at 708-580-7026 or emailing intake@connectionsmd.com. You can file a complaint with the Illinois Department of Professional Regulation at 312-814-6910, or with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington DC, 20201, calling 877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices regarding what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will give you the paperwork for you to put your preferences in writing.

With your consent, we typically use or share your health information in the following ways.

- **Treat you:** We can use your health information and share it with other professionals who are treating you. *Example: A mental health provider asks your primary care doctor about your overall health condition and mental health medications.*
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Redisclosure according to HIPAA: When you consent to uses and disclosures for treatment and payment purposes and to run our business, we may share your information with other treatment programs, medical offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent form to share your information
- To prevent multiple enrollments in treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law
- To include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

If you consent to disclose your protected health information to a party that is NOT covered by HIPAA, the information would no longer be protected by privacy law, and the receiver could redisclose your information without legal penalty.

OUR USES AND DISCLOSURES

With your consent, we typically use or share your health information in the following ways.

- **Treat you:** We can use your health information and share it with other professionals who are treating you. *Example: A mental health provider asks your primary care doctor about your overall health condition and mental health medications.*
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

We are allowed or required to share your information in certain ways without your consent—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

We can share health information about you for certain situations such as:

- **To communicate within our program and with contractors:** We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.
- **For medical emergencies:** We can share your information during a medical emergency with the responding personnel and health care providers, even when you are unable to consent because of the emergency. We can also share your identifying information to the Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.
- **Help with public health:** We can share health information that does not identify you for certain situations such as preventing disease or reporting adverse reactions to medications.
- **Scientific research:** for health research. Researchers cannot include any patient identifying information in their reports about the research.
- **Respond to management and financial audits and program evaluations:** We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view and receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

- **Complying with the law:** if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Responding to organ and tissue donation requests:** with organ procurement organizations.
- **Assist with cause of death inquiries:** We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.
- **Report safety issues:** In cases of suspected child, elder, or vulnerable person abuse and neglect, or preventing or reducing a serious threat to anyone's health or safety, we will only report the information required by law.
- **Addressing workers' compensation, law enforcement, and other government requests:** for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; for special government functions such as military, national security, and presidential protective services.
- **Prevent or reduce crime in our program:** We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.
- **Responding to lawsuits and legal actions:** in response to a court or administrative order, or in response to a subpoena. We must follow certain procedures before using or sharing your information for investigations and legal proceedings. Substance use treatment records are subject to the following:
 - We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
 - We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
 - We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
 - We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

OUR RESPONSIBILITIES

- We are required to obtain your consent for most uses and sharing of your information.

- Some health information requires specific permission to disclose, including information about mental health, substance use, disabilities, HIV/AIDS status, and for restricted purposes regarding reproductive health. We will not share your mental health, substance use, disability, HIV/AIDS, or covered reproductive health information without your written consent unless it is for treatment or another law requires us to share the information.
 - The HIPAA Privacy Rule to Support Reproductive Health Care Privacy “prohibits the disclosure of protected health information for the purpose of investigating or imposing a criminal, civil, or administrative liability on any person for merely ‘seeking, obtaining, providing, or facilitating reproductive health care’ where that health care is legal. It also prohibits providing identification information for the same purposes.” For example, if a resident of a state where abortion is banned receives a legal abortion in a state where it is legal and then informs their health provider in their home state that they received a lawful abortion, the health provider “is prohibited from disclosing that information to law enforcement or another third-party to identify, investigate, or penalize the patient.” The Rule “also applies to reproductive health care that is protected by federal law (e.g. accessing contraceptives, which is constitutionally protected) regardless of where the health care is received.” (<https://www.socialworkers.org/About/Legal-Defense-Fund/Legal-Issues/New-HHS-Final-Rule-Protects-Reproductive-Health-Information-from-Disclosure>)
 - “HIPAA-covered entities who receive a request for protected health information that is potentially related to reproductive health care are required to obtain a signed attestation” from the requestor “that the use or disclosure is not for a prohibited purpose’ wherever the request pertains to one of the following:
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Disclosures to coroners and medical examiners”
 (<https://www.socialworkers.org/About/Legal-Defense-Fund/Legal-Issues/New-HHS-Final-Rule-Protects-Reproductive-Health-Information-from-Disclosure>) For example, if law enforcement requests health information regarding reproductive care, they must sign an attestation acknowledging that they may not use the information for any unlawful purpose.
- We are required by law to maintain the privacy and security of your information.
 - We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, from our office and on our website.

QUESTIONS AND COMPLAINTS

We encourage you to ask any questions and express any concerns you may have regarding the privacy of your information; please contact your provider at Connections Mental Health PLLC, 708-580-7026, intake@connectionsmd.com.

Connections Mental Health PLLC never markets or sells personal information. We do not fundraise. We are not part of a hospital or any other entity that would publish a directory.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Further, you consent to use an electronic signature to acknowledge this agreement.