

**DePaul**  
**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.**

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of DePaul program staff and affiliated health care providers. A copy of our current notice will always be posted in our common areas and on our Web site.

Please note that information related to substance abuse, mental health and HIV has additional privacy restrictions and is covered by other state and Federal laws.

This notice does not contain all DePaul policies and procedures related to privacy and security. **If you have any questions about this notice or would like specific policies or further information, please contact the Quality Management Department.**

**Who Will Follow This Notice?**

**DePaul maintains health care information on your behalf jointly with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by:**

- Any health care professional or other treatment provider who treats you at any of our locations;
- All employees, health care professionals, trainees, students or volunteers at any of our locations;
- Any business associates of our programs (which are described further below).

**The Law:**

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA details how your Protected Health Information (PHI) may be used and disclosed to third parties to carry out treatment payment and operations of the organization and for other purposes as detailed by the law. It also details your rights to access and control your protected health information. Not all programs of DePaul perform all functions outlined in this policy. For example, if we do not bill your insurance company for services rendered to you, we will not release service information to your insurance company.

**We are required by law 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 medical information about you; and
- Follow the terms of the notice that is currently in effect.

**Changes To This Notice:**

We reserve the right to **change this notice** and 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 most current notice in public areas of our facility. The notice will be available on our Web site.

**Our Pledge Regarding Protected Health Information:**

We understand that information about you and your health and treatment is personal. We are committed to protecting this information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

## **What Health Information Is Protected**

Information that you are a client at any DePaul Program as well as information related to your diagnosis and/or conditions and any services that you receive at DePaul is protected. Any information that includes your name or other identifiers about you such as Social Security Number, Drivers License, phone number etc. is also protected.

## **How We May Use And Disclose Your Protected Health Information:**

The following categories describe different ways that we may use and disclose medical information. Each category of uses or disclosures is explained, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use information about you to provide you with treatment or other services that we provide. We may disclose information about you to our staff as needed to provide you with services. We will release only the minimum amount of information necessary to provide services to you. We also may disclose information about you to people outside the facility who are involved in your care, such as a designated family member in case of an emergency or others we use to provide services that are part of your care, such as your HMO. (**Note:** In Addiction Services and also for HIV information, we cannot disclose this information without your written authorization.)

**For Payment:** If we bill you or your insurance company for services rendered to you, we may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. (**Note:** In Addiction Services and also for HIV information, we cannot disclose this information without your written authorization.)

**Business Operations:** We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and payors for certain business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

**Business Associates:** We may disclose your health information to contractors, agents and other associates who need information to assist us in carrying out our business operations. Our contracts with them require that they protect the privacy of your health information.

**Fundraising:** To support our business operations, we may use demographic information about you, including information about your age and gender, when deciding whether to contact you or your personal representative to raise money to help us operate

**Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other clients in the program area may see, or overhear discussion of, your health information.

**Appointment Reminders:** If it is the practice of your program at DePaul to send out appointment reminders, we may contact you as a reminder that you have an appointment or notify you that you missed an appointment for treatment in order to reschedule the appointment. You have the right to request that we contact you in a way that is more confidential for you. To make this request, contact the Quality Management Department.

**Treatment Aftercare Alternatives:** We may contact you after discharge for follow up or to tell you about or recommend possible treatment aftercare options that will benefit you.

**Research:** Before we use or disclose medical information for research, you must sign a research authorization form. Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. However all research projects, are subject to a special approval process. (**Note:** In Addiction Services and also for HIV information, we cannot disclose this information without your written authorization.)

**As Required By Law:** We will disclose minimally necessary medical information about you when required to do so by federal, state or local law.

**To Report Victims of Abuse or Neglect:** We may release information to a public authority which requires us to report abuse or neglect. This includes reporting child abuse and following this report with a written confirmation.

**To Avert A Serious Threat To Safety:** We may use and disclose minimally necessary 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.

**Workers' Compensation:** Upon your request, we may release minimally necessary information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness. State and/or federal law control the release of such information.

**Public Health Risks:** We may disclose minimally necessary information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability or to report reaction to medication or problems with products;
- 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

**Health Oversight Activities:** We may disclose minimally necessary information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may also disclose information involving repairing, replacing or recalling a defective product to the manufacturer of the product.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose minimally necessary information about you in response to a court order or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release minimally necessary information about you if asked to do so by a law enforcement official:

- In response to a proper court order or similar process;
- In response to a judicial subpoena for a member of DePaul staff;
- About criminal conduct involving our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of person who committed the crime if the crime is on agency premises or against agency personnel.

**Note:** In Addiction Programs unless a crime is committed on agency premises or against an individual on agency premises or law enforcement agents are in "hot pursuit", we cannot disclose information without consent.

**Medical Examiners:** We may also release minimally necessary information about you to a medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities:** We may release minimally necessary medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Facility Directory:** If you do not object, we may include your name and your location in our facility in our Facility Directory or program postings while you are in the program. (Does not apply to Addiction Programs.)

**Family and Friends Involved In Your Care:** If you do not object, we may share your health information with a family member, relative, or close personal friend. (Does not apply to Addiction Programs.)

**De-Identified Information:** - We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified."

**Uses and disclosures other than those defined above will be made only with your written authorization.**

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

**Right to Inspect and Copy:** You have the right to inspect and receive copies of medical information that may be used to make decisions about your care.

**Right to Amend:** If you feel that any of the 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 our facility. To request an amendment, your request must be made in writing and submitted to the **Quality Management Department**. 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 our facility;
- Is not part of the information which you would be permitted to inspect and 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 non-routine disclosures we have made of your information. We are not required to account for routine disclosures, for example disclosures between DePaul staff regarding your care.

To request this accounting of disclosures, you must submit your request in writing, to the **Quality Management Department**. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12 month period will not include a cost for providing the disclosure list. For additional accountings, 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.

To make any of the above requests, you must submit your written request to the **Quality Management Department**. If you request a copy of your health information, we may charge you a copying fee.

**Right to a Copy of This Notice:** You have the right to a copy of this notice. You may ask the **Quality Management Department** to give you an additional copy of this notice at any time.

**Right to Request Restrictions:** Even though all disclosures we already make are minimally necessary, you have the right to request a restriction or limitation on the medical information we use or disclose about you. You have the right to request a restriction on the people who are able to obtain the information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. **To request a restriction or limitation, your request must be made in writing and submitted to the Quality Management Department.**

### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with DePaul or with the Office for Civil Rights (OCR) by mail, fax or e-mail. To file a complaint with **DePaul**, contact the **Quality Management Department**. You must submit all complaints in writing. If you need help filing a complaint with the **OCR** or have a question about filing the complaint you can contact their Web site <http://www.hhs.gov/ocr/privacy/howtofile.htm> or reach them at 1-800-368-1019.

**DePaul**

## **Acknowledgement of Receipt of Privacy Notice**

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by DePaul.

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Signature of Client or Personal Representative      Date

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Print Name of Client or Personal Representative      Date