

Proactive Behavior Services Privacy Notice

Privacy Officer: Quality Assurance Manager

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

YOUR RIGHTS

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. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what 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 it would affect your care. 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 information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

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.

Choose someone to act for you

If you have given someone 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 and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-8770-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not Retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about 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 follow your instructions.

In these cases, you have both the right and choice to tell us to

Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory. Contact you for fundraising efforts. 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 and most sharing of psychotherapy notes.

In these cases of fundraising

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

OUR USES AND DISCLOSURES

How we typically use and share your health information? We typically use or share your health information in the following ways.

Treatment

We can use your health information and share it with other professionals who are treating you.

Example: In counseling you about a specific problem, a doctor, counselor/therapist or supervisor

May check your record to see what may have been mentioned about that problem during your intake appointment.

For Payment

We may use and disclose health information about you so that the treatment and services you receive from PBS may be billed and payment may be collected from you, from an insurance send your protected health information, such as your name, address, office visit date or treatment date, and codes identifying your diagnosis and treatment to your insurance company or an identified entity responsible for submitting payment in your behalf.

For Health Care Operations

We may use and disclose health information about you for health care operations to help assure that you receive high quality care. **Example:** We may use health information in your records to review and supervise the services you receive and evaluate the performance of our staff in servicing you.

How else can we use or share your health information

We are allowed or required to share your information in other ways—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.

Help with public health and safety issues

We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you 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.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official. We can use or share your information with health oversight agencies for activities authorized by law for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

However, only minimum amount of health information needed to accomplish the intended purpose, disclosure, or request will be shared in order to protect your privacy. Keep in mind, however, that state laws regarding mental health and developmental disabilities records and communication, regarding the practice of counseling and social work, regarding substance abuse matters, and regarding certain other health issues, as well as federal laws about substance abuse matters may be even more restrictive about disclosure of clients' health information than the HIPAA law mention above. When those more restrictive laws apply, the HIPAA law itself says we must follow the more restrictive state and federal laws.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will 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 in this notice and Give you a copy of it. We will not use or share your information other than as described her 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 reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health 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, with the effective date near the top of the page.

This Notice of Privacy Practices applies to

Any health care provider authorized to obtain identifiable health information to enter into your treatment record, anyone at this agency (e.g., staff, all employees, and other personnel) who may need access to your health information is bound by this notice. All business associates, subsidiaries, sites and locations, of this agency can share health information for the purpose of treatment, payment, or health care operations outlined in this notice. However, only the minimum amount of health information needed to accomplish the intended purpose, disclosure, or request will be shared.

Contact Address

To contact us about an item addressed herein, please direct the inquiry to:
Privacy Officer at Proactive Behavior Services
1644 Colonial Parkway
Inverness, Illinois 60067

215 N. Main Street
Algonquin, Illinois 60102

RECEIPT OF NOTICE OF PRIVACY PRACTICES

This is to certify that on the following date: _____
I have been offered a copy of the Notice of Privacy Practices of (Proactive Behavior Services)

Signed: _____

Printed Name: _____

Date Signed: _____

FOR OFFICE USE ONLY

On the following date: _____ the person whose name is printed above was
offered a copy of the Notice of Privacy Practices but that person declined to sign this receipt.

Staff Signed: _____

Print Name: _____

Date signed: _____