

# NOTICE OF PRIVACY PRACTICES - Carle Health - Trillium Place Human Service Center

**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 maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information.

Your medical information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status, medical claims history, address, and policy or social security number.

## WHO WILL FOLLOW THIS NOTICE

**CARLE HEALTH - TRILLIUM PLACE HUMAN SERVICE CENTER.** This Notice describes the privacy practices of Carle Health - Human Service Center ("CH-TP HSC") and all of its programs and departments, including its health clinics.

**MEDICAL STAFF.** This Notice also describes the privacy practices of an "organized health care arrangement" or "OHCA" between CH-TP HSC and eligible providers on its Medical Staff. Because CH-TP HSC is a clinically-integrated care setting, our clients receive care from CH-TP HSC staff and from independent practitioners on the Medical Staff. CH-TP HSC and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, CH-TP HSC and all eligible providers on its Medical Staff have entered into the OHCA under which CH-TP HSC and the eligible providers will:

- Use this Notice as a joint notice of privacy practices for all visits and follow all information practices described in this notice;
- Obtain a single signed acknowledgment of receipt; and
- Share medical information from visits with eligible providers so that they can help CH-TP HSC with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

Covered Entity participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Health Care Operations purposes of the OHCA.

## DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL SUBSTANCE USE DISORDER RULES

For patients whose records are subject to federal law governing the privacy of substance use disorder records, the following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside CH-TP HSC without your permission. These are permitted under the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2.

**MEDICAL EMERGENCIES.** We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration ("FDA") who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

**RESEARCH.** Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

**AUDIT AND EVALUATIONS.** We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to CH-TP HSC or those who conduct audits and evaluations necessary under federally-funded health care programs and federal agencies with oversight of those programs.

**REPORTING CERTAIN CRIMINAL CONDUCT.** The following information is not protected:

- Information related to your commission of a crime on the premises of CH-TP HSC;
- Information related to your commission of a crime against CH-TP HSC personnel; and
- Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

**INDIVIDUALS INVOLVED IN YOUR CARE.** Depending on your age and mental capacity, we may be permitted to make certain disclosures of your

information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information.

**DECEASED PATIENTS.** We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

**PREVENTION OF MULTIPLE ENROLLMENTS.** We may disclose certain information about you to a central registry or other treatment program within a 200 mile radius for the purpose of preventing multiple enrollments.

**JUDICIAL PROCEEDINGS.** We may disclose information about you in response to a court order and subpoena that comply with the requirements of the regulations.

**QUALIFIED SERVICE ORGANIZATIONS.** We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to CH-TP HSC.

## HIPAA USES AND DISCLOSURES OF INFORMATION

The following are the types of uses and disclosures we may make of your medical information. These are general descriptions only. They do not cover every example of disclosure within a category. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. Those records subject to 42 C.F.R. Part 2 are subject to the restrictions described in the prior section.

**TREATMENT.** We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care at CH-TP HSC. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

**PAYMENT.** We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

**HEALTH CARE OPERATIONS.** We may use or disclose your medical information for our health care operations. For example, medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

**BUSINESS ASSOCIATES.** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

**APPOINTMENT REMINDERS.** We may contact you as a reminder that you have an appointment for treatment or medical services.

**TREATMENT ALTERNATIVES.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**FUNDRAISING.** We may contact you as part of a fundraising effort. We may also use and we may disclose to a business associate or to a foundation related to CH-TP HSC certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for CH-TP HSC. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to "opt out" and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already prepared a communication prior to receiving notice of your election to opt out.

**FAMILY FRIENDS OR OTHERS.** We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such medical information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster

relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

**REQUIRED BY LAW.** We will use and disclose your information as required by federal, State or local law.

**PUBLIC HEALTH ACTIVITIES.** We may disclose medical information about you for public health activities. These activities may include disclosures:

- to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- to appropriate authorities authorized to receive reports of child abuse and neglect;
- to FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated 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; and,
- with parent or guardian permission, to send proof of required immunization to a school.

**ABUSE, NEGLECT OR DOMESTIC VIOLENCE.** We may notify the appropriate government authority if we believe you been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

**HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.** If you are involved in a lawsuit or a 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, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

**LAW ENFORCEMENT.** We may release certain medical information if asked to do so by a law enforcement official:

- as required by law, including reporting certain wounds and physical injuries;
- 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 we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- to alert authorities of a death we believe may be the result of criminal conduct;
- information we believe is evidence of criminal conduct occurring on our premises; 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.

**DECEASED INDIVIDUALS.** We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

**ORGAN, EYE OR TISSUE DONATION.** We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

**RESEARCH.** Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

**THREATS TO HEALTH OR SAFETY.** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

**SPECIALIZED GOVERNMENT FUNCTIONS.** We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

**WORKERS' COMPENSATION.** We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**INCIDENTAL USES AND DISCLOSURES.** There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**AUTHORIZATION REQUIREMENT.** There are many uses and disclosures we will make only with your written authorization. These include:

- Uses and Disclosures Not Otherwise Described – We will obtain your authorization for any use or disclosure of your information that is not described in the preceding examples of this Section.
- Disclosure of Psychotherapy Notes – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
- Marketing or Sale Purposes – We will not use or disclose your information for marketing purposes, and we will not sell your information without your authorization. If either apply, such will be noted on the form.

## INDIVIDUAL RIGHTS

**REQUEST FOR RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact the Privacy Officer at the address listed below if you have questions regarding which providers will be involved in your care.

**ACCESS TO MEDICAL INFORMATION.** You may inspect and copy much of the medical information we maintain about you, with some exceptions. If we maintain the information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your medical information to another

person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

**AMENDMENT.** You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

**ACCOUNTING.** You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for the six years prior to your request. Your right to an accounting does not include disclosures for treatment, payment and health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization.

If we disclosed substance use disorder-related information about you pursuant to a general designation you signed, you have the right to receive a list of entities to which your information was disclosed in the two years prior to your request pursuant to that designation.

**CONFIDENTIAL COMMUNICATIONS.** You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

**NOTICE IN THE CASE OF BREACH.** You have the right to receive notice of an access, acquisition, use or disclosure of your medical information that is not permitted by HIPAA, if such access, acquisition, use or disclosure compromises the security or privacy of your PHI (we refer to this as a breach). We will provide such notice to you without unreasonable delay but in no case later than 60 days after the discovery of a breach.

**HOW TO EXERCISE THESE RIGHTS.** All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact Carle Compliance at (888) 309-1566 for more information or to obtain request forms.

## ABOUT THIS NOTICE

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in all areas of registration, where copies will also be available. The revised Notice will also be posted on our website at Carle.org and TrilliumPlaceHealth.org. Additional copies of this Notice can be obtained on the our website, by visiting any Carle Health entity, or by calling Carle Compliance at (217) 902-5391.

## COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

## VIOLATIONS OF LAWS AND REGULATIONS

A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the US Attorney for the Central District of Illinois at One Technology Plaza, 211 Fulton Street, Suite 400, Peoria, IL 61602 or (309) 671-7050 and to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660.

EFFECTIVE DATE OF NOTICE: APRIL 1, 2023

## CONTACT INFORMATION

If you have questions about this Notice, please contact:

Carle Health  
Attn: Patient Advocates  
221 NE Glen Oak Avenue  
Peoria, IL 61636  
(309) 671-8209



TrilliumPlace

An affiliate of  CarleHealth