

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Clinical Center may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another specialist.
 - Payment is when we obtain reimbursement for your healthcare. An example would be if we do not receive payment we may need to include our accounting department in order to obtain payment.
 - Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential health information. All authorizations to disclose must be on the SIUC Clinical Center’s specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

The Clinical Center may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing Therapy Notes. “Therapy Notes” are notes we have made about our conversation during a private, group, joint or family session, which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Therapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization.

III. Uses and Disclosures without Authorization

The Clinical Center may use or disclose PHI without your consent or authorization in the following circumstances (if at all possible, we will discuss this disclosure with you before it happens):

- **Child Abuse** – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or neglected child, we must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- **Health Oversight Activities** – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request, with an authorization for release. Information about all other services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case. We may also disclose PHI to appropriate parties if you file suit for Breach of Duty against the Clinical Center or one or more of its employees.
- **Serious Threat to Health or Safety** – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you are present and imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

- **Workers Compensation** – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with law relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient’s Rights and Clinician’s Duties

Patient’s Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. (For example, you may not want a family member to know that you are being seen here. On your request, we will send any correspondence from us to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our records used to make decisions about you for as long as the PHI is maintained in the record and Therapy Notes. On your request, we will discuss with you the details of the request for access process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request.
- Most uses and disclosures of therapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization.
- Other uses and disclosures not described in the Privacy Notice will be made only with authorization from the individual.
- Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket.
- In full for the health care serviced; affected patients have the right to be notified following a breach of unsecured protected health information.

Clinicians Duties:

- The Clinical Center is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- The Clinical Center reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If the Clinical Center revises the policies and procedures, we will notify you in writing.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact us in writing, giving as much information as possible so that we can address your concerns.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. My office will provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This is in effect immediately.

VII. Acceptance

I have read and understand the above.

Client Signature	Date
Client gave verbal consent	
Parent/Guardian Signature	Date
Parent/Guardian gave verbal consent	