

## HIPAA 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. If you have any questions about this notice, please contact our Privacy Officer.**

Protected Health Information (PHI) is information, including demographic information that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI. As a health care provider, we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to you.

### PERMITTED USES AND DISCLOSURES

#### Treatment, Payment and Health Care Operations

Federal law allows a health care provider to use and disclose PHI for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we may make under each section are listed here:

**Treatment.** Treatment refers to the provision and coordination of health care by a doctor, hospital or health care provider. For example, we may disclose PHI to another health care provider who is involved in your treatment. **Payment.** Payment refers to the activities of a group health plan in remitting claims for reimbursement and for collecting fees for health care services you receive. Examples of uses and disclosures under this section include the sending of PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with insurers to determine coordination of benefits or settle subrogation claims; providing PHI to an insurer's UR company for pre-certification or case management services; providing PHI in billing, collection and payment of premiums and fees to insurance plan vendors such as PPO Networks, UR Companies, Prescription Drug Card Companies and reinsurance carriers. **Health Care Operations.** Health Care Operations refers to the basic business functions necessary to operate a health care provider practice. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the performance of a particular provider; the use of PHI in determining the cost impact of service changes; the disclosure of PHI to underwriters for the purpose of calculating rates; disclosure of PHI to consultants who provide legal, actuarial and auditing services; and use of PHI in general data analysis used in the long term management and planning for the company.

Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, in the following ways:

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care, Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you; To you, as the covered individual; To a personal representative designated by you to receive PHI or a personal representative designated by law as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual; To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules; To a business associate as part of a contracted agreement to perform services; To a health oversight agency, such as the Department of Labor (DOL), to the Internal Revenue Service (IRS) and the Insurance Commissioner's Office, to respond to inquiries or investigations, requests for audit, or to obtain necessary licenses; In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding; As required for law enforcement purposes. For example, to notify authorities of a criminal act; as required to comply with Workers' Compensation or other similar programs established by law; in providing you with information about treatment alternatives and health services that may be of interest to you as a result of a specific condition. The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

### YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

**Right to request restrictions on uses and disclosures.** You have the right to request that we limit our uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that we restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to our Privacy Officer and must state the specific restriction requested and to whom that restriction would apply. We are not required to agree to a restriction that you request. However, if we do agree to the requested restriction, we may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

**Right to receive confidential communications.** You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. We are required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to our Privacy Officer at 8703F N. University St. Peoria, IL 61615.

**Right to access to your protected health information.** You have the right to inspect and copy your PHI as long as we maintain the PHI. Federal law does prohibit you from having access to the following records; psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have the right to have that decision reviewed. Request for access to your PHI should be directed to our Privacy Officer, who can be reached at 309-693-4459, 24 hours a day.

**Right to amend protected health information.** You have the right to request that your PHI be amended for as long as we maintain the PHI. We may deny your request for amendment if we determine that the PHI was not created by us, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement or disagreement included with your PHI and we have a right to include a rebuttal to your statement.