

Transitions of Western Illinois 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.

Your Rights

When it comes to your health information, you have certain rights.

- **Get a copy of your record.** You can ask to see or get an electronic or paper copy of your medical records and other health information. If we are unable to fulfill your request within 30 days, you will be notified in writing. Transitions may charge a reasonable, cost-based fee for records request(s).
- **Correct your record.** You can ask us to correct your health information you think is incorrect or incomplete by requesting the correction(s) in writing to the Transitions Compliance Officer. If we do not agree to change your information, you will receive a written explanation within 60 days. Your request(s) to change your information and Transitions' response will be noted in your record.
- **Choose how we contact you.** You can ask us to contact you in an alternative method by providing your preference in writing to a Transitions staff member. We will try to honor your request; however, we may attempt to contact you by other means or other locations if we are unable to reach you.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information by submitting your request in writing to our Compliance Officer. Your request may be denied if your healthcare is impacted by this request.

If you pay for services wholly out-of-pocket, you can request that we not disclose information about a specific treatment to your health plan. We are required to honor that request. This request can be made in writing through the Compliance Officer.

- **Get a list of those with whom we've shared your information.** You can ask for a list of who we have shared your information with, the date it was shared and the reason for sharing up to 6 years prior to the date of your request. We will include all disclosures except those about treatment, payment or healthcare operations and

certain other named disclosures within 30 days of receiving your request. Please submit your written request to the Transitions Compliance Officer. We will provide one accounting of disclosures a year at no cost but may charge a reasonable cost-based fee for additional requests if made within a 12-month period.

- **Choose someone to act on your behalf.** If you have given someone medical power of attorney or if someone is your legal guardian, they 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.
- **Get a copy of this privacy Notice.** You can ask for a paper copy of this Notice at any time by contacting the Compliance Officer or any Transitions staff member, even if you have agreed to receive the Notice electronically. A copy will be provided to you promptly.
- **File a complaint.** If you believe we have violated your rights, you may file a complaint in writing to the Transitions Compliance Officer. You may also file a complaint with the United States Department of Health and Human Services Office for Civil Rights. 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.

- **Authorization to release your record.** You can tell us your preferences about what health information we share, for example, sharing information with your family, close friends, or others involved in your care. These disclosures will be made only with your written authorization, unless otherwise permitted or required by law. You may withdraw or cancel that permission, in writing, at any time. You understand that we are unable to take back any disclosures we made before you withdrew your permission.
- **Marketing purposes.** We will never share your information for marketing purposes unless you give us written permission. However, representatives of Transitions may wear name tags, display door magnets, banners or other identification on their vehicles. If you choose to ride in our vehicles or accompany a staff person in public, you may be identified as associated with Transitions.

- **Psychotherapy notes.** Should we have such notes, we will not share them without your written permission.
- **Fundraising.** Because we are a not-for-profit agency, we may facilitate fundraising efforts to raise money. We may contact you for these efforts, but you can tell us not to contact you again.

Uses and Disclosures

How we may use or share your health information.

- **Manage your treatment.** We can share information about you to provide, coordinate, or manage your services and care. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical area and need the information to provide you with medical care.
- **Bill for your services.** We can share information for payment purposes for the treatment and services you received. Your information may be included on a bill or provided to your health plan or other payers for coverage of your treatment costs.
- **Operate our organization.** We can use some information about you to support our business such as evaluating the program you attend, training our staff, accreditation, licensure, or when we are participating in an audit.
- **Business Associates.** There are some activities conducted in our organization through other companies known as “business associates.” Federal law requires us to have agreements with companies to safeguard your information. Physician offices, law firms, clinics and information technology vendors are examples of our business associates.
- **Organized Health Care Arrangement.** Transitions 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 Treatment, Payment and Health Care Operations purposes of all the OHCA participants.

- **Interdisciplinary team.** The SIU Center for Family Medicine is a Federally Qualified Health Center and provides psychiatry and primary care services at designated Transitions sites. Transitions and SIU staff work together as an interdisciplinary team to provide a more holistic approach to physical and mental wellness. As an interdisciplinary team, staff from Transitions and providers from SIU Center for Family Medicine share information about your care for the purpose of admission, treatment, planning, coordinating care, discharge, or governmentally mandated public health reporting.
- **Representative payee services.** If you receive Representative payee services, you may be identified as a consumer of Transitions of Western Illinois.
- **Paid training.** If you participate in any of our paid training opportunities, your earnings will be reported for tax purposes as required by state and federal law.

Other ways we are allowed to share your information.

- **Emergencies.** We can share information as needed to deal with an immediate emergency you are facing. For example, we may tell an ambulance crew what medications you're taking.
- **Follow up appointments and care.** We may contact you with reminders of future appointments (we will leave appointment information on your answering machine unless you tell us not to). We might also tell you about benefits available to you or provide you with health-related information you might want to know about.
- **Court orders.** We can share information about you in response to a court or administrative order, or in response to a subpoena.
- **Abuse or neglect.** We are required to notify government authorities if we suspect abuse, neglect, financial exploitation, or domestic violence.
- **Public health and national security.** We may be required to disclose necessary health information to government officials or military authorities for investigative purposes related to public health or to national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of contagious diseases.
- **Firearms laws.** We are required to report to the state if an individual is receiving mental health **residential treatment** from Transitions or is determined by a qualified examiner at Transitions to be a clear and present danger, developmentally disabled, or intellectually disabled.

- **Coroners, Medical Examiners or Funeral Directors.** We must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.
- **Organ and tissue donation.** We can share your health information with organizations that are involved in organ or tissue donation.
- **Research.** We may share information with our research staff, but only if Transitions has formally approved the research. Transitions will approve research only if it has proven that when data is disclosed your health information will be kept private.
- **Workers' compensation.** We may share your health information as necessary to comply with laws related to workers' compensation or other similar programs.
- **Comply with the law.** We may share your health information when required by law. For example, if a crime is committed on our property or against our personnel, we may share information with law enforcement so they can catch the criminal. We may also call the police or sheriff when we think someone is in immediate danger.

We reserve the right to change this Notice and our privacy practices based on the needs of Transitions and changes in Illinois and Federal law. The new notice will be available upon request, at all our office locations and on our web site.

Effective date: March 8, 2021

*If you have questions about this Notice, please contact Transitions' **Compliance Officer**:*

Compliance Officer
Transitions of Western Illinois
P.O. Box 3646
Quincy, IL 62305

217-223-0413