



## **NOTICE OF PRIVACY PRACTICES**

524 15<sup>th</sup> Street  
Moline, Illinois 61265

This Notice describes how Confidential/Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully. This facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set may include financial and service information referred to in this Notice as “Confidential/Protected Health Information”. We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our Privacy Officer and/ or Security Officer at (309) 736-7170.

### **Understanding Your Participant Record and Information**

Each time you are served by our organization, a record of our service is made. Typically, this record contains information about your needs, service interactions, services we provide and potentially payment/ billing information related to services provided. We may use and/or disclose this information to:

- ✓ Plan your services and/ or treatment
- ✓ Communicate with other professionals relative to your services (with appropriate consent)
- ✓ Document the services you receive
- ✓ Educate EveryChild Agency professionals
- ✓ Evaluate and improve the services we provide
- ✓ Obtain payment for the services we provide (as appropriate)

Understanding what is in your record and how your information may be used helps you to:

- ✓ Ensure it is accurate;
- ✓ Better understand who may access your information; and
- ✓ Make more informed decisions when authorizing disclosure to others.

### **How We May Use and Disclose Confidential/ Protected Health Information About You**

The following categories describe the ways that we may use and disclose participant information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

#### **A. Uses and Disclosures**

- 1. For Service Facilitation.** We may use or disclose service information regarding you/your family internally between colleagues and/or programming to ensure you receive the most impactful, highest quality of services. *For example, discuss your current needs with other EveryChild staff members in an effort to increase awareness regarding viable/available community resources.*
- 2. For Payment.** We may use or disclose your confidential/protected health information so that the services you receive may be billed to, and/or payment is collected from insurances (as warranted). We may use or disclose your confidential/protected health information in order to provide programming/services funders and accounting of the efficacy with which their funds are being utilized. *For example, we may disclose your PHI to permit funders to approve or pay for your services. This may include: making a determination of eligibility for services, reviewing your services, reviewing your services to determine if they were appropriately authorized, reviewing your services for purposes of utilization review, to ensure the appropriateness of your services, or to justify the charges for your services. This may also include the use of your information within data sets to inform*



quarterly performant/ outcome reporting and quality assurance efforts.

- 3. For Administrative Operations.** We may use and disclose PHI regarding you to facilitate/support our day to day administrative operations. These uses and disclosures (if they occur) are necessary to run our organization and make sure that you receive quality services. *For example, these activities may include quality assurance reviews, licensing, funder related reporting, operational planning and development, and general administration activities.* We may also combine information regarding many individuals to help determine efficacy of services, what additional services should be offered, what services should be discontinued, and whether certain new efforts are effective. Information about you may be used by the administrative offices for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities. Your information may be used and disclosed for the operational management and general activities of the organization.

#### **Other Allowable Uses of Your Information**

- 1. Business Associates** – There are some services provided in our facilities through contracts with business associates. Examples may include, outside attorneys, cleaning services and Information Technology services. When these services are contracted, we may disclose your information so that they can perform the job we've asked them to do. To protect your information, however, we require the business associate to appropriately safeguard your information.
- 2. Fundraising Activities** – We may use de-identified service information regarding you (independently and/or as a data set) for the purposes of demonstrating need for programming and/or efficacy of services provided in an effort to raise funds in support of service/program continuation. Information which might be used to directly identify you and/or your family will not be disclosed in any way without your expressed written consent.
- 3. As Required by Law** – We will disclose service information about you when required to do so by federal, state or local law.
- 4. To Avert a Serious Threat to Health or Safety** – We may use and disclose service information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- 5. Victims of Abuse, Neglect or Domestic Violence** – We may disclose PHI to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- 6. Military and Veterans** – If you are a member of the armed forces, we may disclose service information about you as required by military authorities. We may also disclose service information about foreign military personnel to the appropriate foreign military authority.
- 7. Research** – Under certain circumstances, we may use and disclose de-identified service information about you for research purposes. All research projects are subject to a special approval process. This process evaluates the need for privacy regarding service information. Before we use or disclose service information for research, the project will have been approved through this research approval process and vetted through internal CAC Agency Policies.



**8. Reporting** – Federal and state laws may require or permit EveryChild to disclose certain service information related to the following:

**Public Health Risks** – We may disclose health information about you for public health purposes including:

- ✓ Prevention or control of disease, injury or disability;
- ✓ Reporting child abuse or neglect;
- ✓ Notifying people of recalls of products;
- ✓ Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and
- ✓ Notifying the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. All EveryChild Staff are Mandated Reporters and as such are required by law to report suspected instances of child abuse and/or neglect. Disclosures regarding potential Domestic Violence may be made if you agree or when required or authorized by law.

**Oversight Activities** – We may disclose service information to a service oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor contracted services/ programs and assure for compliance with civil rights laws.

**Judicial and Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose service information about you in response to a court or administrative order. We may also disclose service information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**9. Law Enforcement** – We may disclose service information when requested by a law enforcement official:

- ✓ 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 you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- ✓ About a death we believe may be the result of criminal conduct;
  
- ✓ About criminal conduct at the Facility; 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.

**10. National Security and Intelligence Activities** – We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

**Other Uses of Service Information**

Other uses and disclosures of service information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose service information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Specifically, without your written authorization we will not use or disclose your service information for the following purposes: (a) most uses and disclosures of psychotherapy notes; (b) uses or disclosures for marketing purposes; and (c) uses and disclosures that involve the sale of your protected health information.



## Your Rights Regarding Service Information About You

Although your service record is the property of the organization, the information belongs to you. You have the following rights regarding your health information:

### A. Right to Inspect and Copy

You have the right to request to inspect or copy service information used to make decisions about your care - whether they are decisions about your services or payment of your care. You must submit your request in writing to Program Management. If you request a copy of the information, we may charge you a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your service information in certain circumstances, such as psychotherapy notes or if the information is compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. In some cases, you will have the right to have the denial reviewed/reconsidered. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the reviewer.

### B. Right to Amend

For as long as we keep records about you, you have the right to request us to amend any service information used to make decisions regarding your care - whether they are decisions about your service or payment. To request an amendment, you must submit a written request to the Program Manager, Security Officer and/or Privacy Officer and tell us why you believe the information is incorrect or inaccurate. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- ✓ Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- ✓ Is not part of the service information we maintain to make decisions regarding your care;
- ✓ Is not part of the service information that you would be permitted to inspect or copy; or
- ✓ Is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the service information that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

### C. Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting or list of disclosures we have made of your service information. To request an accounting of disclosures, you must submit your request in writing to the Program Manager, Security Officer, and/or Privacy Officer. The request must state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we may charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before you incur any costs.

In addition to your right to an accounting of disclosures, we have a legal obligation to notify you if your protected service information is affected by any security breach that may occur.



#### **D. Right to Request Restrictions**

You have the right to request a restriction on the service information we use or disclose about you. You may also ask that any part, or all, of your service information not be disclosed. We are not required to agree to a restriction that you may request in certain circumstances to include, but not be limited to; our need to act as Mandated Reporters; our need to notify regarding intent to harm self or others etc. If we do agree, we will honor your request unless the restricted service information is needed to provide you with emergency care. You must submit your request in writing to the Program Manager, Security Officer and/or Privacy Officer and list: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply. The above notwithstanding, you have the right to request a restriction of disclosures to a health plan for payment or health care operations regarding any services you have paid for, in full, out-of-pocket and we are required to honor that request.

#### **E. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your services only in a certain location or through a certain method. *For example, you may request that we contact you only at work or by e-mail.* To request such a confidential communication, you must make your request in writing to the Program Manager, Security Officer and/or Privacy Officer. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

#### **F. Right to a Paper Copy of this Notice**

You have the right to obtain a paper copy of this Notice of Privacy Practices. You may request a copy at any time by contacting the Program Manager, Security Officer and/or Privacy Officer. A copy of the Notice of Privacy Practices is on our web site at [www.foreverychild.org](http://www.foreverychild.org).

#### **Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all 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 of Privacy Practices at our primary business office and at each site where we provide services. You may also obtain a copy of the current Notice of Privacy Practices by calling us at [\(309\) 736-7170](tel:3097367170) and requesting a copy be sent to you in the mail or by asking for one any time you are at our business office or service sites.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint. To file a complaint with us, contact our Privacy Officer by telephone at [\(309\) 736-7170](tel:3097367170) or by mail at [emilyc@foreverychild.org](mailto:emilyc@foreverychild.org).