

MASSAC COUNTY MENTAL HEALTH

206 West Fifth Street, Metropolis, IL 62960

Phone: 618-524-9368 Fax: 618-524-9551

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.

Effective Date: April 14, 2003

We respect patient confidentiality and only release medical information about you in accordance with the Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by Massac County Mental Health (MCMH).

If you have questions about this policy or your rights, contact:

Privacy Officer: Tina Martin, Executive Director – 618-524-9368 ext. 218 or

Privacy Contact: LaDawn Bradley, Administrative Coordinator - 618-524-9368 ext. 223

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your medical information with others beyond our agency. This includes for:

TREATMENT – We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside MCMH that we are consulting with or referring you to. We may contact you via telephone, email, or text message to remind you of upcoming appointments.

PAYMENT – Information will be used to obtain payment for the treatment and services provided. This will include contacting your payment source for prior approval of planned treatment, if required, or for billing purposes.

HEALTH CARE OPERATIONS: We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, or training staff.

FOLLOW-UP APPOINTMENT/CARE – We may be contacting you to inform or remind you of future appointments, to relay information about other related services and benefits that may be of interest to you, or to inform you about treatment alternatives.

INFORMATION DISCLOSED WITHOUT YOUR CONSENT – Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

- EMERGENCIES – Sufficient information may be shared to address the immediate emergency you are facing.
- AS REQUIRED BY LAW – This would include situation where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect, such as child abuse, elder abuse, or institutional abuse.
- CORONERS AND FUNERAL DIRECTORS – We may disclose medical information to a coroner or medical examiner and funeral directors for the purpose of carrying out their duties.

MCMHC NOTICE OF PRIVACY PRACTICES

- AUTHORIZED BY LAW, SUCH AS AUDITS, INVESTIGATIONS, INSPECTIONS, AND LICENSURE – There also might be a need to share information with the Food and Drug Administration related to adverse events. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.
- CRIMINAL ACTIVITY OR DANGER TO SELF OR OTHERS – If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone. If we become convinced that you might harm yourself or someone else, we have the responsibility to contact law enforcement authorities and any person who might be in danger.

CONSUMER RIGHTS

You have the following rights under Illinois and federal law:

COPY OF RECORD – You are entitled to inspect your clinical record that Massac County Mental Health has generated about you. We may charge you a reasonable fee for copying and mailing your record.

RELEASE OF RECORD – You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has already taken place in reliance on your prior authorization.

RESTRICTION ON RECORD – You may ask us not to use or disclose part of your clinical record. This request must be in writing. MCMH is not required to agree to your request if we believe it is not in your best interest to permit use and disclosure of the information. The request should be given to the Privacy Officer.

CONTACTING YOU – You may request that we send information to another address or by alternative means. WE will honor such a request as long as it is reasonable and we are assured it is correct. WE also have a right to verify that the payment information you are providing is correct.

AMENDING RECORD – If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the **Privacy Contact** and ask for the **Request to Amend Clinical Record Form**. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement that you disagree with us. We will then add to your record our response and your request.

ACCOUNTING FOR DISCLOSURES – You may request an accounting of any disclosures we have made related to your clinical record, except for information we used for treatment, payment, or health care operations purposes, or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years after April 14, 2003, please submit your request in writing to our *Privacy Officer*. We will notify you of the cost involved in preparing this list.

QUESTIONS AND COMPLAINTS – If you have any questions, wish a copy of this Policy, or have any complaints; you may contact our Privacy Officer in writing at our office. You also may complain to the Secretary of Health and Human Services if you believe MCMH has violated your privacy rights. We will not retaliate against you for filling a complaint.

CHANGES IN POLICY – Massac County Mental Health reserves the right to change its Privacy Policy based on the needs of the agency and changes in state and federal law.