



# Behavioral Health and Education Specialists

24402 West Lockport Street, Suite 218, Plainfield, Illinois 60544

(815) 609-1544

(815) 609-1670 (Fax)

[www.bhes.us](http://www.bhes.us)

Info@bhes.us

**NOTICE OF PRIVACY PRACTICES:  
HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND  
HOW YOU CAN ACCESS THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY AND IF YOU HAVE ANY QUESTIONS  
ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER.**

#### **WHO FOLLOWS THIS NOTICE**

This Notice describes the health information privacy practices followed by our behavioral health providers, employees, and other personnel. The practices described in this Notice will also be followed by our behavioral health providers who consult with you with by telephone, when your regular behavioral health provider is unavailable, who provide "call coverage" for your regular behavioral health care provider.

#### **YOUR HEALTH INFORMATION**

This Notice applies to the information and records we have about your health, health status, and the health care services you receive at our office.

We are required by law to give you this Notice. We will tell you the ways we may use and disclose your health information and describe your rights and our obligations regarding the use and disclosure of that information.

#### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

##### For Treatment

We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, office staff or other personnel involved in taking care of you and your health.

For example, your physician or therapist may be treating you for a particular disorder and may need to know if you have other health problems that could complicate your treatment. The clinician may use your medical history to decide what treatment is best for you. The clinician may also tell another provider about your condition so that clinician may help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, ordering x-rays and submitting billing information. Family members and other health care providers may be part of your medical care outside of this office and may require information about you that we have.

##### For Payment

We may use and disclose your health information so that the treatment and services you receive at this office may be billed for and so that payment may be collected from you, your health insurance company or a third party. For example, we may

submit insurance claims for the services you received to the billing company we utilize. Also, we may need to give your insurance plan information about a service you received here so your insurance plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

##### For Health Care Operations

We may use and disclose your health information in order to run the office and make sure you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you, to help us decide what additional services we should use, or whether certain new treatments are effective.

##### Appointment Reminders

We may contact you as a reminder that you have an appointment at our office. Please notify us if you do not wish to be contacted for appointment reminders

##### Treatment Alternatives

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. Please notify us if you do not wish to receive communications about treatment alternatives.

##### Health-Related Products and Services

We may tell you about health-related products or services that may be of interest to you. Please notify us if you do not wish to receive communications about health-related products and services.

If you advise us in writing at our office address that you do not wish to receive such communications, we will not use/disclose your information for such purposes.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time.

If you revoke your Consent, we will not be permitted to use or disclose your information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

##### **SPECIAL SITUATIONS**

We may use or disclose your health information without your permission for the following purposes, subject to all applicable legal requirements and limitations:

##### To Avert a Serious Threat to Health or Safety

We may use and disclose your health information

when necessary to prevent a serious threat to your, the public or another person's health and safety.

##### Required by Law

We will disclose your health information when required to do so by federal, state or local law.

##### Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release your health information. We may also release information about foreign military personnel to the appropriate foreign military authority.

##### Workers Compensation

We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

##### Public Health Risks

We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, or reactions to medications.

##### Health Oversight Activities

We may disclose your health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.

##### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your health information in response to a subpoena.

##### Law Enforcement

We may release your health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.



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### Family and Friends

We may disclose your health information to family members or friends if we have your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose your health information to your family or friends if we infer, from the circumstances, based on our professional judgment, that you would not object.

In situations where you are not capable of giving consent (due to you not being present, being incapacitated or to a medical emergency), we may, through our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only your health information relevant to the person's involvement in your care. We may use our professional judgment and experience to make reasonable inferences that are in your best interest to allow another person to act on your behalf (i.e., pick up prescriptions).

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we have obtained from you. If you give us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have information about you regarding HIV or substance use, we cannot release that information without special, signed, written authorization (different than previously mentioned authorization and consent) from you. In order to disclose these types of records for purposes of treatment, payment, or health care operations, we will have to obtain both your signed consent and special written authorization that complies with the law governing HIV or substance abuse records.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information we maintain about you:

#### Right to Inspect and Copy

You have the right to inspect and copy some of your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a

fee for the costs associated with this task: such as copying, mailing or associated supplies. We may deny your request to inspect and/or copy your health information in certain, limited, circumstances.

If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed behavioral health provider to review your request and our denial of your request. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

#### Right to Appeal

If you believe your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by our office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to our Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

#### Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your health information for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before January 1, 2008. Your request should indicate in what form you want your list (for example, on paper, through email). We may charge you for the costs of providing you this information. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

#### We are Not Required to Agree to Your Request

If we agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the Request For Restriction On Use/Disclosure Of Behavioral Health and/or Medical Information form to our Privacy Officer.

#### Right to Request Confidential Communications

You have the right to request we communicate with you about behavioral health or medical matters in a certain way or at a certain location.

To request confidential communications, you may complete and submit the Request For Restriction On Use/Disclosure Of Behavioral Health or Medical Information and/or Confidential Communication form to our Privacy Officer.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you are still entitled to a paper copy. To obtain such a copy, contact our Privacy Officer.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective. You are entitled to a copy of the notice currently in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with this office, contact our Privacy Officer at (815) 609-1544 or at 24402 West Lockport Street, Suite 218, Plainfield, Illinois 60544.

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