

**Streamwood Behavioral Healthcare System
Notice of Privacy Practices**

Effective Date: March, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

Understanding Your Medical and Mental Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- A tool in medical education.
- A source of information for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received.
- A tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about permitting disclosure to others.
- Better understand how to protect your right to confidentiality.
- Better understand the health information rights detailed below.

Our Responsibilities Under the Federal Privacy Standard

Streamwood Behavioral Healthcare System is required to protect the privacy of health information about you, called “protected health information,” or “PHI” for short. Streamwood Behavioral Healthcare System must give you notice of its legal duties and privacy practices concerning PHI. Streamwood Behavioral Healthcare System’s responsibilities include the following:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to Streamwood Behavioral Healthcare System’s legal duties and privacy practices with respect to PHI about you.
- Explain how, when, and why Streamwood Behavioral Healthcare System uses and/or discloses PHI about you.
- Abide by the terms of this Notice, as may be revised from time to time.
- Train Streamwood Behavioral Healthcare System personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or Streamwood Behavioral Healthcare System policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

Streamwood Behavioral Healthcare System will make copies of this Notice available at its facility upon request. Streamwood Behavioral Healthcare System also will post this Notice at the facility, so you may read it there, and on its website, so that you may retrieve it electronically.

Streamwood Behavioral Healthcare System reserves the right to change the terms of this Notice and to make the new provisions effective for all PHI it maintains. Should Streamwood Behavioral Healthcare System change this Notice, Streamwood Behavioral Healthcare System will promptly:

- Post the revised Notice in its facility;
- Make copies of the revised Notice available upon request (either at the Streamwood Behavioral Healthcare System facility or through the contact person listed on this Notice); and

- Post the revised notice on its website.

Streamwood Behavioral Healthcare System will not use or disclose your health information without your consent or authorization, except as described in this Notice or as otherwise required by law.

Streamwood Behavioral Healthcare System may use and disclose PHI about you without your consent or authorization in the following circumstances:

In general, Streamwood Behavioral Healthcare System is required by law to obtain your written consent or authorization prior to using or disclosing your PHI that does not identify you as a substance abuser or a patient of substance abuse services. However, there are exceptions to this requirement.

Treatment. Within Streamwood Behavioral Healthcare System, employees, students, consultants and volunteers involved in your case, treatment, or habilitation may exchange PHI as necessary for the purpose of carrying out their responsibilities in serving you. Upon specific request, your PHI may be released to the physician or psychologist who referred you to Streamwood Behavioral Healthcare System. A responsible professional at Streamwood Behavioral Healthcare System may disclose your PHI, as necessary, to another physician or health care provider who provides you with emergency medical services.

Next of Kin. In addition, Streamwood Behavioral Healthcare System may disclose the fact of your admission or discharge to your next of kin if the responsible professional determines that such disclosure is in your best interest. If you have a next of kin who is substantially involved in your care, upon his or her request, Streamwood Behavioral Healthcare System shall provide this kin with information relating to your admission or discharge from Streamwood Behavioral Healthcare System, any decision on your part to leave Streamwood Behavioral Healthcare System against medical advice, and referrals and appointment information for treatment after discharge after Streamwood Behavioral Healthcare System notifies you that such information was requested.

Business Associates. Streamwood Behavioral Healthcare System also may disclose your PHI to providers of support services who have entered into Business Associate agreements with Streamwood Behavioral Healthcare System. Streamwood Behavioral Healthcare System provides some services through contracts with “Business Associates.” For example, Streamwood Behavioral Healthcare System may provide certain diagnostic tests through a third party, or it may contract with a copy service to make copies of medical records. These entities constitute Business Associates of Streamwood Behavioral Healthcare System. When Streamwood Behavioral Healthcare System contracts for these services, Streamwood Behavioral Healthcare System may disclose your PHI to the Business Associate so that it can perform the function(s) Streamwood Behavioral Healthcare System has contracted with them to do and bill you or the third-party payer for the services rendered. To protect your PHI, Streamwood Behavioral Healthcare System requires the Business Associate to appropriately safeguard your information in accordance with a written agreement.

Other Permitted Uses and Disclosures. In addition, Streamwood Behavioral Healthcare System may use or disclose PHI that does not identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- To an internal client advocate as necessary to fulfill his or her monitoring and advocacy functions;
- To disclose an advance instruction to a physician, psychologist or other qualified professional when such disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction;
- To State or federal government agencies, when there is reason to believe that you may be eligible for financial benefits through the government agency, to establish such financial benefits;
- To the State for certain purposes of research and evaluation, or for conducting general research or audits;
- For purposes of alerting others to an imminent danger to your, or another’s, health or safety, or if there is a likelihood of the commission of a felony or violent misdemeanor, or to communicate with appropriate law enforcement in the event of your escape from Streamwood Behavioral Healthcare System;
- To an attorney, upon your request or the request of your legally responsible person;
- As required by law – for example, when a court orders disclosure or when child abuse or neglect is suspected;
- For purposes of filing a petition for involuntary commitment or a petition for an adjudication of incompetency and the appointment of a guardian;
- As required by State law when you are a defendant in a criminal case, or to the court and counsel involved in any commitment or other court hearings you face;
- To Streamwood Behavioral Healthcare System counsel or counsel for an employee of Streamwood Behavioral Healthcare System, if such information is relevant to litigation, to the operations of Streamwood Behavioral Healthcare System, or to the provision of services by Streamwood Behavioral Healthcare System;

- To the Department of Corrections, upon request, if the Department has determined that you are in need of treatment for mental illness or developmental disabilities;
- To disclose PHI regarding communicable diseases, as discussed below;
- As necessary to comply with other State or federal law, including disclosure to the State and/or federal Department of Health and Human Services as necessary for a determination that Streamwood Behavioral Healthcare System is in compliance with the federal privacy standards.

ALCOHOL AND DRUG ABUSE RECORDS.

If you receive substance abuse services from Streamwood Behavioral Healthcare System, federal law generally requires that Streamwood Behavioral Healthcare System cannot disclose PHI that would identify you as a substance abuser or a patient of substance abuse services without your written consent. There are some exceptions to this requirement. Streamwood Behavioral Healthcare System may use or disclose PHI that would identify you as a substance abuser or a patient of substance abuse services without your consent or authorization as follows:

- Within Streamwood Behavioral Healthcare System for activities related to the provision of substance abuse diagnosis, treatment, or referral for treatment;
- As permitted by a court order;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To comply with State law mandating the reporting of suspected child abuse or neglect;
- To communicate with law enforcement personnel about a crime or threatened crime on the premises of Streamwood Behavioral Healthcare System or against Streamwood Behavioral Healthcare System personnel;

COMMUNICABLE DISEASES.

If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), Streamwood Behavioral Healthcare System will treat PHI about your disease as confidential and will disclose such PHI without your written consent only in limited circumstances as permitted or required by law. Streamwood Behavioral Healthcare System may use or disclose PHI about your disease without your consent or authorization as follows:

- To health care personnel providing medical care to you;
- As necessary to protect the public health;
- As permitted by a subpoena or a court order;
- To local or State health directors, upon request;
- As otherwise permitted or required by laws specifically addressing the release of information or records related to HIV/AIDS.

Streamwood Behavioral Healthcare System may use and disclose PHI about you with your consent in the following circumstances:

Treatment. Streamwood Behavioral Healthcare System may use and disclose your PHI to provide, coordinate, or manage your health care and related services, including the disclosure of your PHI to health care providers outside of Streamwood Behavioral Healthcare System. For example, Streamwood Behavioral Healthcare System may use and disclose your PHI when referring you to another health care provider. Streamwood Behavioral Healthcare System also may disclose your PHI to individuals who may be involved in your medical care after you leave Streamwood Behavioral Healthcare System. For example, if you are referred to a counselor or psychiatrist for follow-up treatment, Streamwood Behavioral Healthcare System will disclose to that provider PHI concerning your treatment at Streamwood Behavioral Healthcare System.

Payment. Streamwood Behavioral Healthcare System may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, Streamwood Behavioral Healthcare System may share your PHI with your health plan(s) in order to request coverage and obtain payment approval prior to providing services to you (in non-emergency situations). Streamwood Behavioral Healthcare System may send a bill to you or to a third-party payer, and this bill may include PHI such as your diagnosis, treatment received, and list of supplies used. Streamwood Behavioral Healthcare System also may share portions of your PHI, as necessary, with billing departments, collection agencies, insurance companies, and other health care providers.

Health Care Operations. Streamwood Behavioral Healthcare System may use and disclose PHI to perform business activities – i.e., “health care operations.” These health care operations enable Streamwood Behavioral Healthcare System to improve the quality of care that it provides. For example, members of Streamwood Behavioral Healthcare System’s medical staff, its risk manager, and other team members may use PHI to assess the care and outcomes in your case, in an effort to continually improve the quality and effectiveness of health care services provided. Streamwood Behavioral Healthcare System also may use your PHI in order to provide training programs for its employees, resolve grievances within the organization, or review and evaluate the skills and qualifications of health care providers who are treating you.

Minimum Necessary Standard. When using or disclosing your PHI or when requesting your PHI from another covered entity, Streamwood Behavioral Healthcare System will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to an authorization;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law; or
- Uses or disclosures that are required for Streamwood Behavioral Healthcare System’s compliance with legal regulations.

Your Rights Under the Federal Privacy Standard

Although your health records are the physical property of the healthcare provider who completed them, you have certain rights with regard to the information contained therein.

1. You have a right to request restrictions on uses and disclosures of your health information by submitting a request in writing. The right to request restriction does not extend to certain uses or disclosures permitted or required by law, such as uses or disclosures for public health activities. In those cases, you do not have a right to request restriction. (Facility Name must agree to your request for restriction on the use and disclosure of PHI to a health plan for payment or health care operations if you have paid Streamwood Behavioral Healthcare System in full for the health care service that is the subject of the PHI. Streamwood Behavioral Healthcare System will comply with the restriction unless the information is needed to provide emergency treatment to you, or the disclosure is otherwise required under federal regulations.
2. You have the right to request how and where Streamwood Behavioral Healthcare System contacts you about PHI. For example, you may request that Streamwood Behavioral Healthcare System contact you at your work address or phone number. Your request must be in writing. Streamwood Behavioral Healthcare System is required to accommodate all reasonable requests.
3. You have the right to obtain a paper copy of this Notice at any time by contacting the facility Privacy Official. Streamwood Behavioral Healthcare System will provide a copy of this Notice no later than the date you first receive treatment at the facility, except in emergency situations, and then Streamwood Behavioral Healthcare System will provide the Notice to you as soon as reasonably practicable after the emergency treatment situation.
4. You have the right to inspect and copy your PHI upon the submission of a written request. Again, this right is not absolute and in certain situations, Streamwood Behavioral Healthcare System can deny access – for example, if a licensed health care professional believes that access to such information could cause harm to your physical or mental well-being.

You do not have a right of access to the following:

- Psychotherapy notes. These include notes that are recorded in any medium by a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected Health Information (PHI) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that the provision of access to the individual would be prohibited by law.

- Information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access, but if it does, the provider must provide you with an opportunity to have the denial reviewed by another licensed professional within 60 days of the denial. These “reviewable” grounds for denial include:

- Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- Protected Health Information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that providing access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual’s personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that providing access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If Streamwood Behavioral Healthcare System denies you access to your PHI, Streamwood Behavioral Healthcare System will explain why and what your rights are, including how to seek review. If Streamwood Behavioral Healthcare System grants access to your PHI, Streamwood Behavioral Healthcare System will give you instructions on any additional steps, if needed, for you to have access the information. **Streamwood Behavioral Healthcare System reserves the right to charge a reasonable fee for making copies of the requested PHI.**

1. You have the right to request in writing amendment of your PHI. Streamwood Behavioral Healthcare System may deny your request if:
 - Streamwood Behavioral Healthcare System did not create the record, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment.
 - The records are not available for your access, as discussed above in number 4.
 - The record is accurate and complete.
 - The PHI that is the subject of your request is not maintained by or for Streamwood Behavioral Healthcare System.

If Streamwood Behavioral Healthcare System denies your request for amendment, Streamwood Behavioral Healthcare System will notify you why and how you can submit a written statement disagreeing with the denial (which may be rebutted by Streamwood Behavioral Healthcare System) and how you can complain to Streamwood Behavioral Healthcare System about the denial.

If Streamwood Behavioral Healthcare System grants the request, Streamwood Behavioral Healthcare System will make the correction and distribute the correction to those who need it and those you identify to Streamwood Behavioral Healthcare System that you want to receive the corrected information.

Streamwood Behavioral Healthcare System must notify you within 60 days if Streamwood Behavioral Healthcare System discovers that there has been a breach of your unsecured PHI. A breach occurs when there is unauthorized acquisition, use, access, or disclosure of PHI. PHI is unsecured when it is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through use of an approved technology or methodology, such as electronic encryption. The breach must pose a significant risk of financial, reputational, or other harm to you. Unintentional access or acquisition of unsecured PHI and inadvertent disclosure to another who is otherwise authorized to access PHI, and any disclosure or access in which Streamwood Behavioral Healthcare System has a good faith belief the PHI could not reasonably have been retained are not breaches requiring notice. Streamwood Behavioral Healthcare System will provide you with individual notice via mail or other individual means. However, in certain circumstances, such as when Streamwood Behavioral Healthcare System does not have sufficient contact information for you, Streamwood Behavioral Healthcare System will post the notice on our website. In cases where an unusually large number of individuals are affected by the same wrongful disclosure Streamwood Behavioral Healthcare System will notify local media.

1. You have the right to obtain an accounting of certain disclosures by Streamwood Behavioral Healthcare System of your PHI during the six years prior to the date of your request. However, Streamwood Behavioral Healthcare System does not need to provide an accounting for:
 - Disclosures to persons involved in the individual’s care or disclosures for other notification purposes as provided in § 164.510 of the HIPAA Privacy Rules (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual’s location, general condition, or death).
 - National security or intelligence purposes under § 164.512(k) (2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).

- Correctional institutions or law enforcement officials under § 164.512(k) (5) (disclosures not requiring consent, authorization, or an opportunity to object).
- Disclosures of PHI made prior to the compliance date, April 14, 2003.
- Disclosures of PHI made to carry out treatment, payment or health care operations;
- Disclosures of PHI made to you about your own PHI;
- Disclosures of PHI incidental to a permissible disclosure;
- Disclosures of PHI made pursuant to your written authorization.

Streamwood Behavioral Healthcare System must respond to the request for accounting within 60 days of the request by providing the accounting or by granting itself a one-time 30-day extension in which to provide the accounting. The accounting will include:

- Date of each disclosure
- Name and address, if known, of the organization or person who received the protected health information
- Brief description of the information disclosed
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written request for disclosure, where permitted by law.

The first accounting in any 12 month period is free. Thereafter, Streamwood Behavioral Healthcare System reserves the right to charge reasonable retrieval and copying fees.

1. You have the right to revoke your consent or authorization to use or disclose health information in accordance with the instructions on the consent or authorization form, except to the extent that we have already acted in reliance on the consent or authorization.

How to Report a Problem

You have the right to complain to Streamwood Behavioral Healthcare System by notifying the Privacy Official, Streamwood Behavioral Healthcare System, 1400 E. Irving Park Rd., Streamwood, IL 60107. Phone: 800-272-7790. Streamwood Behavioral Healthcare System will not retaliate against you for filing a complaint. You may also complain to the Secretary of Health and Human Services at 1-877-696-6775, 200 Independence Ave. SW, Washington, DC 20201, if you believe your rights to privacy have been violated.

How to Get More Information

If you have questions and/or would like additional information on this Notice, you may contact the Privacy Official of Streamwood Behavioral Healthcare System, 1400 E. Irving Park Rd., Streamwood, IL 60107. Phone: 800-272-7790.

Signing below only acknowledges receipt of Streamwood Behavioral Healthcare System's Notice of Privacy Practices.

Name of Patient (Print or Type)

Signature of Patient Date Time

Signature of Authorized Personal Representative Date Relationship of Authorized Personal Representative

Signature of Witness Date Signature of Witness Date

___ Patient refused or was unable to sign but was given a copy of this Notice on _____.
(Date and Time)

Patient refused or was unable to sign for the following reason(s):

_____.

Staff Signature Date Time AM PM