



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.

Privacy Promise

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. The laws and regulations include, but are not limited, to the following: Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy and Security Rule); Health Information Technology for Economic and Clinical Health Act (HITECH); Illinois AIDS Confidentiality Act (410 ILCS/).

How We Use Your Health Information

When you receive care/services from us, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

Treatment – We keep records of the care and services provided to you. Health care team members use these records to deliver quality care to meet your needs. For example, your provider may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communication with a mental health professional and some substance abuse records, may have additional restrictions on their use and disclosure under state and federal laws.

Payment – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party entity. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company, Medicaid or Medicare.

Health Care Operations – We use health information to conduct required business duties, improve the quality of care, train staff and student interns, provide customer service, manage costs, and make plans to better serve our patients/clients. For example, we may use your health information to evaluate the quality of treatment and services provided by our providers, nurses, medical assistants and other care/support services team members.

We may also use your health information to:

- Recommend treatment alternatives;
- Tell you about health services and products that may benefit you;
- Share information with family or friends involved in your care or payment for your care, when appropriate;
- Share information with third parties/business associates who assist us with treatment, payment, and health care operations. Our business associates must also protect your information by following privacy practices;
- Remind you of an appointment or services (if you do not wish to be reminded, please notify the scheduler/team member);
- Contact you for fundraising purposes. You have the right to opt out of receiving such communication. If you do not wish to participate, please notify our QA/Compliance Office.

More Information

For more information about our practices and your rights described in this notice:

- Visit our website at www.cchc-online.org; or
- Contact our QA/Compliance Office at the phone number and address listed on the other side of this notice.

Our Privacy Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information (PHI);
- Provide this notice that describes the ways we may use and share your health information;
- To notify you if your PHI is subject to a breach; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in our office. You may also request a copy of any notice from our QA/Compliance Office*.

Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audits, and inspections;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;

- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;
- For research approved by our review process under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;
- For workers' compensation or other similar programs if you are injured at work; and
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your health information*. We will consider all requests for restrictions carefully but are not required to agree to any such restriction request;
- Request that we use a specific telephone number or address to communicate with you;
- Request to inspect and copy your health information, including medical and billing records*. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial;
- Request a copy of your electronic medical records in electronic form*;
- Request corrections or additions to your health information*;

- Request an accounting of certain disclosures of your health information made by us*. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period; and
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact the Program Manager or Office of QA/Compliance for the appropriate form for your request.

Our Organization

This notice describes the privacy practices of Christian Community Health Center as well as our employees and volunteers at those facilities.

Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, please contact:

- Office of QA/Compliance
Christian Community Health Center
9718 South Halsted
Chicago, IL 60628
773-233-4100

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.