

# 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. It describes your rights and our obligations regarding the use and disclosure of your medical information. We are required by law to give you this notice. These privacy practices are followed by our employees, staff and other personnel. **PLEASE REVIEW CAREFULLY.** *If you have any questions about this notice, please contact Balanced at 309-444-2800 or 100 Hillcrest Drive, Suite E, Washington, IL, 61571.*

## YOUR HEALTH INFORMATION

Your Protected Health Information (PHI) includes information and records we have about you, your health, health status, and health care services you receive from Balanced. This information could be created or received by Balanced in the form of written or electronic records or spoken words. It may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health-related information.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose health information *without* your specific consent or authorization. Possible uses are listed but are not limited to the following:

**Treatment:** This includes the coordination or management of health care and related services by one or more health care provider. This includes the coordination or management of health care by a health care provider in case of an emergency, or the referral of a patient for health care from one provider to another.

**Payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to our patients. This includes such things as submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, and utilization review and collection of outstanding accounts. We will only share the minimum necessary PHI with health insurance companies for billing purposes.

**Health Care Operations:** This includes any operations focused on quality assurance activities, licensing and training programs for our personnel, obtaining legal and financial services, business planning, data collection purposes, processing grievances and complaints, and marketing activities.

## USES OR DISCLOSURE THAT CAN BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION (Limits to Confidentiality)

Communication between a client and Balanced staff and associates is confidential and, in general, may not be disclosed to an outside party without your written consent. There are some exceptions to confidentiality. In some cases, we're legal obligated to report certain disclosures that you may make. These situations include:

- If there is reason to suspect a minor child (under age 18) or an incapacitated adult is being or has been subjected to abuse or neglect;
- If there is serious threat of physical violence to yourself or a third party, or a serious threat of substantial damage to real property;
- If Balanced received a judicial subpoena or court order requiring the disclosure of all or some part of your counseling record.

## USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of PHI not specifically covered in this Notice or required by laws that apply to Balanced will be made only with your written authorization. If you give us authorization to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke

authorization, we will no longer use or disclose your PHI, but we are unable to take back any disclosures we have already made with your authorization. We are required to retain your records of care we have provided. The following uses and disclosures will be made only with an individual's written authorization:

- Uses and disclosures of psychotherapy notes that are not for permitted treatment, payment or health care operations;
- Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- Disclosures that constitute a sale of PHI.

Balanced is committed to protecting your PHI. We are required to notify you of any breach of unsecured PHI.

## **PATIENT RIGHTS**

You have many rights in how we disclose and use your PHI.

**Right to inspect or copy PHI:** You have the right to inspect and copy your health information that may be used to make decisions about your care. We may deny your request to inspect portions of your records in limited circumstances. To inspect or copy your PHI, you must submit your request in writing to the Privacy Officer at Balanced. If you request a copy of your records, we reserve the right to charge a fee for the costs of copying, mailing and supplies.

**Right to request restrictions:** You have the right to request limits or restrictions in how your PHI is used and disclosed. This request must be in writing and submitted to our Privacy Officer. However, we are not required to agree to such request. If you have paid for services out-of-pocket and wish to not have your PHI (related solely to those services paid for out-of-pocket) disclosed to a health plan for payment or health care operations, we will accommodate your request.

**Right to amend PHI:** If you feel your health information is incorrect or incomplete, you may ask us to amend your information. You have the right to request amendments for as long as the information is kept. To request an amendment, you must submit your request, including a reason to support your request, in writing to the Privacy Officer at Balanced. We may deny your request for an amendment for the following reasons: if it is not in writing or does not include a reason to support the request; if your health information was not created by us; is not part of the health information kept at this practice; is not part of the information which you would be permitted to inspect or copy; or if we deem the information to be accurate and complete. If we deny your request, you have the right to file a statement that you disagree. Your statement and our response will be added to your record.

**Right to an accounting of disclosures:** You have the right to request an accounting of disclosures, if any, we made of health information about you. To request this list, you must submit your request in writing to the Privacy Officer at Balanced. Your request must state the time period for which you want the list of the disclosures, and indicate in what form you want the list (on paper or electronically). We reserve the right to charge a fee for the costs of copying, mailing and supplies.

**Right to request how we contact you:** You have the right to request how we should send communications to you about your health matters, and where you would like those communications sent. To request confidential communication of your health information, you must submit your request in writing to the Privacy Officer at Balanced. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a paper copy of this notice:** You have a right to a paper copy of this notice. To receive a paper copy of this notice, contact the Privacy Officer at Balanced.