

TRANSITIONS, N.F.P.

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 OF NOTICE: July 1, 2015.

This letter is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (“ADA”) Contact TRANSITIONS at: Phone: (309) 793-4993, or Fax: (309) 793-9055

TRANSITIONS, N.F.P., doing business as Transitions Mental Health Services, (“TRANSITIONS”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- TRANSITIONS’ uses and disclosures of Protected Health Information;
- Your privacy rights with respect to your PHI;
- TRANSITIONS’ duties with respect to your PHI;
- Your right to file a complaint with TRANSITIONS and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about TRANSITIONS’ private practices without retaliation for making such a complaint.

TRANSITIONS MUST COMPLY WITH THE TERMS OF THIS NOTICE.

The term “Protected Health Information” (“PHI”) includes all individually identifiable health information transmitted or maintained by TRANSITIONS, regardless of form (oral, written, electronic).

TRANSITIONS May Use and Disclose Information Without Your Authorization to Carry Out Treatment, Payment and Health Care Operations.

TRANSITIONS and its business associates will use PHI without your consent, authorization or opportunity to agree or object in connection with the following activities:

- **For Treatment.** TRANSITIONS may use or disclose information with health care providers in the provision, coordination or management of health care and related services, including consultations and referrals between different providers. For example, TRANSITIONS may provide a general practitioner with the name of your radiologist so the general practitioner may obtain X-rays from the radiologist in the course of your treatment.
- **For Payment.** TRANSITIONS may use or disclose information to get payment, determine insurance coverage, or to pay for the health care services you receive. For example, TRANSITIONS may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** TRANSITIONS may use or disclose information in order to manage its programs and activities, perform quality assessment, and improvement, review competence or qualifications of health care professionals, conduct case management and medical review, or engage in business management or general administrative activities. For example, TRANSITIONS may use PHI to review the quality of services you receive.
- **Disclosures for judicial and administrative proceeding.**
- **For Public Health Activities.** TRANSITIONS is a public health agency that tracks some diseases and PHI may be disclosed if you have been exposed to or at risk of spreading a disease or condition.
- **For Public Health Oversight Activities.** TRANSITIONS may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** TRANSITIONS will use and disclose information when required or permitted by federal or state law or by a court order – about decedents; for cadaveric organ, eye or tissue donation purposes; for research purposes.
- **For Abuse Reports and Investigations.** TRANSITIONS is required by law to receive and investigate reports of abuse, neglect, or domestic violence to public authorities if there is a reasonable belief you will be a victim of abuse, neglect, or domestic violence. In such a case, TRANSITIONS will promptly inform you that such a disclosure has been or will be made.
- **For Government Programs.** TRANSITIONS may use and disclose information for public benefits under other government programs. For example, TRANSITIONS may disclose information for the determination of Supplemental Security Income (“SSI”) benefits.
- **To Avoid Harm.** TRANSITIONS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **Workers Compensation.** TRANSITIONS may disclose PHI for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.
- **Inmates.** TRANSITIONS may disclose PHI to a correctional institution or a law enforcement official having custody of an inmate for the purpose of providing health care or ensuring the health and safety of individuals or other inmates.
- **Fundraising.** Six categories of patient health information may be disclosed or used for fundraising purposes without your written authorization:
 1. Patient demographic data
 2. Health insurance status
 3. Dates of patient health care services
 4. General department of service information
 5. Treating physician information
 6. Outcome information
- **Genetic information.** Genetic information cannot be used to decide whether coverage can be given or at what price. (information can be disclosed to a plan sponsor for plan administration).

Uses and Disclosures that Require Your Authorization

Psychotherapy Notes. Psychotherapy notes will only be used and disclosed with your authorization. Psychotherapy notes do not include summary information about your mental health treatment. If you authorize disclosure, you may cancel the authorization at any time in writing. TRANSITIONS cannot take back any uses or disclosures already made with your authorization.

- **Marketing.** Uses and disclosures of any PHI for marketing purposes require your authorization.
- **Sale of PHI.** TRANSITIONS must obtain your authorization in situations involving the sale of PHI, wherein TRANSITIONS receives direct or indirect remuneration in exchange for the disclosure. The sale of PHI does not include disclosures made for public health purposes, for treatment and payment purposes, to individuals who request their own PHI, for disclosures required by law, or for disclosures made to business associates when the only compensation is made by TRANSITIONS to the business associate for the performance of activities on TRANSITIONS’s behalf.
- **Fundraising.** TRANSITIONS must obtain your authorization prior to disclosing information concerning your diagnosis, nature of services, or treatment in connection with fundraising activities. You may revoke an authorization if Transitions intends to engage in any of the following activities, separate statements for certain uses or disclosures involving fundraising.

Other Laws Protect PHI. Many TRANSITIONS programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for TRANSITIONS to use and disclose your mental health and chemical dependency treatment records.

PHI uses and disclosures not described in this notice will only be made with an individual’s written authorization, which the individual may revoke.

Your PHI Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing by completing a form provided by TRANSITIONS. You may be charged a fee for the cost of copying your records.
- **Right to Request a Correction or Update of Your Records.** You may ask TRANSITIONS to change or add missing information to your records if you think there is a mistake. You must make the request in writing by completing a form provided by TRANSITIONS.

- **Right to Get an Accounting of Disclosures.** You have the right to ask TRANSITIONS for a list of disclosures made during the six (6) years prior to the date of your request. You must make the request in writing by completing a form provided by TRANSITIONS. This list will not include the times that information was disclosed for treatment, payment or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your written authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that TRANSITIONS limit how your information is used or disclosed in carrying out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. You must make the request in writing by completing a form provided by TRANSITIONS. TRANSITIONS is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Request How We Communicate With You.** You have the right to ask that TRANSITIONS share information with you in a certain way or in a certain place. For example, you may ask TRANSITIONS to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how TRANSITIONS has used or disclosed information about you. You can contact the Transitions Privacy Officer or the Secretary of The U.S. Department of Health and Human Services.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Use a Personal Representative.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:
 1. A power of attorney for health care notarized by a notary public;
 2. A court order of appointment of the person as the conservator or guardian of the individual;
 3. An individual who is the parent of a minor child.

TRANSITIONS retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

- **Right to Notice in the Event of Breach.** You have the right to be notified in the event of a breach of your unsecured PHI.
- **Right to Opt Out of Fundraising Communications.** TRANSITIONS may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for TRANSITIONS. You have the right to opt out of receiving such communications with each solicitation, and your decision will have no impact on your treatment or payment for services at TRANSITIONS.
- **Right to Restrict Disclosure to Health Plans.** In the event you pay for your treatment out of pocket in full, you have a right to request restriction of the disclosure of your PHI to a health care plan if the disclosure is related to payment or healthcare operations and not otherwise required by law.

Other uses and disclosures not described in this notice will be made only with your written authorization. Disclosures will be made to the Secretary of HHS for HIPAA rules compliance and enforcement purposes.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, TRANSITIONS 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 the individual;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosures that are required by law;
- Uses or disclosures that are required for TRANSITIONS' compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

How to contact TRANSITIONS to Review, Correct, or Limit Your PHI

You may contact the PHI Privacy Officer at the address listed at the end of this notice to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you is used or disclosed
- Ask for a list of the times TRANSITIONS disclosed information about you
- Ask to cancel your authorization

TRANSITIONS may deny your request to look at, copy or change your records. If TRANSITIONS denies your request, TRANSITIONS will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with TRANSITIONS or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact any of the people listed below if you want to file a complaint or to report a problem with how TRANSITIONS has used or disclosed information about you. Your benefits will not be affected by any complaints you make. TRANSITIONS cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Roger Severino Director;
Office for Civil Rights;
U.S. Department of Health and Human Services
 200 Independence Avenue, S W Room 509F HHH Bldg.
 Washington, D.C. 20201 Web address: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

OCRPrivacy@hhs.gov.

Toll-free: (800) 368-1019
 TDD toll-free: (800) 537-7697

For More Information

If you have any questions about this notice or need more information, please contact the TRANSITIONS CEO (Privacy Officer) at 309-793-4993, or Fax 309-793-9055.

Future Information

In the future, TRANSITIONS may change its Notice of Privacy Practices. Any changes will apply to information TRANSITIONS already has, as well as any information TRANSITIONS receives in the future. A copy of the new notice will be posted at each TRANSITIONS site and facility and provided as required by law. You may ask for a copy of the current notice anytime you visit TRANSITIONS, or get it on line at <http://www.transrehab.org/>