



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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. State and Federal law protect the confidentiality of this information through the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 C.F.R. Parts 160 & 154), the Federal Confidentiality of Substance Use Disorder Patient Records Rules (42 C.F.R. Part 2), and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (405 ILCS 5/100 et seq). "Protected health information" or "PHI" is information about you, including demographic information that may identify you and relates to your past, present, or future physical or mental health or condition and related healthcare services. The confidentiality of mental health and substance use disorder client records is specifically protected by State and/or Federal law and regulations. TASC is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of TASC that you received substance use disorder (SUD) treatment or disclosing any information that identifies you as having an SUD. If you suspect a violation, you may file a report to the appropriate authorities in accordance with State and Federal regulations. TASC must legally maintain the privacy and security of your PHI and follow the duties and privacy practices described in this notice. TASC will not use or share information other than as described here unless authorized in writing.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

- **FOR TREATMENT.** We may use medical and clinical information about you to provide you with treatment or services, coordinating care, or managing your treatment. We may disclose PHI to other providers after obtaining your authorization. For example, TASC may need to request a list of your current medications prescribed by your Primary Care Physician and will need an authorization to contact him/her.
- **FOR PAYMENT.** With your authorization, we may use and disclose protected health information about you so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, and/or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- **FOR HEALTHCARE OPERATIONS.** We may use and disclose your protected health information for certain purposes in connection with the operation of our program, including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging other business activities. For example, we may share your PHI with third parties that perform

various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

- **REQUIRED BY LAW.** Under the law, we must disclose your PHI to you upon your request. In addition, we must comply with valid court orders compelling the production of your PHI.
- **WITHOUT AUTHORIZATION.** Applicable law also permits us to disclose information about you without your authorization in a limited number of other situations. These situations are explained below.
 - **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors) and peer review organizations performing utilization and quality control. If we disclose PHI for SUD clients to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.
 - **Medical Emergencies.** We may use or disclose your protected health information in a medical emergency situation to medical personnel only and as legally permissible if you are a TASC client.
 - **Mandated Reporting.** We may use your protected health information in order to comply with rules and regulations mandating TASC staff to report to law enforcement or government agencies child abuse or neglect.
 - **Research.** We may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to redisclose your protected health information except back to TASC.
 - **Criminal Activity on Program Premises/Against Program Personnel.** We may disclose your PHI to the law enforcement officials if you have committed a crime on program premises or against program personnel or have threatened to do so.
 - **Legal.** We may disclose your PHI to respond to lawsuits and legal actions. If you are involved in a legal issue where TASC is not a party, TASC may disclose your information with your authorization or court order for situations involving family matters, worker's compensation, civil actions, or other legal issues.
 - **Court Order.** We may disclose your PHI if the court issues an appropriate order and follows required procedures.
 - **Special Government Functions.** If you are an active military member or veteran, we may disclose your PHI as required by military command authorities.
- **WITH AUTHORIZATION.** We must obtain written authorization from you for all other uses and disclosures of your PHI.

- **REQUIRED BY CONTRACT.** We participate with other behavioral health services agencies (each a “Participating Covered Entity”) in the IPA Network established by Illinois Health Practice Alliance, LLC (“IHPA”). Through IHPA, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement (“OHCA”), as defined by HIPAA. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the treatment, payment and healthcare operations purposes of all of the OHCA participants.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

You have the following rights regarding PHI that TASC maintains about you. To exercise any of these rights, please submit your request in writing to TASC. If you have any questions, you may contact the Privacy Officer at TASC, 700 S. Clinton St., Chicago, IL 60607.

- **RIGHT TO REVOCATION.** It is your right to revoke authorizations at any time by sending written notification to the Medical Records Department to the addresses listed above. Criminal justice consents will remain in effect and can be revoked after termination of your conditional release.
- **RIGHT OF ACCESS TO INSPECT AND COPY.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **RIGHT TO AMEND.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or healthcare operations, and the PHI pertains to a healthcare item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. We will not disclose your PHI without an authorization in many of these situations, regardless.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be

handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

- **BREACH NOTIFICATION.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **RIGHT TO A COPY OF THIS NOTICE.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with TASC's Privacy Officer, 700 S. Clinton St., Chicago, IL 60607, or by calling 1-855-827-2444. You may also file a complaint with the U.S. Secretary of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201, or by calling 202-619-0257. TASC will not retaliate against you for filing a complaint.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER CLIENT RECORDS

The confidentiality of substance use disorder client records is protected by Federal law and regulations. TASC is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of TASC that you attend a substance use disorder treatment program or disclosing any information that identifies you as a person with an alcohol or drug use disorder. Some of the exceptions to this general rule include:

- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent.

The violation of State and/or Federal laws or regulations by this program is a crime. If you suspect a violation, you may file a report to the appropriate authorities in accordance with the regulations.

If you have any questions about this Notice of Privacy Practices, please contact TASC's Privacy Officer:

TASC PRIVACY OFFICER
700 S. Clinton St.
Chicago, IL 60607
1-855-827-2444

This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI") in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting a copy on our website: www.tasc.org, sending a copy to you in the mail upon request, or providing one to you at your next appointment.