



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.

DeWitt-Piatt Bi-County Health Department (DPBHD) creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. The uses and disclosures described in this Notice are applicable to DPBHD.

DPBHD is required by federal and state law to maintain the privacy of your protected health information (PHI). DPBHD is also required by law to provide you with this Notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured, protected health information.

This is a list of some of the types of uses and disclosures of PHI that may occur:

Treatment: DPBHD obtains your medical information to better treat you. This medical information often termed “protected health information” or “PHI”. DPBHD may send your PHI to other medical professionals or counselors to whom you are referred for treatment. We may also use your PHI to contact you to tell you about alternative treatments, or other health-related benefits or services that are offered. If you have a friend or family member involved in your care, DPBHD may give them PHI about you.

Payment: DPBHD uses your PHI to obtain payment for the services that are rendered. For example, PHI is sent to Medicaid, DentaQuest, Medicare and/or private insurance to obtain payment for our services.

Health Care Operations: DPBHD uses your PHI for our operations. For example, DPBHD may use your PHI in determining whether we are giving adequate treatment to our clients such as quality control reviews of the file. From time-to-time, DPBHD may use your PHI to contact you to remind you of an appointment either by phone/mail or by electronic means such as text messages or email.

DPBHD may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons:

Public Health: DPBHD may use and disclose your health care information to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease, or to report suspected cases of abuse, neglect or domestic violence.

Health Oversight Activities: DPBHD may use and disclose your PHI to state agencies and federal government authorities when required. DPBHD may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, DPBHD must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule, to the Illinois Department of Human Services in annual review of the grant funded programs (WIC, FCM, APORS, Dental Sealant Program), to the Illinois Department of Professional Regulation in an investigation of professional neglect complaints.

Judicial and Administrative proceedings: DPBHD may use and disclose your PHI in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your PHI to the party requesting information.

Law Enforcement: DPBHD may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. DPBHD may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

Avert a Serious Threat to Health or Safety: DPBHD may use or disclose your PHI to stop you or someone else from getting hurt.

Work-Related Injuries: DPBHD may use or disclose PHI to an employer if the employer is conducting medical workplace surveillance or evaluating work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: In certain situations, DPBHD may use or disclose PHI to a coroner or medical examiner. Example: PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

Armed Forces: DPBHD may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. DPBHD may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

National Security and Intelligence: DPBHD may use or disclose PHI to maintain the safety of the President or other protected officials. DPBHD may use or disclose PHI for the purpose of conducting national intelligence activities.

Correctional Institutions and Custodial Situations: DPBHD may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

Research: You will need to sign an Authorization form before we use or disclose PHI for research purposes except in limited situations. For example, if you want to participate in research or a clinical study, an Authorization form must be signed.

Fundraising: Should DPBHD undertake any fundraising activities, we may contact you about the fundraising activity. DPBHD does not routinely engage in marketing activities, and would need your authorization to release or share personal information or photographs.

Other Uses and Disclosures: DPBHD will not use or disclose your information for anything not described in this Notice without your written authorization. If you do provide written authorization for other uses and disclosures, you may revoke authorization at any time by providing written notice to DPBHD at PO Box 518, Clinton, IL 61727.

Illinois Law: Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, dental records and alcohol or drug abuse treatment, you will be required to sign an authorization form. Certain exceptions within state law may allow for specific use or disclosure by the agency without prior authorization.

You have certain rights under federal privacy laws relating to your PHI. Some of these rights are described below:

Acknowledgment of Receipt: The law does not require you to sign the “acknowledgement of receipt of the notice.” Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgement does not prevent DPBHD from using or disclosing health information as HIPAA permits. If you refuse to sign the acknowledgement, then DPBHD must keep a record of this fact.

Restrictions: You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. DPBHD is not required to agree to your request.

Communications: You have a right to receive confidential communications about your PHI. For example, you may request that DPBHD only call you at home. If your request is reasonable, we will accommodate.

Inspect and Access: You have a right to inspect information used to make decisions about your care. This information

includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, DPBHD will send you a letter letting you know why and explaining your options.

Copies: You may copy your PHI in most situations. If you request a copy of your PHI, DPBHD may charge you a fee for these copies and any applicable postage costs.

Amendments of your Records: If you believe there is an error in your PHI, you have a right to request in writing that DPBHD amend your PHI. Forms are available from the Privacy Officer. DPBHD is not required to agree with your request to amend.

Accounting of Disclosures: You have a right to receive an accounting of disclosures that DPBHD has made of your PHI for purposes other than treatment, payment, and health care operations, or release made pursuant to your authorization.

Copy of Notice: You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. DPBHD has also posted this Notice at the office in each county.

Complaints/Further Information: If you would like more information or feel that your privacy rights have been violated, *you may contact our Privacy Officer at (217)935-3427 ext. 2112.* You may file a complaint with DPBHD in writing at PO Box 518, Clinton, IL 61727. DPBHD will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services, Washington D.C. if you feel your privacy rights have been violated.

DPBHD does not maintain a facility directory; therefore, if family or friends ask us about your condition, we cannot disclose any general information or reason(s) for your visit. If family or friends say that it is an emergency for them to reach you, we will page you. If you want us to tell someone you are here, please let us know.

DPBHD is required to abide with terms of the Notice currently in effect, however, DPBHD may change this Notice. If DPBHD materially changes this Notice, you can get a revised version by visiting our website at www.dewittpiatthealth.com. Printed copies are also available at both office locations. Changes to the Notice are applicable to any health information currently on file.

Should DPBHD seek help from individuals or entities who are not part of this Notice in our treatment, payment, or health care operations activities, DPBHD will require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule.

EFFECTIVE DATE: April 14, 2003
REVISED DATE: December 28, 2023