



# NOTICE OF PRIVACY PRACTICES

Protected Health Information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits from healthcare services without practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Heartland Health Services (HHS) is required to follow specific rules on maintaining the confidentiality of your PHI, using your information and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. HHS' Notice of Privacy Practices describes your rights to access and control your PHI. It also describes how we follow applicable rules and uses and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for the purposes that are permitted or required by law.

The following is an overview of your Rights and how we may disclose your Protected Health Information (PHI).

A complete copy of HHS' Notice of Privacy Practices is available upon request and is also located on our website, [www.hhsil.com](http://www.hhsil.com).

#### **Your Rights Under the Privacy Rule:**

- You have the right to receive, and we are required provide you with, a copy of our Notice of Privacy Practices.
- You have the right to authorize other use and disclosure.
- You have the right to request alternative means of confidential communication.
- You have the right to inspect and copy your PHI.
- You have the right to request a restriction to your PHI.
- You have the right to request an amendment to your PHI.
- You have the right to request a disclosure accountability.
- You have the right to receive a privacy breach notice.

#### **How we may use or disclose protected health information:**

- Treatment
- Special notes
- Payment
- Healthcare operations
- Health information organization
- To others involved in your healthcare
- Other permitted and required uses and disclosures
- Business associates
- Health information exchange
- Accountable care organizations
- Incidental Uses and Disclosures
- Patient Assistance programs
- Student immunizations

#### **GRIEVANCES OR FURTHER INQUIRIES**

If you believe that HHS has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with HHS and/or directly to the Department of Health and Human Services. To file a complaint with HHS, please contact HHS's Compliance Officer at 309-647-7609. HHS will not retaliate against you for filing a complaint.

#### **AMENDMENTS**

HHS reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If HHS amends this Privacy Notice, a copy will be available upon your request and on our website on or after its effective date.

Effective Date: 11/1/2013