Notice of Privacy Practices
of UnityPoint Health – UnityPlace Human Service Center

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.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes information, whether or not individually identifiable, medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status, medical claims history, address, and policy or social security number.

Who will follow this Notice
UnityPoint Health – UnityPlace Human Service Center. This Notice describes the privacy practices of UnityPoint Health – UnityPlace Human Service Center (“Uph-UP HSC”) and all of its programs and departments, including its health clinics.

Medical Staff. This Notice also describes the privacy practices of an “URGently Health Care Management” or “OHCA” between Uph-UP HSC and eligible providers on its Medical Staff. Because Uph-UP HSC is a clinically-integrated care setting, our clients receive care from Uph-UP HSC staff and from independent practitioners on the Medical Staff. Uph-UP HSC and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, Uph-UP HSC and all eligible providers on its Medical Staff have entered into the OHCA under which Uph-UP HSC and the eligible providers will:
• Use this Notice as a joint notice of privacy practices for all visits and follow all information practices described in this notice;
• Obtain a single signed acknowledgment of receipt; and
• Share medical information from visits with eligible providers so that they can help Uph-UP HSC with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or other practice locations.

Notice of privacy practices of UnityPoint Health – UnityPlace Human Service Center

Effective date of notice: February 19, 2020

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Contact Information
UnityPoint Health, 221 NE Glen Oak Avenue, Peoria, IL 61636, Attn: Regional Privacy Officer.

Complaints
If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Violations of Laws and Regulations
A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the US Attorney for the Central District of Illinois. Additionally, you may report suspected violations to the Substance Abuse and Mental Health Services Administration.

Judicial Proceedings
We may disclose your information to medical personnel of the Food and Drug Administration (“FDA”) who assist a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers. Research. Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

Audit and Evaluations. We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to Uph-UP HSC, or those who conduct audits and evaluations necessary under federally-funded health care programs and federal agencies with oversight of those programs.

Reporting Certain Criminal Conduct. The following information is not protected:
• Information related to your commission of a crime on the premises of Uph-UP HSC;
• Information related to your commission of a crime against Uph-UP HSC personnel; and
• Information related to suspected child abuse and neglect made under state law to the appropriate state or local authorities.

Individuals Involved in Your Care. Depending on your age and mental capacity, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information.

Deceased Patients. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Prevention of Multiple Enrollments. We may disclose certain information about you to a central registry or other treatment program within a 200 mile radius for the purpose of preventing multiple enrollments.

Judicial Proceedings. We may disclose information about you in response to a court order and subpoena that comply with the requirements of the regulations.

Qualified Service Organizations. We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to Uph-UP HSC.

Disclosures of Information Subject to Federal Substance Use Disorder Rules
For patients whose records are subject to federal law governing the privacy of substance use disorder records, the following is a summary of the limited circumstances under which we may disclose your presence or disclose information about you to individuals outside Uph-UP HSC, without your written permission. These are permitted under the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2.

Medical Emergencies. We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assist a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research. Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

Audit and Evaluations. We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to Uph-UP HSC, or those who conduct audits and evaluations necessary under federally-funded health care programs and federal agencies with oversight of those programs.

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Qualified Service Organizations. We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to Uph-UP HSC.
Fundraising Campaign or appeal for which you are being contacted, unless other means for our fundraising purposes, you will have the opportunity to “opt out” and we will send medical information about you to the nursing facility.

Payment. We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, we may disclose information to an outside billing company who assists us in billing insurance to perform their services for us. For example, we may disclose your medical information to a business associate or to a foundation related to UPH-UP HSC certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physicians and other details of your treatment or services (for example, your lab results or test details that we collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

Health Care Operations. We may use or disclose your medical information for our health care operations. For example, our medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will be permitted to share your medical information with other qualified parties with whom we have an agreement for the purpose of improving the quality of healthcare for you. The ambulatory care provider, our business associates and other qualified persons may use this medical information for the health care operations for which we are required to apply safeguards to protect your medical information. The ambulatory care provider, for example, may also want to use your information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

Business Associates. We will disclose your medical information to our business associates and allow them to create, use, and disclose your medical information in connection with their services for our health care operations. For example, we may disclose your information to an outside billing company who assists us in billing insurance companies for payment purposes.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services. Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. We may contact you as part of a fundraising effort. We may also use or disclose your medical information to a business associate to whom we have outsourced certain activities (such as cardiology or orthopedics), so that we may offer you contact to raise money for UPH-UP HSC. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to “opt out” and not receive further fundraising efforts from us.

HIPAA USES AND DISCLOSURES OF INFORMATION

The following are the types of uses and disclosures we may make of your medical information. These are general descriptions only. They do not cover every example of disclosure within a category. Where State or federal law restricts one of the described uses or disclosures, the restrictions apply to all of the applications of that State or federal law. Those records subject to 42 C.F.R. Part 2 are subject to the restrictions described in the prior section.

Treatment. We will use and disclose your medical information for treatment. For example, we will share medical information with our medical staff, your physicians and other who are involved in your care at UPH-UP HSC. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are treated by more than one facility, we will send medical information about you to the nursing facility.

Payment. We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, we may disclose information to an outside billing company who assists us in billing insurance to perform their services for us. For example, we may disclose your medical information to a business associate or to a foundation related to UPH-UP HSC certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physicians and other details of your treatment or services (for example, your lab results or test details that we collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

Health Care Operations. We may use or disclose your medical information for our health care operations. For example, our medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will be permitted to share your medical information with other qualified parties with whom we have an agreement for the purpose of improving the quality of healthcare for you. The ambulatory care provider, our business associates and other qualified persons may use this medical information for the health care operations for which we are required to apply safeguards to protect your medical information. The ambulatory care provider, for example, may also want to use your information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for their health care operations.

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