Notice of Privacy Practices
of UnityPoint Health - UnityPlace
Tazwood Center for Wellness

NOTICE OF PRIVACY PRACTICES OF UNITYPOINT HEALTH - UNITYPLACE TAZWOOD CENTER FOR WELLNESS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS 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 about your individually identifiable medical, mental, behavioral, and 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 Tazwood Center for Wellness. This Notice describes the privacy practices of UnityPoint Health - UnityPlace Tazwood Center for Wellness (“UPH-UP Tazwood”) and all of its programs and departments, including its health clinics.

MEDICAL CARE
UPH-UP Tazwood also describes the privacy practices of an “organized health care arrangement” or “OHCA” between UPH-UP Tazwood and eligible providers on its Medical Staff. Because UPH-UP Tazwood is a clinically-integrated care setting, our clients receive care from UPH-UP Tazwood staff and from independent practitioners on the Medical Staff. UPH-UP Tazwood 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 Tazwood and all eligible providers on its Medical Staff have entered into the OHCA under which UPH-UP Tazwood 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 Tazwood with its health care operations.

The OHCA does not cover the information practices of practitioners in their private practice or other practice settings. UPH-UP Tazwood participates with other behavioral health services agencies (each, a “Participating Covered Entity”) in the IPA Network established by Illinois Health Practice Alliance, LLC. Through the IPA Network, 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 the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the treatment, payment and health care operations purposes of all the OHCA participants.

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 acknowledge your presence or disclose information about your to individuals related to UPH-UP Tazwood without your permission. These are permitted under the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290d-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 to the extent necessary 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 on 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 Tazwood or those who conduct audits and evaluations necessary under federally-funded health care programs and federal agencies with oversight of those programs.

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 or subpoena that complies 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 Tazwood.
the specific fundraising campaign or appeal for which you are being contacted, unless we have already prepared a communication prior to receiving notice of your right to opt out.

Family Friends or Others. We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may disclose information necessary for their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. In general, we may only disclose information to your family members who are involved in your care or payment for care before your death, if relevant to such person’s involvement, unless you have expressed a contrary preference.

Deceased Individuals. We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death we may use or disclose medical information about you as a Deceased Individual, coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your information to organizations such as medical education, research or public health authorities if you were involved in payment for care before your death, if relevant to such person’s involvement, unless you have expressed a contrary preference.

Research. Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose your medical information to researchers at academic medical centers or health care providers if an Institutional Review Board or a committee designated by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a threat that is serious and imminent. Such a threat includes death or serious physical harm to you or others. We may disclose your medical information to a person or organization needed to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use or disclose your medical information that is necessary for national security and intelligence activities authorized by law for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other inmates.

Workers’ Compensation. We may release medical information about you as authorized by law for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

incidental uses and disclosures that we will make only with your written authorization. These include:

• Uses and Disclosures Not Otherwise Described – We will obtain your written authorization for any use or disclosure of your information that is not described in the preceding examples of this Section.

• Marketing or Sale Purposes – We will not use or disclose your information for marketing purposes, and we will not sell your information without your authorization. If either apply, such will be noted on the form.