

**Stepping Stones of Rockford, Inc.
Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review these practices carefully.

Your health record contains personal information about you and your health status that is “protected health information.” State and federal law protect this information and Stepping Stones of Rockford, Inc. is required by law to comply with these protections. Unless otherwise specified, protected health information (PHI) is only disclosed upon your written authorization. You have the right to revoke your authorization. In the course of your admission and treatment at this agency, we will collect, at minimum, the following protected health information: name; social security number; name of guardian when applicable; phone number; address including zip code; birth date; gender; ethnicity; payer source, including insurance companies or Medicaid information; admission, discharge and service dates; diagnoses; health history and aspects of your personal history that relate to your condition, including your past and current mental status, use of substances and the medications you are taking, or may be prescribed.

This notice explains how we may use and disclose your PHI and your rights on how you may gain access to control this information, in accordance with all applicable laws. We are required to maintain the privacy of your PHI and to provide you with this notice. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice at any time and without advance notice. All changes will be effective for all PHI we maintain at that time. Upon your request, we will provide you with a revised notice, will mail a copy to you, refer you to copies posted at the agency’s corporate office, the Mildred Kral Rehabilitation Center located at 706 N. Main St. in Rockford or at the location you are living at. A copy of this Privacy Notice is posted on our website at: www.ssrinc.org.

When you meet with or have services provided by your direct care staff, psychosocial rehabilitation staff, counselor, rehabilitation supervisor, agency nurse, Director of Services, consulting Psychiatrist or other clinical staff, that professional will be collecting at the minimum the following information. The date of the meeting, the time of the meeting, the duration of the meeting, the place of the meeting and the type of service provided to you. Staff may also document the content of your participation, discussions and service as appropriate.

Your protected health information is used and disclosed as indicated below.

- **Treatment.** We may use and disclose treatment information about you to provide, coordinate, or manage your treatment and related services.
- **Payment.** With your authorization, we may use and disclose treatment information about you so that we can receive payment for the housing and treatment services

provided to you. This includes assistance in making a determination of eligibility or coverage for insurance or other third party coverage.

- **Health Care Operations.** We may use information about you to coordinate our business activities, which may include but is not limited to setting up appointments, reviewing your care, delivering staff training and operating our utilization and continuous quality improvement programs. We may ask you to sign-in for certain meetings or call your name at times when you are waiting in our lobby, or other areas, to be seen for an appointment.
- **With Your Consent.** Written consent is required from you to release PHI except as indicated below.
- **Without Your Authorization.** State and federal law allows us to disclose information about you without consent in the following cases listed below.

Emergencies: PHI may be released to address emergency situations.

As Required by Law: Information may be released upon subpoena, court order or other conditions of the law that we are required to follow. You will be notified, as required by law, of such disclosures and upon request of the information that was disclosed. We may make disclosures of your PHI to the Secretary of the Department of Health and Human Services for the purpose of determining our compliance with the Privacy Rule.

Public Health/Communicable Diseases: We may disclose your PHI to the extent that the use or disclosure is required by law. The use of disclosure will be in compliance with the law and limited to the relevant requirements of the law. Such disclosures may be necessary for the purpose of controlling disease, injury or disability.

Child Abuse or Neglect: Information pertaining to child abuse or neglect will be released to the state or locally authorized authority since we are mandated reporters in these situations and are required to do so. Information disclosed is limited to that which is necessary to make the initial mandated report.

Criminal Activity: We will release information to law enforcement personnel if you have committed a crime on agency property, agency supervised or other property or against agency staff or others. We will also notify legal authorities in cases when we have good reason to believe you may commit a crime against another person or property, under our responsibility of duty to warn.

Health Oversight: We may disclose your PHI to oversight agencies as required by law for the purpose of audits, investigations and inspections. These include government agencies, licensing organizations such as the Commission on the Accreditation of Rehabilitation Facilities (CARF), organizations which provide

financial assistance or reimbursement (third-party payers) and peer review organizations performing activities as part of our system of continuous quality improvement. We will have agreements to specify the safeguarding of your information in these disclosures.

Death: We may disclose information regarding deceased clients to the coroner or other authorized personnel for the purpose of determining the cause of death and complying with the required collection of statistics pertaining to the person's death.

Research: In the event that this agency participates in research projects, we may disclose protected health information to researchers under the following conditions:

1. an Institutional Review Board approves the research project and a waiver to the authorization requirement;
2. the researchers establish procedures to ensure the privacy of information;
3. the researchers agree to maintain the privacy of information following applicable laws and regulations, and;
4. the researchers agree not to re-disclose protected health information except back to our organization.

Your have the following rights pertaining to your PHI and you may exercise your rights as indicated below.

- **Access, Inspection, Copy and Disclosure of Information.** You have the right to inspect and have a copy your PHI as contained in a designated record set. A "designated record set" contains medical and billing records and other clinical and related information used to help us make decisions about your care. Your request must be made in writing. We may charge you a reasonable cost-based fee for copies. Your request may be restricted, or denied, in certain circumstances. You have the right to appeal such decisions by contacting our Privacy Officer. You have the right to give authorization in writing for us to disclose your information to others. You may restrict the information to be released or revoke this authorization at any time, but only to the extent that information has already been disclosed.
- **Right to Amend.** In a case that you believe your PHI is incorrect or incomplete, you have the right to ask us to amend or correct the information. This request must be made directly to our Privacy Officer in writing. We may not agree with your request and are not required to perform the requested amendment. You have the right to file a statement of disagreement with us. The documentation of your request, disagreement if applicable and our follow-up will be recorded in your record.
- **Right to Accounting Disclosures.** You have the right to request an account of certain types of protecting health information disclosures we made pertaining to you for a

period of up to six years. This excludes disclosures made to you, made for treatment purposes or made as a result of your authorization. We may charge a reasonable fee in cases where you request more than one accounting in a 12-month period. You may contact our Privacy Officer regarding accounting or disclosures.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment or service operations as well as to family members, or others, involved in your care. Your request must be in writing and we are not required to agree with your request for restrictions. Please contact our Privacy Officer to request restrictions on your disclosure of your PHI.
- **Right to a Copy of this Notice.** You have the right to receive a paper copy of this notice from us.
- **Right to Confidential Communications:** During the course of your services or at the time of discharge and follow-up, we may contact you to inform you of scheduled appointments, meetings or other benefits that may be of interest to you. We will leave messages unless you inform us not to. We may also contact you to announce special events or fundraising activities. You have the right to request to receive confidential communications from us by alternative means at an alternative location. We will not ask you why you are making this request. We will accommodate reasonable requests made in writing. Please contact our Privacy Officer to make this request.
- **Right to Complaints.** If you believe we have violated your privacy rights, you have the right to file a complaint in writing to us by contacting our Privacy Officer or by writing to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

You have the right to confidentiality of information shared between peers. We ask that you maintain confidentiality with peer information as mandated by law as any such disclosure, without written consent of the person to whom the information pertains, is prohibited.

The following information pertains to other uses and disclosures of your PHI.

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time, to the extent staff has already taken action in regard to the use of disclosures you have permitted. You must make your request in writing.

If you have questions about this privacy notice, believe we have violated your rights, or wish to file a complaint, please contact us by notifying our Privacy Officer Randy Roberson as indicated below. You may also contact the Department of Human Services listed below. **We will not retaliate against you for filing a complaint.**

Revised 04/23/08

To contact our Privacy Officer:

Randy Roberson, Privacy Officer
Stepping Stones of Rockford, Inc.
706 North Main Street
Rockford, Illinois 61103
Telephone: 815-963-0683
E-Mail: randy@ssrinc.org

To contact the Department of Human Services:

U.S. Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257

My signature documents that I have received a copy of this Privacy Notice and that it has been explained to me.

Client _____ Date _____

Witness _____ Title _____ Date _____

Guardian (when applicable) _____ Date _____

This effective date of this privacy notice is April 14, 2003.