



Champaign-Urbana Public Health District

## JOINT NOTICE OF PRIVACY PRACTICES For Champaign-Urbana Public Health District

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Champaign-Urbana Public Health District (CUPHD) works with other practitioners including doctors, nurse practitioners, and others who are not part of CUPHD's workforce. This Notice is applicable to CUPHD and all of the practitioners (collectively "we") who are part of this Notice while they are delivering services on behalf of CUPHD. This Notice does not apply to providers who are not part of CUPHD when they deliver services elsewhere or only on their own behalf.

We are required by law to maintain the privacy of your **protected health information (PHI)**. We are also required by law to provide you with this Notice of our legal duties and privacy practices and to ask you to sign an Acknowledgment that you received this Notice.

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

Treatment: We obtain medical information about you in treating you. This medical information is called "protected health information" or "PHI". Your PHI is used by us to treat you. We may send your PHI to another practitioner to which we refer you, or use your PHI to contact you to tell you about other health services we offer. If you have friends or family involved in your care, we may give them PHI about you.

Payment: We may use your PHI to obtain payment for our services. We may send PHI to Medicaid, Medicare, your insurance plan, or grant administrators to obtain payment.

Health Care Operations: We use your PHI for our operations. For example, we may use your PHI to contact you to remind you of an appointment.

Legal Requirements: We 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 or Avert a Serious Threat to Health or Safety: To prevent or control disease or injury, to report adverse reactions, or to report suspected cases of abuse. To stop you or others from getting hurt.
- Health Oversight Activities: To state and federal governments when required or to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule,
- Law Enforcement or Judicial and Administrative proceedings: To comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate missing persons, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.
- Coroners, Medical Examiners, and Funeral Directors: For- example PHI may be needed to identify a deceased person or determine a cause of death

**JOINT NOTICE OF PRIVACY PRACTICES. (continued)**  
**For Champaign-Urbana Public Health District**

- National Security, Intelligence, and Armed Forces: To maintain the safety of protected officials or for national intelligence or military activities.
- Correctional institutions: To correctional institutions or law enforcement custodians.
- Research: Consent is required for us use PHI for research except in limited situations.

**Illinois law:** Illinois law also governs the use or disclosure of your PHI. For us to release PHI about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to use or disclose PHI without your authorization.

**Your Rights:** You have rights under federal privacy laws involving your PHI, including:

- **Restrictions:** The right to request restrictions on how your PHI is used for treatment, payment and health care operations. We are not required to agree to your request.
- **Communications:** The right to receive confidential communications about your PHI. For example, you may request that we only call you at home. We will accommodate reasonable requests.
- **Inspect and Access:** The right to inspect information including billing and medical record information used to make decisions about your care. If your request is denied, we will inform you why and explain your options. You may copy your PHI in most situations, and we may charge you a fee for making the copies and mailing them, if you ask us to mail them.
- **Amendments of your Records:** If you believe there is an error in your PHI, you have a right to request that we amend your PHI. We are not required to agree with your request.
- **Accounting of Disclosures:** The right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or release made pursuant to your authorization.
- **Copy of Notice:** The right to obtain a paper copy of this Notice. We have also posted this Notice at CUPHD.
- **Complaints:** If you feel that your privacy rights have been violated, you may file a complaint with CUPHD by calling our Privacy Officer at (217) 352-7961. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC.

We are required to abide with terms of the Notice currently in effect; however, we may change this Notice. You can get a current Notice on our website at [www.cuphd.org](http://www.cuphd.org), or at CUPHD. Changes to the Notice are applicable to the health information we already have.

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