

West Central Illinois Center for Independent Living  
639 York, Suite 204  
Quincy, IL 62301

## **Notice of Privacy Practices**

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

WCICIL is required to give you this Notice of Privacy Practices to comply with the regulations established under federal and state laws. This notice is intended to describe your rights, and to inform you of the ways we may use and disclose your protected health information.

### **Health Information About You**

WCICIL may gather or obtain health information about you from different sources in order to provide you some of our services. Some examples of when we may need to obtain health information about you are to:

- Make sure you are eligible for our services;
- Help you transition from a nursing home;
- Help you reintegrate into the community;
- Help you choose housing and modifications that may be needed;
- Assess your ability to work, or
- Help you advocate with your doctor or other healthcare professionals, among other instances.

### **Your Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of your information, however, we are not required to agree to any requested restrictions;
- Obtain a copy of our Notice of Privacy Practices in an accessible format upon request. To ask for a copy of this Notice, please contact the staff member working with you or our Privacy Officer. You may also obtain a copy of this Notice on our web site - [www.wcicil.org](http://www.wcicil.org);

- Inspect and obtain a copy of your medical information that we maintain;
- Request to amend the medical information that we maintain. We may deny your request in some cases, for example, if we did not create the record, or if it is accurate and complete. If your request is denied you may write a statement of disagreement and require it to be included with all future releases of your protected health information;
- Request communications of your protected health information by alternative means or alternate locations;
- Revoke your authorization to use or disclose protected health information except to the extent that action has already been taken;
- Receive an accounting of disclosures made of your protected health information, and
- Receive notification of a breach of unsecured protected health information.

You may exercise any of your rights by communicating in the way that works best for you. Feel free to communicate in the format of your choice (example: a tape-recorded request).

If you get services from WCICIL under the authority of another agency, they may require that we refer you to them in order to exercise your rights regarding protected health information.

### **How WCICIL May Use or Disclose Your Health Information**

We may use or disclose protected health information without your permission for purposes described below. Not every possible use or disclosure is listed.

- Services: We may use and disclose your protected health information to provide you with our services. For example, we may give your protected health information to service coordinators, job coaches, interns, or volunteers who are involved in providing you with services and are required to know some of your protected health information in order to provide you with those services. We may also give your protected health information to other organizations working with us that are also providing services to you so they have the information they need to serve you. But, we will only provide those organizations your protected health information if they agree in writing to protect that information like we do. We will provide them with only the minimum amount of your protected health information required.

- **Payment Functions:** We may use or disclose protected health information about you to collect payment for the services you receive, and to coordinate benefits. For example, we may give information about you to Department of Healthcare and Family Services or the Department of Human Services so they will pay us for services we provided to you.
- **Operations:** We may use and disclose protected health information when necessary to operate WCICIL's programs and make sure all consumers receive quality service. For example, we may use information for quality assessment and improvement activities, legal services, audit services, and fraud and abuse detection programs.
- **Required by Law:** We may use and disclose your protected health information as required by State or Federal law.
- **Public Health:** We may give your protected health information to public health authorities to: prevent or control disease, report injury, report child abuse or neglect and domestic violence, report reactions to medications, and report birth or death.
- **Health Oversight Activities:** We may give your protected health information to health oversight agencies, like the Department of Healthcare and Family Services or the Department of Human Services during audits, investigations, inspections and other proceedings related to oversight of the health care system. These kinds of activities are necessary for government agencies to make sure that we are doing what they pay us for, properly and according to the law.
- **Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of any court or administrative proceeding.
- **Law Enforcement:** We may give your protected health information to a law enforcement official for purposes such as identifying a suspect, witness, and missing person, or to comply with a court order or subpoena, and other law enforcement purposes.
- **Fundraising:** We may contact you for fundraising activities. We are a not for profit organization that relies on the support of the community and we may contact you to ask for a donation. Donations are voluntary and there is no obligation for you to make a donation to WCICIL.

## **When We May Not Use or Disclose Your Health Information**

Except as described above or as permitted by State or Federal law, we will not use or disclose (release) your protected health information without your written consent. You may revoke (take back) your authorization in writing if possible (or in an alternate format if necessary), at any time. If you take back or cancel your authorization, we will no longer use or disclose your protected health information for the reasons covered by your authorization. Of course, if we have already disclosed your information with your permission, when you cancel your authorization, we cannot take your information back from those who received it from us.

In addition, we will require your written consent for the disclosure of psychotherapy notes, and before we will use or disclose your protected health information for marketing purposes that are paid for by a third party.

**Sale of Protected Health Information:** We will not sell your protected health information.

## **To Request Information, Exercise Your Rights, File a Complaint**

If you want to exercise your rights, get a better explanation of your rights, or if you want to file a complaint about your health information rights, please contact our Privacy Officer:

Dan Stupavsky  
Executive Director  
639 York, Suite 204]  
(217) 223-0400  
[Dan@wcicil.org](mailto:Dan@wcicil.org)

You may also file a written complaint with the U.S. Department of Health and Human Services if you believe your health information privacy has been violated by mailing it or e-mailing it to the Secretary of the U.S. Department of Health and Human Services located at:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775  
HHS.Mail@hhs.gov

We cannot, and will not, require you to give up the right to file a complaint with the Secretary of the U.S. Department Health and Human Services (HHS) in order to get services from our organization.

We cannot, and will not, retaliate against you for filing a complaint with us or with the Secretary of the U.S. Department Health and Human Services.

### **Changes to this Notice**

We reserve the right to change this Notice of Privacy Practices at any time and to make the new notice terms effective for all health information that we already have. We will distribute the new notice to you whenever we make important changes. Until such time, we are required by law to comply with the current version of this Notice.

Effective: September 23, 2013

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**Notice of Privacy Practices  
Acknowledgement of Receipt**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires WCICIL to give a Notice of Privacy Practices to everyone who obtains services from WCICIL. By signing this form, I agree that I have read and understand WCICIL's Notice of Privacy Practices, effective as of September 23, 2013.

I also understand that if I have any further questions or concerns regarding the Notice of Privacy Practices, I can contact WCICIL's Privacy Officer, at:

Dan Stupavsky  
Executive Director  
639 York, Suite 204]  
Quincy, IL 62301  
[dan@wcicil.org](mailto:dan@wcicil.org)

This acknowledgement will be placed in your consumer file that is maintained at WCICIL.

Dated : \_\_\_\_\_

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Consumer's Name (Please Print)

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Signature of Consumer or Representative

Representative Contact Information (If applicable):

Representative's Name:

Relationship to Consumer:

Representative's Address: