

# Joliet Center Clinical Research

## NOTICE OF PRIVACY PRACTICES (NPP) - SHORT VERSION

Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**Our commitment to your privacy:** Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. This is a shorter version of the full, legally required NPP, which you received along with this so refer to it for more information. If you have questions or concerns about the privacy of your information, please contact our Privacy Officer (see the end of this pamphlet).

We use information about your health, which we get from you or from others, for treatment, to arrange payment for our services, or for other business activities referred to as health care operations. At the end of this NPP is a Consent Form to be signed allowing us to use and share your information. **If you do not consent and sign this form, we cannot treat you.**

If your information is to be disclosed (sent, shared, released) for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

We will keep your health information private, but there are situations when we are required to use or share it; they are described in the full version of the NPP. Examples of these situations are:

1. A serious threat exists to your health and safety or the health and safety of others. We only share information with a person or organization able to prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. When required by a law enforcement official to do so.
4. Workers Compensation and similar benefit programs.

### **Your rights regarding your health information:**

1. You can specify how we communicate with you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell individuals (such as family and friends) who are involved in your care or the payment for your care except if it is against the law, or an emergency.
3. You have the right to look at your health information (such as medical and billing records). You can get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records.
4. If you believe information in your records is incorrect or incomplete, you can ask us to make some changes (called amending) to your health information. This request must be in writing and sent to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post it in our waiting room and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

I hereby acknowledge that I have received a copy of The Summit Center for Mental Health's Notice of Privacy Practices and that I have been given an opportunity to read it. I understand that if I have questions about the Notice or my privacy rights, I can contact the Privacy Officer, Diane Harris 815-729-7790 ext 102

Patient/Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature Date \_\_\_\_\_

Patient/Client Refuses to Acknowledge Receipt \_\_\_\_\_ Date \_\_\_\_\_ Signature of Staff Member Date \_\_\_\_\_

**Effective date of this notice:** \_\_\_\_\_