

**Military or National Security**– We may disclose your health information to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities.

**Inmates** – We may disclose health information about you to a correctional institution or law enforcement official who has custody of you.

**Research** – We may disclose health information to Researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Identifying information will not be disclosed to researchers.

**Uses or Disclosures That Require Your Authorization** Other uses and disclosures will be made only with your written authorization:

- Marketing purposes
- Sales of your information
- Most sharing of psychotherapy notes

You may cancel an authorization at any time by notifying Our Designee in writing of your desire to cancel it. If you cancel an authorization it will not have any effect on information that we have already disclosed.

#### **Your Rights**

**Right to Request Restrictions** – You have the right to ask us to restrict our use or disclosure of your health information for a particular reason related to treatment, payment, or our operations. You may also request that we restrict our disclosure of your health information to family members or other individuals involved in your health care or payment for health care. That request must be made in writing to Our Designee. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Howard Brown Health Center can terminate a restriction.

**Right to Receive Confidential Communications** – You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. If you want to request confidential communications the request must be made in writing to Our Designee. We must agree to your request if it is reasonable.

**Right to Inspect and Copy Your Health Information** – You have the right to request to inspect and obtain a paper or electronic copy of your health information. You must submit your request in writing to Our Designee. If you request a copy of the information or that we provide you with a summary of the information, we may charge a fee for copy and postage costs, and for the cost of summarizing the information.

We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

**Right to Request Amendments to Your Health Information** – You have the right to request that we amend your health information. You must submit your request for an amendment in writing to Our Designee. We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request if we determine that the information:

- Was not created by us
- Is not part of the health information that we maintain
- Is in a portion of records that you are not allowed to inspect and copy
- Is already accurate or complete

**Right To An Accounting of Disclosures of Health Information** -- You have the right to find out what disclosures of your health information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to Our Designee. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge we will notify you in advance.

**Right To Obtain a Copy of the Notice** – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

#### **Complaints**

You have the right to complain to us and to the Secretary of U.S. Department of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201 or 1-877-696-6775 or [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) if you believe we have violated your privacy rights. There is no risk in filing a complaint.

To file a complaint with us or if you have questions or want more information about this Notice of Privacy Practices, contact by phone or by mail:

Our Designee:

HIPAA Privacy Officer  
4025 North Sheridan Road  
Chicago, IL 60613  
773-388-8361 office  
773-388-0456 fax

The effective date of this privacy notice is:  
September 23, 2013

**HOWARD BROWN  
HEALTH CENTER**

4025 N. Sheridan Rd.  
Chicago, IL 60613  
(773) 388-1600  
[Howardbrown.org](http://Howardbrown.org)

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

**Purpose of This Notice**

This notice tells you how we use and disclose your health information. It tells you about your rights and our responsibilities to protect the privacy of your health information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your health information. We must provide you with a copy of this notice. We must follow the terms of this notice that are currently in effect.

We will tell you if we change this notice. A copy of the revised notice will be available upon request or posted at our location or on our website. We may change our privacy practices at any time and those changes may apply to health information we already have about you as well as any new information.

This notice will be given to you on the date that you first receive medical treatment or products from Howard Brown Health Center. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

## How We Use or Disclose Your Health Information

### For Treatment

We will use health information about you to provide you with treatment and services. We may share this information with members of our healthcare staff or with others involved in your care on a need to know basis, such as doctors, nurses, therapists, case managers, Howard Brown health support staff (i.e. disease intervention specialists, health educators, patient navigators) or health care facilities. For example, a nurse who is providing your care will report any changes in your condition to your doctor.

### For Payment

We may use or disclose your health information to bill and collect payment for the services we provide to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment, and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service. We may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities. We may need your written permission to disclose certain HIV information for payment purposes.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless the law requires us to share that information.

### For Health Care Operations

We may use or disclose your health information for health care operations. For example, we may use your health information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

We may need your written permission to disclose certain mental health, substance abuse, or HIV information for health care operations.

## Other Use and Disclosures of Your Health Information

**Treatment Alternatives** – We may use and disclose health information about you to contact you about other health care treatment that is available to you. If you do not want to receive these communications, please notify Our Designee in writing.

**Appointment Reminders and Other Communications** We may contact you either by telephone or by mail to remind you of an appointment that you have with us or any other matter related to the health care services we provide or payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see “Right to Receive Confidential Communications” in this notice.

**Business Associates** - There are some services that are provided for us by our business associates such as accountants, billing and data services, laboratory services, consultants and attorneys. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your health information.

**Fundraising** - In the continuing effort to enhance our capacity to conduct our mission of service to patients, periodic communications and invitations to donate may be sent out. We may contact you as part of a fundraising effort. The law allows us to share minimal information about you in our fundraising efforts. We will not share your information with other organizations. If you object to using your health information for fundraising, please contact: 773-388-8883 or mailings@howardbrown.org.

**Health Related Benefits and Services** – We may use and disclose health information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify Our Designee in writing.

**Individuals Involved in Your Care** – We may disclose health information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose health information about you to notify those persons of your location, general condition or death. Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Only with your written permission, may we disclose your confidential HIV information, or mental health information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the information that is relevant to the person’s involvement.

## Use or Disclosures That Are Required or Permitted by Law

**Disaster Relief** – We may use or disclose health information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a natural or human-made disaster.

**Required by Law** – We may use or disclose health information about you when we are required to do so by law.

**Public Health or Safety** – We may disclose health information about you for public health activities to prevent or control disease such as Syphilis, Chlamydia, and Gonorrhea or if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

**Victims of Abuse or Neglect** – We may disclose health information about you to a government agency if we believe you are the victim of abuse or neglect.

**Health Oversight Activities** – We may disclose health information about you to a health oversight agency such as the Chicago Department of Public Health and the Illinois Department of Public Health.

**Food and Drug Administration** – We may disclose health information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** – We may disclose health information about you in response to an administrative or court proceeding. We may also disclose health information about you in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** – We may disclose information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- About crimes that occur on our premises.
- To report a crime in emergency circumstances.

**Funeral Directors, Coroners and Medical Examiners** – We may disclose health information about you as necessary to allow these individuals to carry out their responsibilities.

**Organ Donation** – We may disclose health information about you to organ procurement organizations if you are an organ donor.

**Workers’ Compensation** – We may disclose health information about you to comply with workers’ compensation laws that provide benefits for work-related injuries or illnesses.