



Josselyn's Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get a copy of your Record.** You can ask to see or get an electronic or paper copy of your medical records or other health information that we have about you. Sometimes we may deny your request. If we do, we will tell you in writing what our reasons are for the denial and how you can appeal the denial. We may charge you a reasonable fee for copying and mailing the documents you request.
- **Ask us to correct your Record.** You can ask us to correct your health records if you think they are incorrect or incomplete. You must make the request in writing to medical records department. We may say "no" to your request, but we will tell you why within 60 days.
- **Contacting you.** You can ask us to contact you in a specific way. For example, you can ask that we contact you only by phone or e-mail. Put your directions in writing and give it to a staff person at the program where you receive services. We can turn down the request, but we will always agree to it if it is reasonable.
- **Ask us to limit what we use or share.** You can ask us **not** to use or share certain health information. You can request a restriction by submitting your request in writing to our medical records department. We are not required to agree, and we can say "no" if it would affect your healthcare. However, if you pay for services wholly out-of-pocket, you can request that we not disclose information about that particular treatment to your health plan; we are required to honor that request.
- **Get a list of those with whom we've shared information.** You can ask for a list of the times we've shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment or healthcare operations and certain other disclosures (such as any you ask us to make). Please send your request in writing to medical records department. We will respond to your written request within 60 days of receiving it. We may need to charge you a reasonable fee for your request.
- **Get a copy of this Privacy Notice.** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you a paper copy promptly.
- **File a Complaint.** You can complain if you feel we have violated your rights by writing to Josselyn's **Privacy Officer**. You may also file a complaint with the United States Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Your Choices

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



Authorization to Release Personal Health Information and Assignment of Health Plans

- For certain health information, you can tell us your choices about what we share, for example, sharing information with your family, close friends, or others involved in your care. These disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may withdraw or cancel that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made before you withdrew your permission.
- I agree to allow Josselyn to use and disclose my personal health information for the purposes of diagnosing and/or providing treatment to me, obtaining payment for my care, and for the purposes of conducting healthcare operations of Josselyn.
- I authorize release of any information required in the process of applications for financial coverage for service rendered.
- I authorize Josselyn to release to my insurer or its designated agent, objective clinical information related to my diagnosis and treatment that is necessary to process my health claims.
- I authorize payment of medical benefits to Josselyn for the mental health and psychiatric services I receive. If eligible, I also request payment of government benefits to Josselyn which accepts assignment of benefits.

- **Marketing Purposes.** We will never share your information for marketing purposes unless you give us written permission.
- **Psychotherapy Notes.** Should we have such notes, we will not share them without your written permission.
- **Fundraising.** Because we are a not-for-profit agency, we need help in raising money. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- **Help manage the treatment you receive.** We can share information about you to provide, coordinate, or manage your services and care. For example, if you are in more than one Josselyn program, those programs will share information to decide which services work best for you.
- **Pay for your services.** We can share information in order to get paid for the treatment and services you received from Josselyn. For example, information provided in billing Medicaid or Medicare
- **Run our organization.** We can use some information about you to support our business. For example, evaluating the program you attend, training our staff, or when we are undergoing an audit.

We are allowed to share your information in other ways-usually in ways that contribute to the public good.

- **Emergencies.** We can share information as needed to deal with an immediate emergency you are facing. For example, we may tell an ambulance crew what medications you're taking.
- **Follow up Appointments/Care.** We can contact you with reminders of future appointments (we will leave appointment information on your answering machine unless you tell us not to). We might also tell you about benefits available to you or give your health-related information you might want to know about.
- **Court Order.** We can share information about you in response to a court or administrative order, or in response to a subpoena.
- **Abuse or Neglect.** We are required to notify government authorities if we suspect abuse, neglect, or domestic violence.



- **Public Health and National Security.** We may be required to disclose to government officials or military authorities' health information necessary to complete an investigation related to public health or to national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of contagious diseases
- **Coroners, Medical Examiners or Funeral Directors.** We must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.
- **Workers' Compensation.** We may share your health information as necessary to comply with laws related to workers' compensation or other similar programs.
- **Comply with the Law or When Required by Law.** We may share your health information when required by law. For example, if a crime is committed on our property or against our personnel, we may share information with law enforcement so they can catch the criminal. We may also call the police or sheriff when we think someone is in immediate danger.

Our Responsibilities

We are required by law to maintain the privacy of your health information in accordance with federal and state law.

- **Protecting Your Confidential Information.** Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose your health information (such as those laws applicable to alcohol and drug abuse patient records (42 CFR Part 2) and mental health records (740 ILCS 110 etseq.)).
- When we release information, we will not release more information than necessary. We will not share or use information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.
- **Notifying you of a Breach.** You have the right to be notified in the event that we discover there was a breach of your unsecured health information.

We reserve the right to change this Notice and our privacy practices based on the needs of Josselyn and changes in Illinois and Federal law. The new notice will be available upon request, at all our locations and on our web site.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Laci Gatewood, at 405 Central Avenue, Northfield, Illinois 60093 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is July 14, 2022