

Notice of Privacy Practices of Burke Behavioral Health LLC

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.

Effective: February 2008

If you have any questions or requests, please contact Philip Burke:

<i>Main Office</i>	<i>Branch Office</i>
West County Medical Center	Schwartz Building, Ste 1W
19 East Shawnee Drive	231 West Main Street
Murphysboro, IL 62966	Carbondale, IL 62901
(618) 684-8700	(618) 549-9000
Fax: (618) 684-3022	
pburke@burkepsych.hush.com	
www.burkepsych.com	

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are very detailed and you probably will have to read them several times to understand them. If you have any questions, please contact Philip Burke. As the designated "Privacy Officer," he is happy to help you understand our procedures and your rights.

A. Introduction - To our clients

This Notice tells you how this office handles your medical information. This notice tells how we use your medical information here in the office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. Because the laws of this state and the laws of the federal government are very complicated and we don't want to make you read a lot that may not apply to you, we have removed a few small parts. If you have any questions or want to know more about anything in this Notice, please ask Philip Burke for more explanations or more details.

B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or any other what are called "healthcare providers," information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you received from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI. This stands for *Protected Health Information*. This information goes into your *medical or healthcare record* or file at this office, where it is likely to include these kinds of information:

- Your history: As a child, in school and at work, marriage, and personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: The medical terms for your problems or symptoms.
- A treatment plan: A list of the treatments and any other services that we think will be best to help you.
- Progress notes: Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea. There may be other kinds of information that go into your healthcare record.

We use this information for many purposes, such as the following:

- To plan your care and treatment.

- To decide how well treatments are working for you.
- When, with your Authorization, we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received the services that we billed to you or to your health insurance company.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and how it is used, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the *information* belongs to you. You can read it and if you want a copy we can make one for you (we may charge you for the costs of copying and mailing). In some very rare situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. If you want, we can explain more about this.

C. Privacy and the laws

We are required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Protected Healthcare Information (or PHI) private and to give you this notice of our legal duties and our privacy practices. This is called the *Notice of Privacy Practices* (or NPP). We will obey the rules of this notice as long as it is in effect. If we change it, the rules of the new NPP will apply to all PHI we keep. We will post any new Notices in the office where everyone can see and on our website. You can also get a copy from Philip Burke at any time.

D. How your protected health information can be used and shared

When your information is read by us and used to make decisions about your care, the law calls this *use*. If the information is shared with or sent to others outside this office, that is called *disclosure*. Except in some special circumstances, when we use your PHI here or disclose it to others we share only the *minimum necessary* PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we use and disclose it for routine purposes as explained below. For other uses, we must tell you about them and have a written Authorization from you unless the law lets or requires us to make the disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures of PHI with your Consent

After you have read this Notice you will be asked to sign a separate *Consent form* to allow us to use and share your PHI here or share your PHI with other people or organizations to provide *treatment* to you, arrange for *payment* for services, or some other business functions called health care *operations*. Together these routine purposes are called TPO. The Consent form allows us to use and disclose your PHI for TPO. Take a minute to re-read that last sentence until it is clear. Next we will tell you more about TPO.

1a. For treatment, payment, or health care operations.

We need information about you and your condition to provide care to you. You must agree to let us collect this information, use it, and share it as described below in order for us to care for you properly. Therefore you must sign the Consent form before we begin to treat you. If you do not agree and consent, we cannot treat you.

When you come to see us, this office may collect information about you and all of it may go into your healthcare records here. Generally, this office may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations. Let's see what these mean.

For treatment. We use your medical information to provide you with psychological services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of our services.

Please note that if you were sent to our office by a court or an employer, the court or employer expects a report from us. If this is your situation, please talk with us before you tell us anything you do not want the court or your employer to know. By consenting to court- or employer-referred services, you may be consenting to the disclosure of medical information.

For payment. We may use your information to bill you, your insurance, or others so we can be paid for the treatments we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you received, and changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.

For health care operations. There are a few other ways we may use or disclose your PHI for what are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to government health agencies so they can study disorders and treatment and make plans for

services that are needed. If we do, your name and personal information will be removed from what we send.

1b. Other uses in healthcare

Appointment Reminders. We may use and disclose limited medical information to reschedule or remind you of appointments for treatment or other services. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business Associates. There are some jobs we may hire other businesses to do for us. In the law, they are called our Business Associates. An example includes a billing service who figures out, prints, and mails our bills. These business associates need to receive some of your PHI to do their jobs properly. In order to work with us, our business associates must agree in their contract with us to safeguard your information.

2. Uses and disclosures that require your Authorization

If we want to use your information for any purpose besides the TPO or those we described above we need your permission on an *Authorization form*. We don't expect to need this very often. The most frequent type of disclosure requiring your Authorization is to other healthcare providers, such as your physician.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

3. Uses and disclosures of PHI from mental health records that don't require a Consent or Authorization

The laws let us use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when we might have to share your information.

When required by law. There are some federal, state, or local laws that require us to disclose PHI. We have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. We have to disclose some information to the government agencies which check on us to see that we are obeying the privacy laws.

For specific government functions. We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety. If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will disclose information only to persons who can prevent the danger, including any individuals we believe may be in danger.

4. Uses and disclosures in an emergency

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information. In an emergency, we will tell you as soon as we can. If you don't approve, we will stop as long as it is not against the law.

5. An accounting of disclosures

When we disclose your PHI we may keep some records of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

E. Privacy and E-Mail

E-mail is a convenient way to communicate. However, it is not generally considered confidential or private. When an unencrypted e-mail is sent, the information may be available to others. Of greater concern is the likelihood of accidental forwarding of messages to someone other than the intended reader. A simple typo or click of a button can result in an e-mail message being sent to the wrong address. Although we take several steps to reduce the risk of violating your privacy when communicating by e-mail, please be aware that you are taking on some level of risk whenever you use this form of communication.

How WE try to protect your privacy when using e-mail

- We use a secure e-mail server maintained by *Hushmail*. E-mails are stored on their servers and no one but authorized Burke Behavioral Health LLC personnel has access. (E-mail may be printed and kept in your file.)

- Any e-mail we send to a client or potential client, or with any information about a client, is encrypted using 2048-bit PGP encryption technology. This standard is higher than the encryption standards used by most financial institutions.
- The passwords and passphrases we use to access our e-mail and other electronic information are long and complex.

How YOU can protect your privacy when using e-mail

- Always double-check the e-mail address of the recipient of e-mails you send. When sending e-mail to us, *only* use our business e-mail address (pburke@burkepsych.com).
- Use long, complex passwords with a combination of letters, numbers, and symbols whenever possible. Keep your passwords private. *Note.* The first time you receive an e-mail from us, you will need to log onto a secure website and setup a *passphrase* (another name for a long password) before you can read these encrypted messages. All of the instructions to do this will be provided in that first e-mail. Once you have done this, all you need to do to read an e-mail from us is enter that passphrase.
- Learn to use encryption technology to send encrypted messages. (For example, <http://www.hushmail.com>.)
- Because we are human, remember that no e-mail should be considered 100% private even when using the best encryption. Most violations of privacy or confidentiality when using e-mail are the result of human error.

F. Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home and not at work. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. We will do our best to keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to Philip Burke, 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 the new version in the office and on our website. You can always get a copy of the NPP from Philip Burke.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Philip Burke and/or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

G. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please let us know. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact us. You have the right to file a complaint with us and with the Secretary of the federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Officer who is Philip Burke, PhD. He can be reached by phone at (618) 684-8700 or (618) 549-9000, or by e-mail at pburke@burkepsych.hush.com.

The effective date of this notice is August 2007.