Options & Advocacy

HIPAA Policy

Approval Date: 2/23/2024

Approved By:_____

(Officer of the Board of Directors)

Revision Dates:

_____ _____ _____

Purpose:

This policy describes how your Protected Health Information (PHI) may be used and disclosed, how you can access this information, and retention policies.

Definitions:

Covered Entity: Healthcare plans, healthcare clearinghouse, or healthcare provider.

Business Associate: A person or entity that performs functions on behalf of a Covered Entity. This may include but is not limited to healthcare operations, claims and administrative processing, data analysis, quality assurance, billing, benefit management, and practice management.

Protected Health Information (PHI): Any identifiable information regarding you or your minor's past, present, or future healthcare. This can include names, treatment, data, phone numbers, email addresses, social security numbers, medical record numbers, license numbers, photographs, biometric identifiers, and any other unique identifiers.

Consent: Written and signed approval by the individual or guardian to use and/or disclose PHI. This may also be referred to as Release of Information (ROI).

Policy:

Options and Advocacy will not use or disclose PHI without the written consent of clients except in instances permitted by law. We will provide each client or guardian with a copy of our Privacy Notice prior to services. Individuals may request restricted uses and disclosures of their PHI. Client requests will be honored within the boundaries of the law. Additional consent for use and disclosure regarding Mental Health, HIV/AIDS, and Substance Abuse may be required. Options and Advocacy will maintain records for no less than 7 calendar years as regulated by state and federal regulations unless a stay of destruction is ordered. After this time records will be destroyed.

Options and Advocacy will share the minimum necessary in each use and disclosure instance.

Options and Advocacy will deidentify all PHI when applicable.

Options and Advocacy will abide by the more stringent of local, state, and federal regulations.

This policy will update with such regulations.

Procedure:

Handling of PHI:
Storage: All PHI shall be stored in secure storage. This may include but is not limited to locked filing cabinets, locked rooms, and secure storage drives. Options and Advocacy will make use of administrative, technical, and physical safeguards for all PHI.
Collection: Collection of data will be conducted in a secure manner and stored in the patient file with the above-mentioned safeguards.
Fax and email transmissions: All fax and email transmissions will be sent through secure channels and appropriately labeled as secure.
Destruction: All PHI will be maintained for a minimum of 7 years from the completion of services. At which point the PHI will be securely destroyed.

Permissible Uses and Disclosures of PHI without written consent:

Treatment: We may use or disclose your PHI to business associates or covered entities that provide treatment and other services. In addition, we may contact you to provide appointment reminders or information regarding additional services that may be of interest to you. We may also disclose your PHI to providers, consulting therapists/physicians, or other individuals involved in treatment.

Payment: We may disclose your PHI to covered entities or business associates for purposes of payment, insurance verification, and required county, state, and federal funding reporting regulations.

Healthcare Operations: We may use or disclose your PHI to conduct healthcare operations. This may include quality assessment and improvement, reviewing outcomes, and fraud and abuse detection or compliance.

When required by law: We may disclose your PHI as required by federal, state, or local law.

Government Benefit Programs: We may use or disclose your PHI as needed for the administration of government benefits such as Medicaid.

Local, state, and federal oversight: We may disclose your PHI to an office or agency of the government in connection with oversight and monitoring services.

In an Emergency: We may disclose your PHI to medical or law enforcement personnel if the information is needed to prevent immediate harm to you or other individuals.

Permissible Uses and Disclosures of PHI with written consent:
Other uses and disclosures of PHI not covered by this notice or the laws that apply will be applied only with your written consent. Consent for use or disclosure may be revoked by you at any time in writing. Should you revoke the authorization for any reason we will no longer use or disclose your PHI for any reasons that require your written consent. Options and Advocacy may not take back any disclosures made prior to the processing of your revocation of consent. Federal, state, and local regulations require special protections for highly confidential information. These include (1) psychotherapy notes, (2) mental health and developmental disabilities services, (3) substance abuse treatment, referral, and prevention, (4) HIV/AIDS testing, diagnosis, or treatment, (5) venereal disease, (6) genetic testing, (7) abuse and neglect, (8) domestic abuse of an adult with a disability, (9) sexual content. In order for us to use or disclose highly confidential information for a purpose other than permitted by law, we must obtain your written consent.

Your Rights:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI within a timely manner. You must submit your request in writing to Options and Advocacy. Please note that a reasonable fee may be charged unless such a fee prevents you from exercising this right.

Right to request amendment: You have the right to request your PHI be amended if you feel it is incomplete or incorrect. If the request is approved this will become part of the permanent record. A request for amendment must be submitted in writing and include the reason for the request.

Right to list of types and location: You have the right to request a list of types and locations of your PHI.

Right to receive an accounting of disclosures: You have the right to request a list of each time your PHI was disclosed for reasons other than treatment, payment, healthcare operations, or other reasons permitted by law. You must submit your request in writing to Options and Advocacy. Your request must state a time period of no longer than 7 years. Please note you may be charged a reasonable fee, unless such a fee would prevent you from exercising this right.

Right to request restrictions: You have the right to request a restriction or limitation on the PHI that we use or disclose. You must submit your request in writing to Options and Advocacy. Your request must include what information you are requesting be limited or restricted and to whom the restrictions apply. Options and Advocacy may not approve your request if the request conflicts with local, state, and federal law or prevents necessary healthcare operations.

Right to request and receive confidential communication: You have the right to request communication with you in confidence regarding your PHI in different means or locations. For

example, you may request that we contact you with your PHI only by phone call, mail, or email. This also includes communications in your native language if you do not speak English or have limited English.

Right to receive additional copies of the notice: You have a right to receive additional copies of this notice upon request.

Right to file a complaint: If you believe your privacy rights have been violated, you have the right to file a complaint directly to Options and Advocacy or the U.S. Department of Health and Human Services.

Effective date and duration of this notice:

This notice is effective on or before February 23,2024. Options and Advocacy is required to follow the terms of this notice until the notice is revised. Options and Advocacy reserves the right to revise or change the contents of this notice at any time. If this notice is revised or changed, notice will be available to you within 30 days of the effective date. The new notice will be revised and will include the new effective date.

Privacy Officer Complaints:

The clients and/or their guardians have the right to submit any complaints in writing to Options and Advocacy at any time. Upon receipt of the complaint, an action plan to resolve the issue will be implemented. Should the complaint remain unresolved, please direct the complaint to:

Region V. Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave, Suite 240
Chicago, IL 60601

OR

Department of Health and Human Services
Office of Civil Rights Hubert H. Humphrey Bldg. 200 Independence Avenue,
S.W. Room 509F HHH Building
Washington, DC 20201

OR

By visiting the Office of the Inspector General (OIG) Illinois Department of Human Services website at www.dhs.state.il.us and visiting their Reporting Complaints page.

Options & Advocacy

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Employee Certification:

By signing below, I certify that I have read, understand, and agree to the HIPAA Policy and my responsibilities under the policy.

Printed Name_____

Signature_____ Date_____