

we may use your PHI to refer you for other needed medical services that we do not provide. We may use your PHI to contact you to tell you about alternative treatments or other health-related benefits we offer. If you have a friend or family member involved in your care, we may give them PHI about you.

**Payment:** We use your PHI to obtain payment for the services that we provide. For example, we send PHI to Medicaid or Medicare to obtain payment for our services.

**Health Care Operations:** We use your PHI for our operations. For example, we may use your PHI to measure the quality of our services or to help train physician interns or residents or nursing students.

**Business Associates:** There are some services provided in our organization through contracts with individuals or businesses called "Business Associates." Examples include our consultants and attorneys. When these services are performed, we may disclose your PHI to our Business Associates so that they can perform the job that we have asked them to do. To protect your PHI, we require each Business Associate to agree in writing that your PHI will be safeguarded. We may use or disclose your PHI for the following reasons:

**Public Health:** We may use your PHI and we may disclose your PHI to other public health authorities to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a communicable disease, or to report suspected cases of child abuse or neglect.

**Health Oversight Activities:** We may disclose your PHI to state agencies and federal government authorities when required to do so. We may disclose your PHI in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

**Abuse, neglect or domestic violence:** As required by law, we may use and disclose your PHI to report suspected cases of abuse, neglect or domestic violence.

**Judicial and Administrative proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose your PHI in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Law Enforcement:** We may disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or similar process. We may disclose PHI in response to a request by a law enforcement official about a victim of crime or to locate or identify a suspect, fugitive, material witness or missing person, to report a death or to report criminal conduct on our premises. We may also disclose your PHI to report a crime, if we respond to a medical emergency not on our premises.

**Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI to stop you or someone else from getting hurt. We may also use or disclose your PHI if it is necessary for law enforcement authorities to identify or capture an individual, including you.

**Workers Compensation:** We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs.

**Coroners, Medical Examiners, and Funeral**

**Directors:** We may disclose PHI to a coroner, medical examiner or funeral director in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties consistent with applicable law.

**Organ Procurement Organizations:** Consistent with applicable law, we may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of tissue, organ or eye donation and transplant.

**Armed Forces:** We may use or disclose the PHI of Armed Forces personnel for activities determined

**JOINT NOTICE OF PRIVACY PRACTICES**

**Peoria City/County  
Health Department**

**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.**

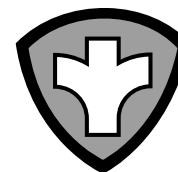
The Peoria City/County Health Department (PCCHD) works with other practitioners in delivering services to you. The practitioners include doctors, dentists, and medical personnel who are not part of the PCCHD's workforce. All of these practitioners will follow this Joint Notice of Privacy Practices in delivering service to you. These practitioners include: Dental Advisors, Medical Advisor for PTHS School Based Health Clinic, and Health Department Medical Advisor.

The PCCHD and the practitioners involved in your care create a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. The uses and disclosures described in this Notice are applicable to the health department and all of the practitioners (collectively "we") who are part of this Joint Notice of Privacy Practices while they are delivering services at a health department facility or on behalf of the health department. This Joint Notice does not apply to service providers who are not part of the health department when they deliver services elsewhere or only on their own behalf.

We are required by federal and state law to maintain the privacy of your protected health information. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

**This is a list of some of the types of uses and disclosures of PHI that may occur:**

**Treatment:** We will use your health information for your treatment. This medical information is called "protected health information" or "PHI". For example, we may send your PHI to another physician or counselor to whom we refer you for treatment. When you are treated at PCCHD for tuberculosis infection or disease



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County  
Health Department**

2116 N. Sheridan Rd.  
Peoria, Illinois 61604  
309/679-6000

[www.pcchd.org](http://www.pcchd.org)

necessary by the appropriate military command to assure the proper execution of a military mission.

**National Security and Intelligence:** We may disclose PHI to maintain the safety of the President or other protected officials. We may disclose PHI for the conduct of national intelligence activities.

**Correctional institutions and custodial situations:** We may disclose PHI to correctional institutions or law enforcement custodians for the health or safety of individuals at the correctional institution, those persons responsible for transporting inmates, and others, and for law enforcement at or security purposes of the correctional institution

**Research:** We may use or disclose PHI for research provided that the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Fundraising and Marketing:** If we undertake any fundraising activities, we may contact you about the fundraising activity. We do not engage in marketing activities, and need your authorization to do so.

**Individuals Involved with Your Care:** We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, your PHI that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose your PHI to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose your PHI to, please notify our Privacy Officer.

**Appointment Reminders and Notice of Services:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Directory:** We do not release information about your presence at our offices unless we receive a specific request to do so from you. If someone calls or comes in and requests information about you, and you have not requested that this information be released, we will take a message without releasing any information and pass the message on to you.

**Disaster Relief:** We may use or disclose your PHI 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 man-made disaster.

Any other uses and disclosures of your PHI will be made only pursuant to your written authorization. You may revoke an authorization to use or disclose PHI, except to the extent that we have already taken action in reliance on the authorization. Your request to revoke must be in writing.

**Illinois law:** Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

**Your Rights:** You have certain rights under federal privacy laws relating to your PHI. Some of these rights are described below:

**Restrictions:** You have a right to request restrictions on how your PHI is used or disclosed for purposes of treatment, payment and health care operations. You also have a right to request restrictions on disclosures of PHI to your family and other persons involved in your care. We are not required to agree to your request.

**Communications:** You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home. If your request is reasonable, we will accommodate it. Such a request must be in writing and submitted to our Privacy Officer.

**Inspection and Copies:** You have a right to inspect information used to make decisions about your care. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options. You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a reasonable fee for

making the copies and mailing them to you, if you ask us to mail them.

**Amendments of your Records:** If you believe there is an error in your PHI, you have a right to request that we amend your PHI. Such requests must be made in writing and you must provide a reason to support the amendment. We are not required to agree with your request to amend or to make the change requested. If your request to amend your PHI is denied, we will send you a letter letting you know why and explaining your options.

**Accounting of Disclosures:** You have a right to receive an accounting of disclosures that we have made of your PHI during the time period you request, not to exceed the six years prior to the date of your request. Please note that an accounting will not apply to any of the following types of disclosures:

1. disclosures made for reasons of treatment, payment or health care operations;
2. disclosures made to you or your personal representative or any other individual involved with your care;
3. disclosures made pursuant to a valid authorization;
4. disclosures made to correctional institutions or law enforcement custodians;
5. disclosures made for national security or intelligence purposes;
6. disclosures incidental to an otherwise permitted use or disclosure; and
7. disclosures made prior to April 14, 2003 or effective date of HIPPA Privacy Rules.

We must provide you with requested accounting within 60 days after we receive your request. We may also receive an additional 30 days to provide the accounting if we give you a written statement explaining the delay and give you the date by which we will provide the accounting.

You will not be charged for your first accounting request in any 12-month period. However, for any subsequent request within the same 12-month period, you will be charged a reasonable cost-based fee.

**Copy of Notice:** You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at the health department offices.

**Complaints:** If you feel that your privacy rights have been violated, you may file a complaint with the health department by calling our Privacy Officer at 309-679-6653. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC if you feel your privacy rights have been violated. The Health and Human Services Secretary's address is: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201

We are required to abide with terms of our Notice currently in effect. However, we reserve the right to change this Notice and to make the new Notice provisions effective for all PHI we maintain. If we materially change our privacy practices, you can get a revised Notice on our website at [www.co.peoria.il.us](http://www.co.peoria.il.us), or by stopping by our office to pick up a copy. You will be given a copy of the revised Notice the next time that you come to the Peoria City/County Health Department for services. Changes to the Notice are applicable to the PHI we already have.

For further information about any matter discussed in this notice, please contact our Privacy Officer at 309-679-6653.

**EFFECTIVE DATE: 10/1/07**