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MONTES PSYCHIATRIC CENTER, P.C. NOTICE OF PRIVACY PRACTICES

**As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance  
Portability and Accounting Act of 1996 (HIPAA)**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU  
CAN OBTAIN ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

Please review this notice carefully. Effective Date of Notice: 01/01/2021

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at that time.

To summarize, this notice provides you with the following important information:

- ❖ How we may use and disclosed your identifiable health information
- ❖ Your privacy rights in your identifiable health information
- ❖ Our obligations concerning the use and disclosure of your identifiable health information

**The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendments to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. You may request a copy of our most current notice at any time.**

**A. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Montes Psychiatric Center, P.C. (815) 839-8180

**B. OUR COMMITMENT TO YOUR PRIVACY**

The following categories describe the different ways in which we may use and disclose your identifiable health information.

1. **Treatment:** Our practice (Montes Psychiatric Center, P.C.), may use your identifiable health information to treat you. For example, we may ask you to undergo laboratory tests and we use the results to help us reach a diagnosis. Additionally, we might use your identifiable health information when ordering a prescription for you. We may disclose your health information to others upon your approval, who may assist in your care, such as your spouse, children or parents.
2. **Payment:** Our practice (Montes Psychiatric Center, P.C.), may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment.
3. **Health Care Operations:** Our practice (Montes Psychiatric Center, P.C.) may use and disclose your identifiable health information to operate our business. For example, our practice may use your protected health information to evaluate the quality of care you have received from us, or to conduct cost management and business planning activities.
4. **Appointment Reminders:** Our practice (Montes Psychiatric Center, P.C.) may use and disclose your identifiable health information to contact you and remind you of an appointment.

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5. **Treatment Options:** Our practice (Montes Psychiatric Center, P.C.) may use and disclose your identifiable health information to inform you of potential treatment options or alternatives.
6. **Disclosure Required by Law:** Our practice (Montes Psychiatric Center, P.C.) will use and disclose your identifiable health information when we are required to do so by federal, state or local law.
7. **Public Health Risks:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:
- ❖ maintaining vital records, such as birth and deaths.
  - ❖ reporting child abuse or neglect
  - ❖ preventing or controlling disease, injury or disability
  - ❖ notifying a person regarding potential exposure to a communicable disease
  - ❖ notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - ❖ reporting reactions to drugs or problems with products or devices
  - ❖ notifying appropriate government agencies and authorities about the potential abuse or neglect of an adult patient (including domestic violence). However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - ❖ notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
8. **Health Oversight Activities:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable information to a health oversight agency for activities authorized by law. Oversight activities can include for example, investigations, inspections, audits, surveys, licensure and disciplinary actions civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights law and the health care system in general.
9. **Lawsuits and Similar Proceedings:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable health information in response to a court or administrative order or if you are involved in a lawsuit or similar proceeding.
10. **Law Enforcement:** We may release identifiable health information if asked to do so by a law enforcement official:
- ❖ Regarding a crime victim in certain situation, if we are unable to obtain a person's agreement
  - ❖ Concerning a death we believe might have resulted from criminal conduct
  - ❖ Regarding criminal conduct at our offices
  - ❖ In response to a warrant, summons court order, subpoena or similar legal process
  - ❖ To identify /locate a suspect, material witness, fugitive or missing person
  - ❖ In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)
11. **Deceased Patients:** Our practice (Montes Psychiatric Center, P.C.) may release your identifiable health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
12. **Organ and Tissue Donation:** Our practice (Montes Psychiatric Center, P.C.) may release your identifiable health information in organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are organ donor.
13. **Serious Threat to Health and Safety:** Our practice (Montes Psychiatric Center, P.C.) may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help or prevent the threat.

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14. **Military:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable health information if you are a member of U.S. or foreign military forces (includes veterans) and if required by the appropriate military command authorities.

15. **National Security:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable health information to federal officials for intelligence and national security activities by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

16. **Inmates:** Our practice (Montes Psychiatric Center, P.C.) may disclose your identifiable health information to correctional institutions or law enforcement officials if you are inmate or under the custody of a law enforcement official.

17. **Workers' Compensation:** Our practice (Montes Psychiatric Center, P.C.) may release your identifiable health information for workers' compensation and similar programs.

18. **Medical Students:** Our practice (Montes Psychiatric Center, P.C.) is a teaching office. And as such, the practice may have medical students present during appointments.

#### **D. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communications:** You have the right to request that our practice communicate with you about your health related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Requesting Restriction:** You have the right to request in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction or our use or disclosure of your identifiable health information, you must make your request in writing to the practice's Patient advocate. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; (c) to whom you want the limits to apply.

3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records. You can contact our Medical Record Release Office 815.839.8180 in order to obtain a copy of your medical records. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by the Clinic's Corporate Compliance Officer.

4. **Amendment:** You may ask to amend your identifiable health information, if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our practice. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also we may deny your request if your ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by the practice; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosure:** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our practice has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Medical Record Release Office. All requests for an "accounting of disclosures" must state a time period, which may not be

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longer than six years and may not include dates before April 14, 2003. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We will notify you of the charge in advance and you may withdraw your requests before you can incur any costs.

**6. Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary of the Department of Health and Human Services through the Office of Civil Rights, you must file the complaint within 180 days of when you knew or should have known the act occurred. The address and phone number for the Office of Civil Rights are listed below:

Office for Civil Rights  
U.S. Department of Health & Human Services  
Services  
233 North Michigan Avenue, Suite 240  
F  
Chicago, Illinois 60601  
Telephone: 312.886.2359  
TDD: 312.353.5693  
Fax: 312.886.1807

Office for Civil rights  
U.S. Department of Health & Human  
200 Independence AVENUE, SW-ROOM506-  
Washington D.C. 20201  
Telephone: 1.800.368.1019

**7. Right to Provide Authorization for Other Uses and Disclosures:** Our practice (Montes Psychiatric Center, P.C.), will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your care.

***I understand the above Privacy Policy and agree to the conditions of such.***

Printed Name of Patient or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

