



RASSIK
COMPLETE RECOVERY INC

NOTICE OF PRIVACY PRACTICES

The effective date of this Notice is January 1, 2020

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

If you have any questions about this Notice of Privacy Practices, please contact the office manager:

RASSIK Complete Recovery, Inc.

Springfield Office- 217-210-2353 – 1201 S. 4th St., Springfield, IL 62703

Carbondale Office- 618-490-1045- 1155 Cedar Court, Carbondale, IL 62704

Mayfield Office – 270-200-4288 – Suite 401, 1099 Medical Center Dr, Mayfield, KY 42066

This Notice of Privacy Practices describes how RASSIK Complete Recovery, Inc., hereinafter referred to as "RASSIK," may use and disclose your protected health information (PHI), as well as your rights regarding your PHI. RASSIK reserves the right to change the terms of this Notice at any time by posting a copy on our website <https://www.rassik.net> or by posting a copy at our facilities. You may request a copy of the Notice at any time.

RASSIK must also comply with separate federal laws that protect the confidentiality of alcohol and drug abuse patient records. You may report a suspected violation to the appropriate authorities.

Note: Some of the rights detailed below may not apply to you if you are an inmate in a correctional facility or are in lawful custody.



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How We May Use and Disclose Health Information about You

Listed below are examples of the uses and disclosures that RASSIK may make of your PHI. The disclosure may be made verbally, in writing, or electronically, such as by email or text message.

Treatment: We may use your PHI to provide, coordinate, or manage your care and any related services including sharing information with others outside of RASSIK that we are consulting with or referring you to for your care, such as a specialist or a laboratory.

Payment: Generally, we will obtain your authorization to use your PHI to obtain payment for your services (i.e. laboratory). We may use or disclose your PHI for such reasons as determining if you have insurance benefits, and if they will cover your treatment (i.e. laboratory, medications), processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

Healthcare Operations: We may use or disclose your PHI, as needed, to coordinate our business activities and to share PHI with third parties that provide services to us such as billing or computer services, quality assessment activities, employee review activities, training of students, or other services who have entered into agreements promising to maintain the confidentiality of your PHI.

Contact with our Patients: We may use or disclose your PHI for patient activities and to contact you. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when it is time to be seen. We may contact you by phone or text to remind you of your appointments. We may leave voice messages at the telephone number you provide to us. If you choose to have us contact you by text, texting charges may apply. If we contact you, you can tell us to contact you in another way or opt out of future contacts. We may contact you to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you or regarding RASSIK's fundraising activities. We may need to contact you via mail under certain circumstances.



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Information That Can Be Disclosed Without your Authorization

Required by Law: We may use or disclose your PHI if it is required by law. For example, we must make disclosures of your PHI to you upon your request and we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the Privacy Rule. We may also disclose your PHI if a court issues a subpoena and appropriate order and follows required procedures.

Court Order: We may disclose your PHI if the court issues an appropriate order and follows required procedures.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, as well as licensure and accreditation purposes.

Medical Emergencies: We may use or disclose your PHI in a medical emergency situation to medical personnel only.

Child Abuse or Neglect: We may disclose your PHI to a state or local agency as authorized by law to receive reports of child abuse or neglect. We only disclose necessary information to make the initial mandated report.

Deceased Clients: We may disclose PHI of deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Research: We may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (c) the researchers agree not to re-disclose your protected health information except back to RASSIK.



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Criminal Activity on Program Premises/Against Program Personnel: We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel.

Public Health: We may use or disclose your PHI in certain limited circumstances to a public health authority authorized by law to collect or receive such information for purposes of preventing or controlling disease, injury or disability.

Uses and Disclosures of PHI with Your Written Authorization

Other uses and disclosures of your PHI will be made **only** with your written authorization. Examples of such situations include the disclosure of psychotherapy notes, marketing communication or situations where your PHI may be transferred to another covered entity. You have the right to revoke consents for the release of information verbally or in writing at any time by notifying our office manager. Please understand that revocation of consents will not affect any action we took in reliance on the consent before the office manager received your revocation.

Rights Regarding Your PHI

Listed below are your rights. Please contact our office if you have any questions.

Inspect and Copy Your PHI: You can view and get a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A “designated record set” contains medical and billing records and any other records that RASSIK uses to make decisions about you. If we maintain a copy of your PHI in an electronic format, then we will provide that PHI to you electronically upon your request. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access.



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Amend Your PHI: You may request, in writing, that we amend your PHI in your records. We may deny your request in certain cases. If we deny your request, you have the right to file a statement that you disagree with us. We will respond to your statement and provide you with a copy of it.

Accounting of PHI Disclosures: You may request an accounting of disclosures for a period of up to six (6) years (excluding disclosures made to you, made for treatment purposes, made with your authorization, and certain other disclosures). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Copy of Notice: You have the right to obtain a copy of this notice from us.

Restrictions on Disclosures and Uses of PHI: You have the right to ask us not to use or disclose your PHI for treatment, payment or health care operations or to family members involved in your care. We are not required to agree to such restrictions. You have the right to restrict disclosures of PHI to your health plan where you have paid for the services out of pocket and in full. As a convenience to our patients, at some locations we offer text message appointment reminders. There are privacy risks to texting and text messages may be accessed by others. You may opt out of receiving text messages at any time by notifying the office manager.

Confidential Communications: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this request by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact.

Breach Notification: RASSIK will provide you with notice of a breach of your unsecured PHI.



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Complaints

You may file a complaint in writing to us by notifying our office manager by contacting the appropriate office. We will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services as follows: Region III, Office for Civil Rights. U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. Hotline (800) 368-1019, Voice phone (215) 861-4441, Fax (215) 861-4431, TDD (215) 861-4440, OCRComplaint@hhs.gov.

1/1/20