

Employee Resource Systems, Inc.

Privacy Notice

This notice is in effect as of April 14, 2003.

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.

1. Statement of Our Duties

We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our privacy practices and legal duties. We are required to follow the terms of this notice. We reserve the right to change the terms of this notice based on the ERS' needs and changes in state and federal law. If we change this notice, we will provide you with a revised notice in writing.

2. Statement of Your Rights

You have the right to know how we may use or disclose your Protected Health Information (PHI). In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your PHI. However, we are not obligated to agree to impose any such additional restrictions.
- The right to access, inspect and to receive a copy of the protected health information that we maintain in our files about you. Recipient will be charged a fee for copying and postage of PHI.
- The right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in Section 4 of this notice.
- The right to receive an accounting of the disclosures of your PHI that we make for purposes other than activities related to your treatment, our payment functions, or other health care operations.
- The right to receive communications of PHI in a confidential manner.
- The right to release your records to others, for any purpose you choose. Such a request must be in writing and may be revoked at any time in writing.
- The right to obtain a paper copy of this notice from us on request if you first receive this notice electronically.

3. Use and Disclosure of Protected Health Information (PHI)

ERS adheres to Illinois Law and requires written authorization in order to disclose any PHI outside of ERS. The use and disclosure of PHI typically occurs on the following occasions:

- **Treatment.** We may use or disclose your health information to provide, coordinate or manage your treatment including others outside our practice with whom we are consulting or to whom we are referring you.



- **Payment.** Information will be used to obtain and facilitate payment for treatment and services provided. This will include verification of benefit eligibility and coverage, determination of payment status and utilization review activities.
- **Healthcare Operations.** We may also use or disclose your protected health information to perform administrative, financial, legal and quality improvement activities necessary to run the business and support the core functions of treatment and payment.

4. Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

- **Emergencies.** Sufficient information may be shared to address the immediate emergency you are facing.
- **As Required by law.** This would include situations where we have a subpoena, court order, or are mandated to provide public health information such as suspected child, elder or institutional abuse or neglect.
- **Governmental Requirements.** We may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.
- **Criminal Activity or Danger to Others.** If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone else.

5. Contact Person for Complaints or Further Information

To request more information about this notice, you may contact the person listed below. You may complain either directly to us or to the Secretary of Health and Human Services if you believe that we have not properly protected your health information. You will not be retaliated against in any way for filing a complaint. To file a complaint with us, you may submit one in writing that includes as many details as possible to:

Director of Clinical Services
Employee Resource Systems, Inc.
29 E. Madison, Suite 1600
Chicago, IL 60602
Phone: (800) 292-2780
Fax: (312) 269-0309

6. Our practices regarding confidentiality and security

We restrict access to your protected health information to those employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your private information.

Signature

Date



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