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## **NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS**

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THEIR INFORMATION. PLEASE REVIEW THIS CAREFULLY.

We respect client confidentiality and only release confidential information about clients in accordance with state and federal law. This notice describes our policies related to the use of the records of client care generated by this clinic.

Privacy Contact. If you, the client, have any questions about this policy or your rights contact Nancy Brown, 630-653-1717.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide client care, there are times when we will need to share confidential information with others beyond our clinics. This includes for:

Treatment. We may use or disclose treatment information about clients to provide, coordinate, or manage care or any related services, including sharing information with others outside our clinics that we are consulting with or referring the client to.

Payment. If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting the client's guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare Operations. We may use information about the client to coordinate our business activities. This may include setting up appointments, reviewing treatment care, training staff, and/or accreditation surveys.

Right to Restrict Disclosure of Certain Protected Health Information. You have the right to request a restriction on disclosures of your protected health information (PHI) if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); and (2) the PHI relates to a health care item or service for which the provider has already been paid by you in full.

Right to Accounting of Electronic Health Records. If a covered entity maintains an electronic health record about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

**Information Disclosed Without Client Consent.** Under state and federal law, information about clients may be disclosed without client consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency the client is facing.

Follow-Up Appointment/Care. We may be contacting the client to remind him/her of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to the client. We will leave appointment information on the client's answering machine unless instructed otherwise.

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 communicable diseases or suspected abuse and/or neglect such as child abuse or elder abuse.

Coroners. We are required to disclose information about the circumstances of a client's death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. 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 someone is in imminent danger.

## **CLIENT RIGHTS**

Clients have the following rights under state and federal law:

Copy of Record. Clients are entitled to inspect their records produced by Meier Clinics®. We may charge clients a reasonable fee for copying and mailing the record to them or for reviewing the record in person with the attending clinician.

Release of Records. Clients may consent in writing to release of their records to others, for any purpose they choose. This could include an attorney, employer, or others who the client wishes to have knowledge of his/her care. Clients may revoke this consent at any time, but only to the extent no action has been taken in reliance on their prior authorization. We may charge the client or the requestor a reasonable fee for copying and mailing their record.

Restriction on Record. The client may ask us not to use or disclose part of the clinical information. This request must be in writing. Meier Clinics® is not required to agree to this request if we believe it is in the client's best interest to permit use and disclosure of the information. This request should be given to the President, Nancy Brown, Meier Clinics®, 2100 Manchester Road, Suite 1510, Wheaton, IL 60187-4561.

Contacting the Client. The client may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information provided is correct. We also will be glad to provide information by e-mail if requested. If the client wishes us to communicate by e-mail, the client is also entitled to a paper copy of this privacy notice. The client may request at any time to be removed from mailing lists, including, but not limited to, newsletters, educational information, and donor requests, by e-mailing [unsubscribe@meierclinics.com](mailto:unsubscribe@meierclinics.com).

Amending Record. If the client believes something in their record is incorrect or incomplete, they may request it be amended by contacting the President, Nancy Brown, at 630-653-1717 and asking for the *Request to Amend Health Information* form. In certain cases, we may deny the request. If we deny the request for an amendment, the client has a right to file a statement disagreeing with us. We will then file our response. The client's statement and our response will be added to the client's record.

Accounting for Disclosures. Clients may request an accounting of any disclosures we have made related to their confidential information, except for information we used for treatment, payment, or health care operations purposes; information that we shared with the client or their family; or information that the client gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, a written request should be made to the President, Nancy Brown, Meier Clinics®, 2100 Manchester Road, Suite 1510, Wheaton, IL 60187-4561. We will notify the client of the cost involved in preparing this list.

Notification of Breach. Clients have a right to be notified if there is a breach of their unsecured protected health information. This would include information that could lead to identity theft. The client will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that the protected information may be compromised.

Questions and Complaints. If clients have any questions, wish a copy of this Policy, or have any complaints, this should be sent in writing to the President, Nancy Brown, Meier Clinics®, 2100 Manchester Road, Suite 1510, Wheaton, IL 60187-4561. Clients also may complain to the Secretary of the U.S. Department of Health and Human Services if they believe Meier Clinics® has violated their privacy rights. We will not retaliate against a client for filing a complaint.

Changes in Policy. Meier Clinics® reserves the right to change its Privacy Policy based on the needs of the clinic and changes in state and federal law.

## **CLIENT RIGHTS STATEMENT**

The following rights are extended to each client receiving services at Meier Clinics®, for all ages without reservation or limitation:

1. The right of confidentiality: The client has the right to every consideration of privacy concerning his or her medical care program, including HIV status and testing. All case discussion, consultation, communications, records, and medical information pertaining to his or her care will be treated as private and confidential. Medical records may only be inspected or removed from the program office with administrative approval and written authorization of the client, or by law or court process. All communications and records pertaining to his/her care will be treated as confidential by Meier Clinics®, except in cases such as suspected abuse and public health hazards (i.e. potential for violent or criminal activity toward self or another) when reporting is permitted or required by law.
2. The right to know that medical records are randomly selected by Meier Clinics® Corporate Compliance team for quarterly compliance audits. Upon completion of the audit these copies are shredded. The purpose of the audit is to assure consistency and accuracy of billing and charting requirements.
3. The right to have impartial access to treatment regardless of age, psychological characteristics, sexual orientation, physical condition, race, religion, gender, ethnicity, marital status, HIV status, criminal record, or source of financial support.
4. The right to have personal dignity recognized and respected in the provision of all care and treatment.
5. The right to religious freedom.
6. The right to receive individualized treatment including the provision of an individualized treatment plan based upon information of all assessments, active participation in the development of the treatment plan by the client with periodic review of the plan by staff, and implementation and supervision of the plan by qualified professional staff.
7. The right to make decisions about the treatment plan prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action. In case of such refusal, the client is entitled to other appropriate care and services that Meier Clinics® provides or they may transfer to another facility.
8. The right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
9. The right to obtain from clinician, or other staff involved in direct care, relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. The right to review the records pertaining to his/her treatment and to have the information explained or interpreted as necessary, except when restricted by law. If the client requests a copy of his/her records, we may charge the client a reasonable fee for copying and mailing the record.
10. The right to know the identity of physicians, nurses, and others involved in the care provided, as well as when those involved are students, interns, residents, or other trainees.
11. The right to expect that, within its capacity and policies, the practice will make reasonable response to the request of a client for appropriate and medically indicated care and services. Meier Clinics® must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a client has so requested, a client may be transferred to another clinician's care. The clinician to whom the client is to be transferred must first have accepted the client for transfer. The client must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The right to ask and be informed of the existence of business relationships among the clinic, hospital, educational institutions, other health care providers, or payers that may influence the client's treatment and care.
13. The right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct client involvement, and to have those studies fully explained prior to

consent. A client who declines to participate in research or experimentation is entitled to the most effective care that the clinic can otherwise provide.

14. The right to receive prescribed services within the least restrictive but appropriate environment.
15. The right to assurance and protection of privacy and confidentiality of communication with treatment staff, and of material written in the client's individualized record.
16. The right to be presumed mentally competent unless a court has ruled otherwise.
17. The right to a clean and humane environment in which the client is protected from harm, has privacy with regard to personal needs, and is treated with respect and dignity.
18. The right to be free from mistreatment, abuse, neglect, and exploitation.
19. The right to know that seclusion and restraint will not be used. 911 will be called when a client is noncompliant, aggressive, combative, or assaultive, and staff perceives a volatile or threatening situation.
20. The right to know that Meier Clinic® facilities are tobacco-free. Tobacco use is allowed in designated areas outside of the building, within state regulations/laws, during breaks and any other non-programming hours.
21. The right to know that no illicit drugs are to be brought to Meier Clinics®. Licit drugs are allowed and clients should take precautions to maintain the security of any licit medications brought into the facility. Clients are required to keep their purses and/or medication on their persons and not to leave them unattended.
22. The right to know that for the protection of all, dangerous items will be confiscated and held secure as contraband. Staff members will determine what is to be designated as contraband and follow all State and Federal laws regarding guns and/or other weapons.
23. The right to expect reasonable continuity of care when appropriate and to be informed by clinicians and other caregivers of available and realistic client care options. The client will be fully informed of any recommendations for transition to another level of care with information as to why staff feels this transition to be appropriate. This is done during treatment planning with the client.
24. The right to be informed that Meier Clinics® has the right to terminate care with a 30 day written notification given to the client with a listing of referrals for continuity of care.
25. The right to request access or referral to legal entities for appropriate representation or to self-help and advocacy support services. When applicable and as needed, resource information will be provided regarding legal decision-making authority.
26. Prior to admission to the day program, the client has the right to be informed of all program rules and regulations concerning client conduct and course of treatment.
27. The right to initiate a complaint or grievance, with the assurance of no retaliation, and to be informed of the appropriate grievance process. If the client has a complaint about the services provided, he/she may file a grievance by doing the following:
  - Step One: Discuss the issue with the treating therapist or doctor. He or she is there to help with any issue that arises. It is never an inconvenience for them to assist the client.
  - Step Two: If the therapist or doctor is not able to adequately assist the client with his/her concern, the client should speak with the Clinical Supervisor or Program Director for that clinic or program.
  - Step Three: If steps one and two have been taken and the client feels the issue(s) has not been resolved, the Regional Director for the area where the clinic is located should be contacted.
  - Step Four: If the client is still not satisfied with the outcome, the client should contact Nancy Brown, President of Meier Clinics®. She can be reached by calling 630-653-1717. The call will be handled first by the client assuring her that he/she has gone through the above steps. If all the previous appropriate steps have been taken, she will then work with the client to resolve the situation as quickly as possible. The client will receive a written response within 30 business days of her receiving the formal complaint.

*Should the client feel that his/her complaint has not adequately been addressed at this point, he/she has the right to access the services of self-help or advocacy support services within 45 days after receiving written response from Nancy Brown.*

**Filing of Complaints against HIPAA-covered entities believed to be non-compliant with HIPAA Privacy Rule**  
Complaints must be written to the Secretary of Health and Human Services if they have occurred on or after April 14, 2003, and meet the following requirements:

- Be filed in writing, either on paper or electronically;
- Name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements;
- Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown;

Electronic complaints should be sent to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Mailed complaints must be addressed to the OCR regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located. The list below provides the appropriate addresses for filing complaints:

**Region III (Maryland, Pennsylvania, Virginia)**

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  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 215-861-4431

**Region IV (Florida)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 404-562-7881

**Region V (Illinois)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 312-886-1807

**Region VI (Texas)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 214-767-0432

**Region VII (Kansas)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12<sup>th</sup> Street – Room 248  
Kansas City, MO 64106  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 816-426-3686

**Region IX (California)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 415-437-8329

**Region X (Idaho, Washington)**

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue – M/S: RX-11  
Seattle, WA 98121 – 1831  
Phone: 800-368-1019 TDD: 800-537-7697  
Fax: 206-615-2297

For additional information on filing a complaint or to use the Health Information Privacy Complaint Package, visit the Human Health Services web page at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

STATE OF TEXAS

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board  
Attention: Investigations  
333 Guadalupe, Tower 3, Suite 610  
PO Box 2018, MC-263  
Austin, TX 78768-2018

Assistance in filing a complaint is available by call the following telephone number: 1-800-201-9353.

For more information, please visit our website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us)

AVISO SOBRE LAS QUEJAS

Las quejas sobre médicos, así como sobre otros profesionales acreditados e inscritos en la Junta de Examinadores Médicos del Estado de Texas, incluyendo asistentes de medicos, practicantes de acupuntura y asistentes de cirugía, se pueden presentar en la siguiente dirección para ser investigadas:

Texas Medical Board  
Attention: Investigations  
333 Guadalupe, Tower 3, Suite 610  
PO Box 2018, MC-263  
Austin, TX 78768-2018

Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353.

Para obtener más información, visite nuestro sitio web en [www.tmb.state.tx.us](http://www.tmb.state.tx.us).