

Privacy Notice of

New Leaf Resources (NLR)

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 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 NLR's needs and changes in the 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. If we do agree, we will then abide by our agreement (except in case of emergencies or as required by law).
- * The right to 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 you believe is incorrect or incomplete.
- * 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. Disclosures to you or authorized by you are also excluded.
- * The right to receive confidential communications at alternate locations (e.g., alternate address or telephone number).
- * 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.

NOTE: To exercise any of these rights, please contact our privacy officer at the address provided in section 4 of this notice. All requests must be submitted in writing. If we deny your request, we will tell you the basis for our decision, and whether you have the right to further review.

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

NLR adheres to Illinois and Federal Law that requires written authorization in order to disclose any PHI outside of NLR. However, we are allowed to use or disclose your PHI in the following situations without your consent:

- * 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, utilization review, and/or collecting unpaid balances.
- * 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.
- * Emergencies. Sufficient information may be shared to address an immediate emergency you may be facing.
- * Judicial Proceedings. We may disclose your PHI in a judicial proceeding in response to a court order.
- * Serious Threat to Safety. We may disclose information if we believe it is necessary to prevent or lessen a serious threat to a person's health or safety.
- * Abuse and Neglect. We are required by law to share with authorities in cases where we suspect child, elder or institutional abuse or neglect.
- * Government 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.
- * Others involved in your healthcare. Unless you object, we may disclose to a family member or other close person you identify, PHI that directly relates to their involvement in your care. If you object, we may still disclose information if we believe, in our professional judgment, that it is in your best interest.

4. 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:

**Privacy Officer
S. Terry Top, Executive Director
New Leaf Resources
2325 177th Street
Lansing, IL 60438
(708) 895-7310**

**Region V, Office of Civil Rights
U.S. Department of Health & Human Services
233 North Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359
Fax: (312) 886-1807**

5. Our practices regarding confidentiality and security

We restrict access to your protected health information to those employees who need to know this 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.