

**MOODY BIBLE INSTITUTE
NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (“HIPAA”)

This notice applies to the Moody Bible Institute Health Service.

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.

I, _____, request **Moody Bible Institute** to keep communications regarding my protected health information confidential. To accomplish this you can contact me by phone at

Home: _____

Work: _____

Cell: _____

You can contact me by mail at

School Address: _____

Home Address: _____

Email address: _____

Other Requests for confidential communications:

(If you are 18 or older we cannot communicate with your family, including your parents without your written consent, so please be very specific. Include names and phone numbers of people we can communicate with regarding your protected health information.)

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received a copy of the Moody Bible Institute Notice of Privacy Practices.

Signature	Social Security#	MBI ID#	Date
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Office Use Only

We attempted to obtain written acknowledgment of receipt of privacy practices, but acknowledgment could not be obtained because:

- ☐ **Individual refused to sign.**
- ☐ **Communication barrier prohibited obtaining the acknowledgment.**
- ☐ **An emergency situation prohibited obtaining the acknowledgment.**
- ☐ **Other: (Please Specify)** _____
- ☐ **Comments:** _____

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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.

This notice, which became effective on January 1, 2010 applies to the Moody Bible Institute Health Service (MBI Health Service).

UNDERSTANDING YOUR HEALTH INFORMATION AND MEDICAL RECORD: This notice of Privacy Practices describes the privacy practices of MBI Health Service. MBI Health Service wants you to know that nothing is more central to our operations than maintaining the privacy of your Protected Health Information (“PHI”). PHI is information about you, including basic information that may identify you and relates to your past, present, or future health conditions, symptoms, exams, test results, diagnoses, treatment given, and a plan for future care or treatment. This medical information is used to plan your care and treatment and be a source of your health information.

YOUR HEALTH INFORMATION RIGHTS: Your medical record which contains your PHI is the property of MBI Health Service. Federal and Illinois laws provide you with the following rights regarding your PHI that is contained in the medical record that MBI Health Service keeps about you. These rights include the right to:

- obtain a copy of this Notice of Privacy Practices.
- request certain restrictions on the uses and disclosures of your PHI.
- request a copy of your health record.
- request an amendment to your health record if you believe it contains an error.
- obtain a list of people and companies to which MBI Health Service has released your health information.
- request that we communicate with you about your healthcare at a confidential phone number or address.
- revoke your written consent or authorization to use or disclose your health information except when the use or disclosure has already happened.
- receive notification of a breach of privacy or security of your PHI.
- provide access your electronic health record if your PHI is maintained electronically.
- report a breach relating to the privacy or security of your PHI.

Federal and Illinois law also provide you with the right to be informed about and give written authorization before any health information, including highly confidential information, is disclosed, unless such a disclosure is required by law. Examples of highly confidential information are mental health treatment, substance abuse or referral, developmental disability services, HIV/AIDS testing and treatment, venereal disease treatment, sexual assault treatment and testing and genetic testing information and results.

MBI HEALTH SERVICE’S RESPONSIBILITIES:

- Maintain the privacy of you health information as required by law.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Do what is required by the Federal and State law in effect at the time MBI Health Service discloses your health information.
- Notify you if we are unable to agree to your requested restriction on disclosure of your health information.

THIS NOTICE BECAME EFFECTIVE ON JANUARY 1, 2010.

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- Agree to reasonable requests to communicate your health information by an alternative method or to an alternative location.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION: MBI Health Service will use your health information contained within the Health Service medical record to give you treatment, for you to receive reimbursement for your treatment, and to operate our health care businesses. We will not disclose your PHI to any health plan for payment or operations if you have paid out of pocket and in full for the services rendered.

EXAMPLES OF HOW YOUR HEALTH INFORMATION WILL BE USED OR DISCLOSED FOR TREATMENT, REIMBURSEMENT, AND OPERATIONS:

We will use your health information for treatment.

For example: Your physician, nurse and other member of your healthcare team will collect information about you in your medical record. We may disclose information to another health care provider who will be assuming your care, for immediate continuity of care. This health information will be used to choose the treatment they believe is best for you; members of the team will document in your medical record the actions they took and their observations of you. Your physician will then know how you are responding to the chosen treatment.

We will use your health information for you to receive reimbursement.

For example: We will send an itemized receipt that includes some of your health information to you to submit to the person responsible for the bill and to your third party payer (such as your Health Insurance Company or Medicare). In some instances, you may need to send a copy of part or all of your medical record to your third party payer. This information will be disclosed only upon completion of our request for medical records release form.

We will use your health information for our routine operations.

For example: Physicians, nurses, and other professionals will use your health information to review the treatment you received and its outcomes. They also may compare your treatment and outcomes to those of other patients like you. We compare cases to help us learn how to improve the quality and effectiveness of our health care services.

OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

MBI Health Service is enrolled in the Illinois Department of Public Health I-CARE (Illinois Comprehensive Automated Immunization Registry Exchange) program. We will use this program to enter and retrieve Immunizations.

Upon receipt of your written authorization to use and/or disclose your health information. We will use and/or disclose your health information to those persons or companies for which you give us your written authorization or permission to do so. If you authorize us to use or disclose your information, you must complete our request for medical records release form. A person who can verify your identity must witness and co-sign a request for medical records release form. You may revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information as you previously authorized. If your health information includes highly confidential information, we will only use and disclose such information, unless a disclosure is allowed or required by federal or Illinois law, after you have given written authorization to disclose your highly confidential information on our request for medical records release form.

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MBI Health Service may without your written authorization release your health information for the purposes described below.

Other Requests for Confidential Communications

You or your legal representative must tell MBI Health Service which of your relatives or other person(s) may receive information about you. After learning who these persons are, we may, in our best judgment, use and disclose your health information, except for your highly confidential information, to notify these persons of what they need to know to care for you. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such disclosure is in your best interest, who is the appropriate person(s) and what health information is relevant to their involvement with your health care.

Other Communication with You

We may contact you to remind you of appointments or to follow up on the services you received. We may leave messages about appointments or other reminders on your telephone or with the person who answers the phone, or send notices via email or the campus post office.

Business Associates

We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our Business Associates. We may disclose, as allowed by law, your health information to our Business Associates so that they can do the job we have contracted with them to do. We require that our Business Associates use appropriate safeguards to ensure the privacy of your health information. These Business Associates are also governed by Federal law relating to maintenance of your PHI in a confidential manner.

Health Oversight Activities and Specialized Government Functions

We may disclose your health information to an agency that oversees health care systems and ensures compliance with the rules of government health programs such as Medicare, Medicaid, or All Kids, and under certain circumstances to the U. S. Military or the U. S. Department of State.

Law Enforcement Officials, Medical Examiners, Coroners, and Court or Administrative Orders

We may disclose your health information to the police, other law enforcement officials, medical examiners and coroners, and to the courts or administrative proceedings as allowed or required by law, or required by a court order or other legal process.

Funeral Directors and Organ, Eye, and Tissue Organizations

We may disclose your health information to funeral directors as necessary to carry out their duties and as allowed by law; or to organ, eye, and tissue organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Public Health Activities

We may report your identity and other health information to any one of the following: public health authorities for the purpose of controlling disease, injury or disability; to the U.S. Food and Drug Administration for regulating certain products or activities; to government authorities about suspected or known child abuse or neglect, elder abuse and neglect, or domestic violence; to a person exposed to a contagious disease or has risk of contracting or spreading a disease; to your employer and government agencies as required by federal and state laws regarding work-related illness or injury; to prevent or lessen a serious or imminent threat to a person's or public's health or safety; or, to a public or private entity that is authorized to assist in disaster relief efforts.

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Research

We may use or disclose your health information to identify you as a potential candidate for a research study that has been approved by an Institutional Review Board or for governmental research studies in which your identifiable information will not be released.

Marketing

MBI Health Service will not use or disclose your health information without your written consent for marketing purposes.

Workers Compensation

We may disclose your health information as allowed or required by Federal and Illinois law relating to workers' compensation or to other similar programs.

Other Uses of Your Information

MBI Health Service may provide you with face-to-face or other communication about products or services related to your treatment, case management, care coordination, alternative treatments, therapies, health care providers, or care settings.

RIGHT TO FILE A COMPLAINT

If you would like to report a privacy problem please contact:

**Benefits Manager, Human Resources
Moody Bible Institute
820 N. LaSalle Blvd.
Chicago, IL 60610
(312) 329-4297**

If you would like further clarification or additional information, please contact:

**Health Service, Moody Bible Institute
820 N. LaSalle Blvd.
Chicago, IL 60610
(312) 329-4417**

If you believe your privacy rights have been violated, you may file a complaint with Moody Bible Institute, Director of the Office of Civil Rights (OCR), or the U. S. Secretary of Health and Human Services (HHS). We will not retaliate against you if you file a complaint with us, the OCR, or with the HHS.

Disclaimer:

We reserve the right to change our privacy practices and to use a new Notice of Privacy Practices. If MBI Health Service changes its practices, a new Notice of Privacy Practices will be available upon your request, by mail or in person at MBI Health Service. This Notice of Privacy Practices has been adopted as the only approved Notice for use throughout MBI Health Service. Any changes are unauthorized and invalid.