



ART OF RECOVERY SERVICES NFP  
1512 ARTAIUS PARKWAY, STE 200, LIBERTYVILLE, IL 60048

## NOTICE OF PRIVACY PRACTICES

**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**

At Art of Recovery Services NFP (AOR), we respect client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice tells you about our policies related to the use of the records of your care generated by AOR.

### **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

At AOR, we understand that medical information about you and your health is personal and confidential. We are committed to protecting this information. We create a record of the care and services you receive for every visit. We need this record to provide quality care and to comply with legal requirements. All health records created by AOR are subject to these regulations. Business Associates are expected to follow all applicable state and federal statutes with regards to protected health information and are expected to protect the privacy of the protected health information they receive, create, or use in conjunction with, or obtain from, AOR.

This notice will inform you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your information.

You may consult our Privacy Officer to ensure that our Notice of Privacy Practices accurately reflects our privacy practices and those of any organized health care arrangements. We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. Our Privacy Officer must approve each Notice of Privacy Practices, including any joint Notice we may use for an organized health care arrangement to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery for the federal Privacy Rules established by the Department of Health and Human Services. Provider must also have the Notice available at the service delivery site for individuals to request to take with them.

Whenever the Notice is revised, we will make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new client/patient at the time of service delivery and to any person requesting a Notice

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### **YOUR RIGHTS**

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

**Get a copy of your Record:** You can ask to see or get an electronic or paper copy of your medical records or other health information that we have about you. Sometimes we may deny your request. If we do, we will tell you in



ART OF RECOVERY SERVICES NFP

1512 ARTAIUS PARKWAY, STE 200, LIBERTYVILLE, IL 60048

writing what our reasons are for the denial and how you can appeal the denial. We may charge you a reasonable fee for copying and mailing the documents you request.

**Ask us to correct your Record:** You can ask us to correct your health records if you think they are incorrect or incomplete. You must make the request in writing to the Trilogy Privacy Officer. We may say “no” to your request, but we will tell you why within 60 days.

**Contacting you:** You can ask us to contact you in a specific way. For example, you can ask that we contact you only by phone or e-mail. Put your directions in writing and give it to a staff person at the program where you receive services. We can turn down the request, but we will always agree to it if it is reasonable.

**Ask us to limit what we use or share:** You can ask us not to use or share certain health information. You can request a restriction by submitting your request in writing to our Privacy Officer. We are not required to agree and we can say “no” if it would affect your healthcare.

**Restriction on Certain Disclosures of Health Information If You Pay Out of Pocket for Services:**

If you pay for services wholly out-of-pocket, you can request that we not disclose information about that particular treatment to your health plan; we are required to honor that request.

**Get a list of those with whom we’ve shared information:** You can ask for a list of the times we’ve shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment or healthcare operations and certain other disclosures (such as any you ask us to make). Please send your request in writing to the Trilogy Privacy Officer. We will respond to your written request within 60 days of receiving it. We may need to charge you a reasonable fee for your request.

**Get a copy of this Privacy Notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you a paper copy promptly.

**File a Complaint.** You can complain if you feel we have violated your rights by writing to the AOR Privacy Officer. You may also file a complaint with the United States Department of Health and Human Services, Office of Civil Rights by sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Bldg., Washington, D.C. 20201, OR calling 1-877-696-6775, OR visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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**WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.**

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## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**Authorization to Release your Record.** For certain health information, you can tell us your choices about what we share, for example, sharing information with your family, close friends, or others involved in your care. These disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may withdraw or cancel that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made before you withdrew your permission.

**Marketing Purposes.** We will never share your information for marketing purposes unless you give us written permission. This includes never using or disclosing any of your protected health information that would constitute the sale of that information without your authorization.



ART OF RECOVERY SERVICES NFP

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**Psychotherapy Notes.** Should we have such notes, we will not share them without your written permission.

**Fundraising.** Because we are a not-for-profit agency, we need help in raising money. We may contact you for fundraising efforts, but you can tell us not to contact you again.

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## OUR USES AND DISCLOSURES

The following categories describe different ways that we use and disclose protected health information. Not every use or disclosure in a category will be listed, and in some circumstances the disclosure of medical records, such as mental health and chemical dependency treatment records, may be further restricted by state or federal law. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

**Help manage the treatment you receive:** We can share information about you with other professionals who are treating you. For example, if you are in more than one Trilogy program, those programs will share information to decide which services work best for you.

**Pay for your services:** We can use and share your information in order to get paid for the treatment and services you receive, including your health insurance plan and other entities, like Medicaid or Medicare.

**Run our organization:** We can use some information about you to run our organization, improve your care, and contact you when necessary. This could be when we are evaluating the program you attend, training our staff, or when we are undergoing an audit and are required to share information, if requested, to determine our compliance with federal laws related to health care, to Illinois state agencies that fund our services, or for coordination of your care.

## WE ARE ALLOWED TO SHARE YOUR INFORMATION IN OTHER WAYS THAT CONTRIBUTE TO THE PUBLIC GOOD.

**Emergencies:** We can share information as needed to deal with an immediate emergency you are facing. For example, we may tell an ambulance crew what medications you're taking.

**Follow-up Appointments/Care:** We can contact you with reminders of future appointments (we will leave appointment information on your answering machine unless you tell us not to). We might also tell you about benefits available to you or give you health-related information you might want to know about.

**Court Order.** We can share information about you in response to a court or administrative order, or in response to a subpoena.

**Abuse or Neglect.** We are required to notify government authorities if we suspect abuse, neglect or domestic violence.

**Public Health and National Security.** We may be required to share health information about you to government officials or military authorities that is necessary to complete an investigation related to public health or to national security; for example, health information could be important when the government believes that the public safety could benefit such as for preventing the spread of contagious disease, reporting adverse reactions to medications, or preventing or reducing a serious threat to anyone's health or safety.

**Coroners, Medical Examiners or Funeral Directors:** We must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.

**Organ and Tissue Donation:** We can share your health information to organizations that are involved in organ or tissue donation.



ART OF RECOVERY SERVICES NFP

1512 ARTAIUS PARKWAY, STE 200, LIBERTYVILLE, IL 60048

**Research:** We may share information with our research staff, but only if Trilogy has formally approved the research. Trilogy will approve research only if the Research Department has proven that when data is disclosed your health information will be kept private.

**Workers' Compensation.** We may share your health information as necessary to comply with laws related to workers' compensation or other similar programs.

**Comply with the Law or When Required by Law.** We may share information when if state or federal law requires it, including the Department of Health and Human Services to see that we are complying with federal privacy law. For example, if a crime is committed on our property or against our personnel, we may share information with law enforcement, so they can catch the criminal. We may also call the police or sheriff when we think someone is in immediate danger.

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## OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information in accordance with federal and state law.

**Protecting Your Confidential Information.** Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose your health information (such as those laws applicable to alcohol and drug abuse patient records (42 CFR Part 2) and mental health records (740 ILCS 110 et seq.)).

**When we release information,** we will not release more information than necessary. We will not share or use information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

**Notifying you of a Breach.** You have the right to be notified if we discover there was a breach of your unsecured health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

**WE RESERVE THE RIGHT TO CHANGE THIS NOTICE AND OUR PRIVACY PRACTICES BASED ON THE NEEDS OF AOR AND CHANGES IN ILLINOIS AND FEDERAL LAW. THE NEW NOTICE WILL BE AVAILABLE UPON REQUEST AT OUR LOCATIONS AND ON OUR WEB SITE.**

Effective date: March 19, 2023