

## The Center for Human Services' Notice of Privacy Practices

This section serves as your notice of privacy practices of the McLean County Center for Human Services. We are required by various regulations to share this information with you. We respect client confidentiality and only release protected health information about you in accordance with Illinois and federal laws. This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully, as you will be asked to acknowledge, in writing, your receipt of our privacy practices.

### Some Information about State and Federal Confidentiality Laws

Confidentiality of all information collected on you is protected by the Illinois Mental Health & Developmental Disabilities Confidentiality Act, the Federal Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH), which describe how health information about you may be used and disclosed and how you can access this information.

With the exception of certain types of information/situations (see section titled "Information Disclosed Without Your Consent"), any information disclosed, protected by federal confidentiality rules (42CFR, Part 2) or the Illinois Mental Health and Developmental Disabilities Act, is prohibited from further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. A general authorization of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### Your Health Information

Each time you receive services from the Center, information is collected about you and your health status. This information is known as Protected Health Information (PHI) and is gathered and filed in your clinical record. PHI also includes information you or others give us about you as well as your status/identity as a client. Although your health record is the property of the McLean County Center for Human Services, the information belongs to you. You have the following rights regarding your record:

- **Copy & Inspection:** You are entitled to inspect the health information the Center has generated about you. This means you may inspect or obtain a copy of health information that we use to make decisions about your care.
- **Amending Record:** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the Privacy Officer and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.
- **Release/Disclosure:** You can request that we disclose all or part of your record to other individuals or entities. This could include your attorney, employer, family, or others whom you wish to have knowledge of your care. This request must be

in writing and contain required elements as required by law. This includes your right to request that we restrict all or parts of your record from disclosure. This must also be in writing and state the specific restriction requested and to whom you want the restriction to apply. The Center is not required to agree to your request if it is allowed by law and we believe it is in your best interest to permit use and disclosure of the information.

- You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.
- **Accounting for Disclosure:** You may request an accounting of any written disclosures we have made related to your protected health information, except for information we used for treatment, payment, health care operations purposes, or other incidental disclosures permitted by law. This may also exclude information we were required to release. If you wish to exercise this right, please submit your request in writing to our Privacy Officer. Please note that this information is not available for disclosures made prior to 2003. We may also decline request for a list of disclosures that exceed a six year time period.

### **How to Request Disclosure/Inspection of Information**

If you wish to inspect or receive a copy of your record or request a disclosure of your record to others, please contact our Medical Records Department by calling our main office phone number or in person at our main office. Our staff will be happy to guide you through the process including the necessary documentation.

By law, the agency has 30 days to respond to any request for information; however, depending on the amount and type of information requested, we are often able to process requests within 1-2 business days.

Older records may not be available as they may have been destroyed as allowed by law.

### **Fees for Copying/Disclosure of Information**

The agency will generally not charge a client for a copy of their record; however, it reserves the right to charge for repeated requests. This decision is made on a case-by-case basis.

Fees may be charged for release to other entities (such as attorneys, etc.), although typically the agency does not charge when information is sent to other healthcare providers.

Medical Records staff will inform you of any fees at the time you make a request for information. If you wish to dispute any fees, please ask to speak to the Privacy Officer.

## Use of Protected Information

HIPAA refers to “use” of your information when it is utilized by CHS staff. Information may be used by CHS staff not directly involved in your care. The information is considered “disclosed” if it is shared with or sent to others not employed by CHS. Except in special circumstances, only the minimum necessary information is used and/or disclosed. The agency uses your information for a variety of purposes, including:

- **Treatment:** We may use or disclose information about you to provide, coordinate, manage, or consult regarding your care or any related services.
- **Payment:** Your protected health information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.
- **Health Care Operations:** We may use protected health information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

Please note that the Center also owns a private practice (Professional Associates of Illinois [PAI]). Certain staff work in both divisions and have access to information. Effective in 2010, the physical and electronic client records at CHS and PAI were combined into one clinical record.

## Information Sharing

The agency may at times engage in partnerships with other entities in order to increase collaboration, participate in research/program improvement, etc. Depending upon these partnerships, certain types of information (some without any identifying information) may be disclosed without the agency’s standard signed disclosure authorization form. You will be informed of these types of information sharing and provided the opportunity to opt-out without any negative consequences to you. There are currently two programs in which CHS has such a partnership with:

- **Bloomington School District #87/Rush University Project AWARE**
  - This applies only to clients served in the agency’s embedded programs in District #87. In order to evaluate program effectiveness, the school district and CHS will share data and information regarding program participants with Rush University in Chicago. Rush University will analyze this data and report to the overseers of the grant. Such data includes protected health information (PHI) such as demographic, diagnostic, and assessment information.
- **Community Behavioral Health Clinic**
  - CHS is a designated collaborating organization for the Certified Community Behavioral Health Clinic administered by Chestnut Health

Systems. As part of this collaboration, clients are randomly selected to receive additional assessments called the NOMS (National Outcome Measures) which were created by a government agency called the Substance Abuse and Mental Health Services Administration (SAMHSA). These assessments will include questions about your (or the person you are legally responsible for) health, substance use, handling of life's problems, and your satisfaction with services. Unless you tell us that you don't want to (by checking the box below), information from these assessments will be shared with Chestnut Health Systems and SAMHSA. Information shared will NOT include names or contact information. If you decide that you don't want to share this information or have the NOMS assessment, you (or the person you are responsible for) will not get in trouble. You will still get the support and services you need no matter what you choose.

### **Information Disclosed Without Your Consent**

Under Illinois and federal laws, 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.
- **Criminal Activity:** If a crime is committed on our property or against our personnel, we may share information with law enforcement to apprehend the criminal.
- **Protection from Harm:** Health information may be disclosed if an individual presents an imminent danger to themselves or others.
  - This includes cases of suspected abuse, neglect, and exploitation. Staff are mandated by law to report such cases and disclose necessary information to appropriate entities (such as the Department of Child and Family Services, Department of Human Services, etc.) without the consent of the client.
  - In accordance with the Illinois Firearms Owners Identification (FOID) Card Act, the agency is required to report any individual who presents a clear and present danger, or who is admitted to certain residential programs to the Illinois Department of Human Services.
  - The aforementioned confidentiality act also mandates CHS staff to "warn" any intended victim, as well as the responsible authorities, when a client discloses an intent to cause physical harm to a specifically identified victim or victims.
- **Billing/Insurance/Funders:** We will disclose information to the insurance provider you designate in order to bill for services provided. Certain services/programs may also receive funding from various entities (such as the Department of Human Services or the McLean County Health Department). Such entities have the right to review treatment information for recipients of the services they support.

- **Governmental/Legal Requirements:** We may disclose information to a health oversight agency (i.e., US Drug Enforcement Administration, Illinois Department of Public Aid, HIPAA, US Health Care Pricing Administration Medicaid & Medicare) or accrediting bodies 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.
  - If we suspect that a client is committing Medicaid fraud, either knowingly or unknowingly, then we may be required to report this to the Illinois Department of Healthcare and Family Services without client consent.
  - The agency may also disclose information to a coroner/medical examiner or funeral director for purposes of carrying out their duties.
  - The agency discloses any prescriptions of controlled substances to the Illinois Prescription Drug Monitoring Program (ILPMP).
  - In accordance with Illinois law, the agency is required to disclose admissions to its residential facilities as well as the information regarding any client deemed to be a clear and persistent danger to the Illinois State Police and Illinois Department of Human Services. This information is used to determine one's eligibility to obtain a Firearm Owners Identification card.
- **Business Associates:** CHS can disclose health information to its business associates in order to maintain its operations. Examples include the agency's attorney, software technicians, etc. Generally, such associates abide by the same privacy regulations that apply to CHS and its staff.
- **Guardians:** Guardians may have access to the following information without client consent: current condition, diagnosis, treatment/medications provided, and treatment/services needed.
  - Other information may only be accessed if the client does not object (a signed consent is required) or if the clinician does not feel that there are strong reasons to deny access.
  - This applies to all clients aged 12 and older.
  - Custodial Parents/Guardians of individuals under age 12 may have access to all treatment records.
  - Non-Custodial parents/guardians of minors may also have the same access as custodial guardians unless the clinician does not feel it is in the minor's best interests or if there are court orders limiting disclosure
- **Coordination of Care:** The agency may disclose health information to other healthcare providers when such information is needed to facilitate this care without a release. Examples would be when there is a transfer of custody of care to another entity (such as when a client is hospitalized or incarcerated) and that entity needs the information to effectively provide care to the client.
- **Legal Proceedings:** Disclosure of health information can be court-ordered without client consent when certain circumstances are met.

- Workers' Compensation: We may disclose information without consent to comply with workers' compensation laws and other legally-established programs

## **Changes in Policy**

CHS reserves the right to change its privacy practices based on the needs of the Center and changes in Illinois and federal laws. Before we make a significant change in our policies, we will change our notice and post the revised notice. You can receive a copy of the current notice at any time.

## **Complaints**

If you believe CHS has violated your privacy rights, please ask to speak with the Privacy Officer or a member of our Corporate Compliance Committee.

You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services via mail, fax, email, or via their online portal (We encourage you to visit their website for specific information on this process including requirements for complaints). Contact Information includes:

### **Address**

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

### **Email**

[OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

### **Website**

[www.hhs.gov](http://www.hhs.gov)

## **Questions**

If you wish to have a copy of these practices, please request one from staff.

If you have questions regarding these privacy practices, please notify your clinician or ask to speak with the Privacy Officer.

