



NOTICE OF PRIVACY PRACTICES

This section explains how the McLean County Center for Human Services protects your privacy and the confidentiality of your health information. It's important for you to know your rights regarding the use and disclosure/sharing of your protected health information (PHI).

Some Information about State and Federal Confidentiality Laws

Your information is safeguarded by state and federal laws like 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

Your Health Information:

- Every time you receive services, your health information, known as PHI (Personal Health Information), is collected and stored 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 rights regarding your health record:
 - You can inspect and obtain copies of your health information.
 - If you believe something in your record is incorrect or incomplete, you can request amendments by contacting the Privacy Officer. 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 add your statement and our response to your record.
 - You can request that we disclose all or part of your record to specific individuals or entities, but this request must be in writing and contain certain information required by law. This includes your right to request restrictions on the disclosure of your information. 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 can revoke your consent for disclosure at any time, but this does not apply to information we already disclosed when you did consent.

- You can request an accounting of any written disclosures made related to your PHI, except for information we used for treatment, payment, health care operations purposes, or other incidental disclosures permitted by law. 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

To see or get a copy of your record, or to ask that we send a copy of your record to others, please reach out to our medical records department. You can reach them by calling our main office phone number or by visiting our main office in person. Our staff will help you fill out the correct paperwork to get or send your records.

By law, we have 30 days to respond to any request for information. However, depending on how much information is requested and the type of information that is requested, we can often get this done in 1-2 business days.

Please be aware that older records may not be available because they may have been destroyed as allowed or required by law.

Fees for Copying/Disclosure of Information

CHS does not usually charge clients for a copy of their record. If you request your record many times, we might charge you for it, depending on the situation.

We do not usually charge for information we send to other healthcare providers. However, if we get a request from an attorney or other places that are not healthcare providers, we might charge them for the records.

When you ask our medical records staff for your record, they will let you know if it will cost anything. If you do not agree with this cost, you should ask to speak with our Privacy Officer, Kevin Mulloy.

Use of Protected Information

HIPAA, or the Health Insurance Portability and Accountability Act, defines the "use" of your information as when CHS staff internally utilizes it. "Disclosure" occurs when your information is shared with or sent to individuals not employed by CHS. Except in special cases, only the minimum necessary information is used or disclosed. The agency utilizes your information for various purposes:

- **Treatment:** Information may be used or disclosed to provide, coordinate, manage, or consult regarding your care or related services.
- **Payment:** Your protected health information is used to obtain payment for the treatment and services provided. This includes contacting your health insurance company for prior approval or billing purposes.
- **Health Care Operations:** Protected health information about you is used to coordinate business activities such as setting up appointments, reviewing care, and staff training.

Please note that the Center also operates a private practice called Psychiatry & Counseling Associates (PCA), formerly known as Professional Associates of Illinois (PAI). Some staff work in both divisions and have access to information in both PCA and CHS. Starting in 2010, the physical and electronic client records at CHS and PCA were combined into one clinical record.

Information Sharing

The agency sometimes partners with other entities in order to increase collaboration, engage in research and improve programs. Depending upon these partnerships, certain types of information, some without any identifying details may be shared without the agency's standard signed disclosure authorization form. Here are some partnerships and the information shared:

- **Bloomington School District #87/Rush University Project AWARE**
 - This applies only to clients served in the agency's embedded programs in District #87. The school district and CHS share data and information regarding program participants with Rush University in Chicago to evaluate program effectiveness. This includes protected health information (PHI) like demographic, diagnostic, and assessment information.
- **Certified Community Behavioral Health Clinic (CHS)**
 - As mentioned earlier, clients are randomly selected to have NOMS assessments. Information from these assessments will be shared with SAMHSA. Information shared will NOT include names or contact information.
 - CHS has also contracted Wellbeing in Action to help us with meeting the standards and rules of a CCBHC. They are a consulting group that helps agencies like ours improve services. They also serve as an external evaluator of our agency. We will share information with them, such as data from NOMS assessments, but this will not include your name or identifying information.
- **Certified Community Behavioral Health Clinic (Chestnut Health Systems)**
 - As part of our partnership with the Chestnut CCBHC, we will share information from NOMS assessments with them just like we do with SAMHSA. NOMS information will NOT include names or contact details.
 - To coordinate services, a list of clients may be shared between the two agencies, containing only identifying information and client status, with no details about services or issues.
- **HealthChoice Illinois ADT**
 - This is a statewide data exchange program administered by the Illinois Department of Healthcare and Family Services (HFS). HFS mandates that we share a list of our clients (including information such as your date of birth) with this platform. Agencies like ours as well as hospitals and other long term care facilities also share such information. This allows us to receive a notification if you visit an emergency room or get admitted to a hospital. Then we can better coordinate your services, plan your discharge, etc. Information such as assessments, progress notes, and other information from your record here is NOT shared.

All the partners listed in this section are also bound by privacy regulations and must maintain the security of any shared information.

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:** Information may be shared with law enforcement if a crime is committed on the agency's property or against its staff.
- **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 age 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 put in jail) and that entity needs the information to effectively provide care to the client.
- **Legal Proceedings:** Disclosure of health information may occur in court-ordered situations, workers' compensation cases, 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

OCRComplaint@hhs.gov

Website

www.hhs.gov

Questions

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

If you have questions or concerns regarding these privacy or data sharing practices, please notify your clinician or ask to speak with the Privacy Officer. You will not be punished for having questions/concerns, and the help you receive won’t be affected.