



**State of Illinois
Department of Human Services
OFFICES OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS TO COMPLY WITH THE FEDERAL LAW "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996"
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS DOCUMENT CAREFULLY

When you receive treatment (such as in mental health/or developmental disability facilities), aftercare services with any community agencies or providers and benefits (such as Medicare/Medicaid); the Offices of Mental Health and Developmental Disabilities (OMH/ODD), Department of Human Services (DHS), will compile personal and health information about you.

WE ASK THAT YOU TO SIGN THE LAST PAGE OF THIS NOTICE TO ACKNOWLEDGE RECEIPT

L HEALTH INFORMATION INCLUDES AND RELATES TO:

- your past, present, and future physical, medical or mental health conditions;
- your past, present, or future payment for the care or services you received;
- care and services provided to you.

L OMH/ODD-DHS STATEMENT REGARDING YOUR INFORMATION

OMH/OD-DHS is required by law to protect the privacy of your personal health information. OMH/ODD-DHS is required by law to provide you with this notice that explains our legal duties and our privacy information practices. Each time you visit a healthcare provider a record is created to capture the care, treatment or services provided. This information is compiled for legal, regulatory and the course of business practices. This notice will describe some of the ways in which we may use or disclose your personal health information (PHI), your rights, and our obligations to protect and safeguard this information.

L REVISIONS/ CHANGES TO PRIVACY NOTICE

OMH/ODD-DHS reserves the right to revise or change the contents of this notice. Should we change the contents, a new notice will be available at all facilities and offices as well as on our website at www.dhs.state.il.us, within 30 days from the effective date of the change. This new notice will apply to all PHI maintained by OMH/ODD-DHS, regardless of where the information was compiled. The new notice will state "Revised " and will include the date the change became effective.

Each time you come to OMH/ODD- DHS for services you will be offered a copy of the current notice.

L OMH/ODD-DHS RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

- % All employees, volunteers and contractors must protect the privacy of your information;
- % Employees may only access your information if it directly relates to the job or services they provide;
- % OMH/ODD-DHS will penalize employees, volunteers and contractors who do not protect your information.

L HEALTH CARE OPERATIONS INCLUDE:

- % a means of communication in planning treatment and aftercare services for you;
- % a source to educate health professionals;
- % a legal document describing the care you received;
- % a tool in evaluating the quality and appropriateness of care rendered;
- % a source of data in management, administrative and business planning;
- % to verify services for which a third party payer is billed.
- %

TREATMENT

- % OMH/ODD-DHS can use your information to provide, coordinate or manage health care services.

Example would be use of your health information to prescribe medications for you.

PAYMENT

- % OMH/ODD-DHS may verify the information you provided in order to verify eligibility for financial assistance, payment and benefits.

Example would be when OMH/ODD-DHS bills your insurance, and the bill includes information to identify you.

HEALTH CARE OPERATIONS

% OMH/ODD-DHS may use your health information for evaluating and improving operations.

Example would be medical staff, and the quality manager or the utilization review committee may use your information or other related data to assess care and outcomes to improve the quality of care.

OTHER USES AND DISCLOSURES WITHOUT AUTHORIZATION

EDUCATION/RESEARCH

% OMH/ODD-DHS may use information in educating health care professionals.

Example would be training programs related to health care, or as a source of data for research.

LEGAL REQUIREMENTS

% OMH/ODD-DHS may disclose your health information as required by federal, state and local laws.

Example would be to comply with court or administrative order and subpoena.

% OMH/ODD-DHS may release information to a law enforcement official.

Example would be to identify or locate a suspect, fugitive, material witness or missing person.

Federal laws and regulations do not protect information about a crime committed or about a threat to commit a crime. Federal laws and regulations do not protect any information about suspected child abuse or other neglect from being reported under law to the appropriate state, federal or local authorities.

BUSINESS PLANNING

OMH/ODD-DHS may use your information to review data for business planning and management.

Example would be for service and equipment planning.

ACCREDITATION /AUDITS

OMH/ODD-DHS may disclose your information for program evaluations and accreditation.

Example would be a review of information by Joint Commission Accreditation for Healthcare Operations to ensure that our programs are meeting the required standards for health care operations.

TREATMENT/SERVICES

OMH/ODD-DHS may use your information to evaluate and improve quality of treatment and services.

Example would be review of documentation and services you received to evaluate competencies and performance of health care professionals.

BUSINESS ASSOCIATES

OMH/ODD-DHS may disclose your information to our business associates so that they can perform services for which they were contracted. We require our business associates to properly safeguard your information.

Examples include: copy service providers who process copies of your records; services by contracted emergency room physician's, or services by contracted personnel for billing and auditing purposes.

PUBLIC HEALTH

OMH/ODD-DHS may disclose your health information to public health or legal authorities. These activities include: prevention of controlled disease or to report communicable disease.

Example would be reporting a required communicable disease.

SERIOUS THREAT TO HEALTH AND SAFETY

OMH/ODD-DHS may use or disclose your health information to medical or law enforcement personnel.

Example would be if a determination that a probability of immediate physical harm to you or others may occur and the information is needed in order to prevent it.

GUARDIANSHIP AND ADVOCACY COMMISSION / EQUIP. FOR EQUALITY, INC.

OMH/ODD-DHS may disclose your health information to the Guardianship and Advocacy Commission or Equip for

Equality, Inc., in accordance with state and federal laws.

Example would be to investigate a complaint made by you or on your behalf.

PURPOSES RELATED TO DEATH: CORONER/ MEDICAL EXAMINER

OMH/ODD- DHS may release information to the coroner or medical examiner.

Example would be to identify a deceased person or for reportable deaths as required by law.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

LICENSE AND REVOCATION PROCEEDINGS

% **License Revocation Proceeding:** We may disclose your personal information if you have filed a complaint against a doctor or other health care providers and the information is needed in the proceeding.

% **Judicial/Administrative and Criminal Proceedings:** We may disclose information in response to a court order.

% **Abuse/ Neglect Proceedings:** We may disclose information to a court or administrative judge in a proceeding regarding abuse or neglect of a resident at an institution.

COURT ORDERED EXAMINATIONS

% OMH/ODD-DHS may disclose your information if a court orders you to be examined for conditions related to mental health, developmental disability or other disorders.

Example would be in commitment proceedings where we may disclose your information to make a determination for court-ordered treatment and services.

DELIVERY SYSTEMS - CONTINUITY OF CARE

% OMH/ODD-DHS may disclose and exchange health information to community mental health or developmental disability providers, retardation authorities and other providers of mental health.

Example would be to coordinate aftercare services.

DEVELOPMENTAL DISABILITIES / COMMUNICATION BARRIERS

% OMH/ODD-DHS may disclose information about your current physical and mental condition.

Example would be disclosing information to a parent or guardian in accordance with state law.

% OMH/ODD-DHS may disclose health information when there are barriers to communication.

Example would be mental incompetence so treatment can be provided.

CONTINUITY OF CARE - SPECIAL NEEDS OFFENDERS

% OMH/ODD-DHS may disclose or exchange health information to agencies or persons involved in your supervision if you have been convicted of a crime; or are in custody or supervision of criminal justice systems.

Examples would be for purposes of treatment, payment or certain health care operations.

CORRECTIONAL INSTITUTION

% OMH/ODD-DHS may disclose your health information if you are in custody or an inmate of a correctional institution.

Example would be to provide health care services to you.

INSURANCE CLAIMS / PAYMENT FOR SERVICES

% OMH/ODD-DHS may disclose your certain information if you die or a court finds you incompetent.

Example would be for your insurance to pay benefits for your health care services.

GOVERNMENT BENEFIT PROGRAMS

% OMH/ODD-DHS may use or disclose your health information to government benefit programs.

Example would be administration of a government benefit program such as Medicaid.

SECRETARY OF HEALTH AND HUMAN SERVICES

OMH/ODD-DHS must disclose your information to the Secretary of the United States Department of Health and Human Services when requested in order to enforce privacy laws.

NATIONAL SECURITY INTELLIGENCE ACTIVITIES - PROTECTION OF FEDERAL OFFICIALS
OMH/ODD-DHS may disclose your information to authorized federal officials for intelligence, counter intelligence or other national security activities and to provide protection to the President of the United States and other federal officials as authorized by law.

Code of Federal Regulations Title 42 CFR Part 2

If you are receiving treatment for chemical dependency (drug or alcohol abuse) your records that relate to your treatment and services are protected by federal law and regulations. Violation of these laws that protect chemical dependency treatment records is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulations.

OMH/ODD-DHS may not provide information to any person outside of DHS that you have been admitted to a facility or that you are receiving chemical dependency treatment or services and may not disclose information that identifies you as an alcohol or drug abuser.

AUTHORIZATIONS FOR DISCLOSURES

- K OMH/ODD-DHS may disclose information related to your treatment for chemical dependency with a specific written authorization.
- K OMH/ODD-DHS may disclose information that pertains to HIV/AIDS with specific written authorization.
- K OMH/ODD-DHS may use or disclose other health information about you that is not covered by this notice or by the federal and state laws only with your written authorization.

NOTE: Federal and state laws prohibit re-disclosure of information about chemical dependency without your specific authorization.

DISCLOSURES PERMITTED WITHOUT AUTHORIZATION / OR AS REQUIRED BY LAW

- K Pursuant to a special court order that complies with Code 42 Federal Reg, Part 2, Subpart E.
- K To medical personnel in a medical emergency.
- K To qualified personnel for research, audit or program evaluations.
- K To report suspected abuse or neglect.
- K HIV/AIDS information may be disclosed in certain circumstances when required by state or federal law.

RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

REVOCATION RIGHTS

If you provide us with permission to use or disclose your health information, you may revoke that authorization in writing at any time. Should you revoke the authorization, we will no longer use or disclose your information for any reasons that require your written authorization. However, we may not take back any disclosures we have already made prior to processing your revocation request.

RIGHTS - ACCESS AND COPY

You or your authorized representative has the right to inspect and/or receive a copy of your health information (in most situations) to include medical and billing records. However, NOT TO INCLUDE PSYCHOTHERAPY NOTES.

APPROVAL FOR ACCESS AND COPYING

- % Your request must be submitted in writing;
- % Your request must state a time period and must be accompanied by a valid authorization;
- % If your request for access is approved, you will be contacted to schedule a convenient appointment;
- % In lieu of providing access, the individual agrees to a summary of the information to be provided;
- % OMH/ODD-DHS or the contracted service providers may charge a fee for processing your request.

DENIAL OF ACCESS AND COPYING

- % Your request was not submitted in writing, did not state a time period /or was not accompanied by a valid authorization;

- % Information requested is not part of information kept by OMH/ODD-DHS or part of the designated record set;
- % Information requested was obtained from someone who was promised confidentiality and allowing access would reveal their identity;
- % Information was compiled in reasonable anticipation of, or for use in, a legal proceeding;
- % You are an inmate or in custody of a correctional institution and providing access may jeopardize safety of an officer, employee or other person.

RIGHTS - AMENDMENT AND MODIFICATION OF INFORMATION

You have a right to ask OMH/ODD-DHS to amend or modify the information if you feel it is incorrect or incomplete. You may obtain a form to document your request /amendment from the facility where you received services.

APPROVAL TO AMENDMENT /MODIFICATION OF INFORMATION

- % Request must be in writing, include a reason to support the request and must state a specific episode of care;
- % If we accept the request for amendment (in whole or in part), we will notify you that the amendment has been accepted and ask you to identify others who should receive the amendment;
- % We will make reasonable efforts to inform and provide the amendment to identified individuals;
- % The amended information is added to the designated record set and maintained by record retention standards.

DENIAL OF AMENDMENT / MODIFICATION OF INFORMATION:

- & If your request was not submitted in writing or was prior to April 14, 2003;
- & If the request does not include a reason to support the request;
- & If it is not part of the information created or kept by OMH/ODD-DHS or not part of the designated record set;
- & If the record is accurate and complete.

RIGHTS - STATEMENT OF DISAGREEMENT

You have a right to submit a written statement to disagree with the "Denial of Amendment."
 You may obtain a form from the facility where you received services to document your "Statement of Disagreement." "Statement of Disagreement" should be sent to the Privacy Officer at the facility. We will include both the copy of the "Denial of Amendment" and the "Statement of Disagreement" with any future disclosures. In addition, we may choose to provide a written rebuttal to the individual and add the rebuttal to the designated record set.

RIGHTS- REQUEST RESTRICTIONS /LIMITATIONS ON USE OR DISCLOSURE

You have the right to request a restriction or limitation on your personal health information that we use or disclose for purposes of treatment, payment and health care operations. You also have a right to limit the information we disclose to providers of care or payees. However, OMH/ODD-DHS does not have to comply with your request.

AGREEMENT - RESTRICTIONS/LIMITATIONS ON USE OR DISCLOSURE

- & If OMH/ODD-DHS agrees to the restriction, it is binding, we may not use or disclose the information;
- & OMH/ODD-DHS will document any restriction to which we agree, and will retain that documentation for six years from the date it was created or was last in effect, whichever is later.
- &

EXCEPTIONS - RESTRICTIONS/LIMITATIONS ON USE OR DISCLOSURE

- % Restricted health information, may be disclosed to another health care provider as allowed to provide for emergency treatment, but we will request that the other provider not make further use/disclosures;
- % OMH/ODD-DHS is not bound to restrictions for uses or disclosures of information to the individual;
- % OMH/ODD-DHS will not restrict information allowed/required by state and federal laws that mandate disclosure.

TERMINATION OF AGREEMENT- RESTRICTION ON USE OR DISCLOSURE

OMH/ODD-DHS may terminate the agreement to a restriction if the individual agrees to/ requests termination in writing; or if the individual orally agrees to the termination and the oral agreement is documented.

OMH/ODD-DHS may terminate the agreement to the restriction without individual's agreement if the individual is informed that we are terminating the restriction. Such termination is only effective with respect to protected health information created or received after the individual has been so informed.

RIGHTS - ACCOUNTING OF DISCLOSURES

You have a right to request an accounting of disclosures. This is a list of each time we have disclosed health information about you. You may request an accounting for a period shorter than six years or for a specified date within the six-year period and may only be for disclosures that occurred after April 14, 2003. Your request must be in writing and we may charge you a reasonable fee.

REQUIRED ACCOUNTING OF DISCLOSURES

We will provide an accounting of disclosures to include:

Examples: Information reported for prevention/control of disease; investigations of abuse /neglect; healthcare oversight activities for audits and investigations; law enforcement purposes; protective services for health and safety, and disclosures to workman's compensation or other medical suitability determinations.

We do not have to provide an accounting for disclosures to include:

Examples: Treatment, payment or health care operations; the individual with an authorization; certain other reasons as provided by law; incidental disclosures and for disclosures that occurred prior to April 14, 2003.

RIGHTS - REQUEST ALTERNATIVE COMMUNICATION

You have a right to request that we communicate with you in confidence about your health information by means of an alternative method or a specified location when the request can be reasonably administered. You may obtain a form to document your request from the facility where you received services. We will not require an explanation for the basis of the request and we will make every attempt to accommodate reasonable requests.

Example of alternate communication includes but not limited to: Contact individual only at work or by mail or communicate in your own language through the use of a translator or preferred method of communication.

REQUESTS - ADDITIONAL INFORMATION

To request additional copies of this notice or additional information from the Mental Health or Developmental Disabilities Facility where you received services, contact the Privacy Officer at the facility.

COMPLAINT PROCESS

If you believe any of your privacy rights have been violated by OMH/ODD-DHS, you have the right to file a complaint by contacting any one of the following:

- K Privacy Officer at: Facility Address:
- K Privacy Officer at: Illinois Dept. of Human Services at: 100 S Grand Ave East, Springfield, Il 62762;
- K Secretary of U.S. Dept. of Health and Human Services at: 233 N. Michigan Av., Suite 240, Chicago, Il. 60601
Phone: 312 886-2359 TDD 312 353-5693 FAX 312 886-1807

ACKNOWLEDGMENT FOR RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, you acknowledge that you have RECEIVED A COPY OF THE DHS PRIVACY NOTICE.

Printed Name	Individual's or Representative Signature	Relationship to <u>Individual</u>	Date
DHS OFFICE USE ONLY: If the acknowledgment is not signed, describe the efforts to obtain the individuals' or the representatives' signature and the reasons why the signature was not obtained.			
Printed Name/Title	DHS Representative Signature	Date	

Reference: Federal Law 45 CFR Part 164.520