State of Illinois
Department of Human Services

TREATMENT AND DETENTION FACILITY 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 READ IT CAREFULLY.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the Illinois Department of Human Services (IDHS) to protect the privacy of your personal health information. IDHS provides you with mental or physical health, dental or pharmaceutical services. IDHS receives and maintains your personal health information in the course of providing these health services to you. IDHS may contract with companies or individuals to help provide these services to you. These contractors may receive and maintain your personal health information.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. IDHS is required to follow the terms of this Notice until the Notice is replaced. IDHS reserves the right to change the terms of this Notice at any time. If IDHS makes changes to this Notice, IDHS will revise it and send a new Notice to all of its customers enrolled at that time. The most current Notice is posted on IDHS' website: www.dhs.state.il.us. IDHS reserves the right to make the new changes apply to all your personal health information maintained by IDHS after the date of the new Notice.

Purposes for which IDHS may use or disclose your personal health information without your authorization.

- **Health Care Providers' Treatment Purposes. For example, IDHS may disclose your personal health information to your doctor, at the doctor's request, for treatment by your doctor.**
- **Payment. For example, IDHS may use or disclose your personal health information to provide eligibility information to your doctor when you receive treatment, to pay for claims for covered health care services, or to recover costs from other medical insurance or probate estates.**
- **Health Care Operations. For example, IDHS or its contractors may use or disclose your personal health information (1) to conduct quality assessment and improvement activities; (2) to review applications for services; (3) to engage in care coordination or case management ; (4) to manage, plan, or develop IDHS' services and budget; (5) to coordinate services with another public benefit program; or (6) to cooperate with state and federal auditors.**
- **Health Services. IDHS or its contractors may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.**
- **As required by law. For example, IDHS is required by law to allow the United States Department of Health and Human Services to audit IDHS records. IDHS may disclose your personal health information necessary to comply with workers' compensation or other laws. IDHS may also be required to disclose personal health information about abuse, neglect, or domestic violence to governmental or social services agencies.**
- **For other reasons:**
  - **To comply with legal proceedings, such as a court or administrative order or subpoena;**
  - **To law enforcement officials or to correctional institutions for limited law enforcement and health and safety purposes;**
  - **With your written authorization, to a family member, friend or other person, to help you with your health care or payment with your health care;**
  - **To your personal representative appointed by you or designated by law;**
  - **For research purposes in limited circumstances and where the information will be protected by the researchers;**
  - **To a coroner, medical examiner, or funeral director to identify a deceased person or to arrange payment benefits;**
  - **To an organ procurement organization in limited circumstances;**
  - **To avert a serious threat to your health or safety or the health or safety of others;**
  - **To a governmental agency authorized to oversee governmental health care programs;**
  - **To federal officials for lawful national security purposes;**
  - **To federal officials for lawful national security purposes;**
  - **To public health authorities for public health purposes;**
  - **To appropriate military authorities, if you are a member of the armed services.**

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Uses and disclosures with your permission. **IDHS will not use or disclose your personal health information for any other purposes unless you give IDHS your written authorization to do so. In most cases, you may revoke your written authorization at any time, unless IDHS has relied upon your authorization for a continuing disclosure, for example, for a research study. Your revocation will be effective from the date IDHS receives the revocation forward, for all your personal health information that IDHS maintains. Authorization and Revocation forms are available on IDHS' website and at the Illinois Department of Human Services facilities or offices.**

Your rights. **You may make a written request to IDHS to do one or more of the following concerning your personal health information that IDHS maintains:**

- **To put additional restrictions on IDHS' use and disclosure of your personal health information. IDHS does not have to agree to your request.**
- **To have IDHS communicate with you in confidence about your personal health information by a different means or at a different location than IDHS is currently doing. Your request must be in writing specifying the alternative means or location to communicate with you.**
- **To see and get copies of your personal health information. You may be charged a fee for the copies.**
- **To correct your personal health information. In some cases, IDHS does not have to agree to your request.**
- **To receive a list of disclosures of your personal health information that IDHS and its contractors made for certain purposes for the last 6 years, but not for disclosures made before April 14, 2003.**
- **To have IDHS send you another copy of this Notice.**

If you want to exercise any of these rights described in this Notice, please contact the IDHS Privacy Officer at the address below. IDHS will give you the necessary information and forms for you to complete and return to IDHS.

Complaints.
If you believe your privacy rights have been violated by IDHS, you have the right to complain to IDHS or to the Secretary of the U.S. Health and Human Services. You may file a complaint with IDHS at the address where you receive services. IDHS will not retaliate against you if you choose to file a complaint with either IDHS or with the U.S. Department of Human Services.

Privacy Officer.
To request additional copies of this Notice or to receive more information about IDHS' privacy practices, your rights or to file a complaint, please contact the Privacy Officer at the following address

Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359
312-353-5693 (TDD)
312-886-1897 (Fax)

Privacy Officer - Lynne Shelton, RHIT
Illinois Department of Human Services
RR 1 Box 6A
Rushville, IL 62681
217-322-3204 x 5019
217-322-2122 (fax)