



## NOTICE OF PRIVACY PRACTICES

**THE EFFECTIVE DATE OF THIS NOTICE IS SEPTEMBER 23, 2013.**

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.**

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.

When IDHS provides you with mental or physical health, dental, pharmaceutical, or social services, IDHS receives and maintains personal health information about you. IDHS also may receive and maintain financial and billing information about you. To help IDHS provide these services to you, IDHS may contract with companies or individuals. These contractors may also receive and maintain your personal information. IDHS will use and share only the minimum necessary health information that our staff and contractors need to do their jobs. IDHS and its contractors are required by law to maintain the privacy of protected health information, and to provide you with notice of IDHS's legal duties and privacy practices with respect to your protected health information. IDHS also is required by law to notify affected individuals of a breach of unsecured protected health information.

This Notice describes how IDHS may use and disclose your information. It also describes your rights and IDHS's legal obligation with respect to your information. 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, the new notice will be available in IDHS offices, upon request, and on our website: [www.dhs.state.il.us](http://www.dhs.state.il.us). Any changes to our practices will apply to all your personal health information maintained by IDHS.

**How IDHS May Use and Disclose Your Health Information.** IDHS may share your information without your authorization in the following ways:

**Treatment Purposes.** IDHS can use your health information and share it with other professionals who are treating you. *For example:* IDHS may disclose your personal health information to your doctor, at the doctor's request, for treatment by your doctor.

**Payment.** IDHS can use and share your information for payment purposes. *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.** IDHS can use and share your health information for IDHS operations, improve your care, and contact you when necessary. *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's services and budget; (5) to coordinate services with another public benefit program; (6) to create or provide individualized service or treatment plans; or (7) to cooperate with state and federal auditors;

**Health Services.** IDHS or its contractors may contact you to remind you of appointments or to give you information about treatment alternatives or other health-related benefits and services that may be helpful to you or your family. IDHS also is allowed or required to share your information in other ways such as for public health and research. IDHS must meet conditions in the law before it can share your information for these purposes.

**Public Health and Safety Issues.** IDHS can share health information about you with public health authorities for public health activities such as: preventing or controlling disease, injury or disability; keeping vital records; avoiding a serious threat to health or safety of a person or the public; and reporting suspected abuse, neglect, or domestic violence to governmental or social services agencies. IDHS also can share your health information with a governmental agency authorized to oversee government health care programs.

**Research.** IDHS can use or share your information for health research in limited circumstances where the information will be protected by the researchers.



## NOTICE OF PRIVACY PRACTICES

---

**As Required by Law.** IDHS will share information about you if state or federal laws require it, including with the federal Department of Health and Human Services for a compliance review or complaint investigation or with a personal representative appointed by you or designated by law.

**Organ and Tissue Donations.** In limited circumstances, IDHS can share health information about you to an organ procurement organization.

**Medical Examiner and Funeral Director.** IDHS can share health information about you with a coroner, medical examiner, or funeral director to identify a deceased person or to arrange payment benefits

**Workers' Compensation, Law Enforcement and other Government Requests.** IDHS can use or share information about you:

- For workers' compensation claims
- To a law enforcement official or correctional institution for law enforcement and health and safety purposes
- For special government functions such as military, national security, and presidential protective services.

**Lawsuits and Legal Actions.** IDHS can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Other Agencies.** IDHS can share your information with another agency administering a government program providing public benefits, with respect to eligibility or enrollment information, and to better coordinate, administer and manage government programs.

IDHS follows the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA. IDHS also follows any federal or state law that gives greater privacy protections than HIPAA. For example, IDHS follows the Illinois Mental Health and Developmental Disabilities Confidentiality Act concerning mental health records, 740 ILCS 110; the Illinois Personal Information Protection Act which protects -"personal information"- that is not otherwise lawfully made available to the general public from federal, State, or local government records, 815 ILCS 530; the federal Confidentiality of Alcohol and Drug Abuse Patient Records Act concerning the disclosure of drug or alcohol information, 42 U.S.C §290dd-2; 42 CFR Part 2; and the federal Family Educational Rights and Privacy Act concerning the privacy of education records, 20 U.S.C. §1232g; 34 CFR Part 99; 34 CFR Part 99.

### Our Responsibilities.

- IDHS is required by law to maintain the privacy and security of your protected health information.
- IDHS will notify you as required by law when there is a breach of your unsecured protected health information. In some circumstances IDHS's business associate may provide the notification to you.
- IDHS may use e-mail to inform you of a breach if you have provided IDHS with a current e-mail address. IDHS also may provide notification to you by other methods if appropriate.
- IDHS must follow the duties and privacy practices described in this Notice and give you a copy of it.
- IDHS will not use or share your information for any purposes not described in this Notice without your written permission. If you do authorize DHS to use or disclose your health information, in most cases, you may revoke your written authorization at any time. Your revocation will be effective from the date IDHS receives the revocation. (Authorization and Revocation forms are available on IDHS's website and at Illinois Department of Human Services facilities or offices.)



## NOTICE OF PRIVACY PRACTICES

**Your Rights.** This section explains your rights and some of IDHS's responsibilities with respect to your health information.

- **Obtain a Copy of Your Medical Records.** You can ask IDHS to see or send you a paper or electronic copy of your medical records and other health information. IDHS will provide you with a copy or summary of your health information. However, safety or other legal reasons may limit the information you may see. IDHS may charge you a reasonable, cost-based fee for copies requested.
- **Correct Your Medical Records.** You can ask IDHS to correct health information about you that you think is incorrect or incomplete. IDHS may not make the changes or additions if in IDHS's opinion the information is already accurate or complete, or for other reasons. If IDHS does not agree to change your information, IDHS will provide you with a written explanation within 60 days. Any request you make to change your information, and IDHS's response, will be noted in your file.
- **Communicate Confidentially.** You can ask in writing that IDHS communicate with you by a reasonable alternative means or at a reasonable alternative location. For example, you may request that IDHS communicate with you by e-mail rather than by telephone, through a translator, or at home instead of the office. IDHS will agree to all reasonable requests.
- **Restrict the Uses and Disclosure of Your Health Information.** You can ask IDHS not to use or share certain health information for treatment, payment or certain IDHS's operations. Your request must be in writing and tell IDHS what restrictions you want. IDHS will consider your request but is not required to agree to it, and IDHS may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask IDHS to not share that information for the purpose of payment or IDHS operations with your health insurer. IDHS will agree unless a law requires IDHS to share that information.
- **List of Persons who Received Your Health Information.** You may ask IDHS for a list of the times IDHS shared your information with others in the six years prior to the date of your request, who IDHS shared the information with, and why the information was shared. You must make your request in writing. The law does not require IDHS to list every situation in which IDHS shared your information. For example, IDHS does not have to list the times where it shared your information for treatment, payment, or health care operations, or when IDHS shared your information pursuant to an authorization signed by you or your representative. IDHS will provide you with one accounting a year for free but will charge you a reasonable, cost-based fee if you request another accounting within 12 months.
- **Request a Copy of this Privacy Notice.** You are entitled to a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. An electronic version of this Notice of Privacy Practices is also available on the IDHS website: [/onenetlibrary/12/documents/Forms/IL444-4775.pdf](https://onenetlibrary/12/documents/Forms/IL444-4775.pdf)
- **Choose Someone to Act on Your Behalf.** You may give someone a medical power of attorney or a legal guardian may be appointed for you to exercise your rights and make choices about your health. Before IDHS takes any action, IDHS will confirm the person has this authority and can act on your behalf.
- **File a Complaint.** 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. Department of Health and Human Services. You may file a complaint with the Local DHS Privacy Officer, within 180 days of the suspected violation, at the address where you receive services or the address on any attachment that maybe provided to you with this form. You also may file a complaint with the United States Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; or calling 1-877-696-6775, or visiting; <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>

IDHS will not retaliate against you for filing a complaint with either IDHS or with the U.S. Department of Health and Human Services.



## NOTICE OF PRIVACY PRACTICES

---

**Your Choices.** For certain health information, you can inform IDHS about what IDHS may and may not share. If you clearly express your choice, IDHS will follow your instructions.

- You may choose to tell IDHS to share information with your family, close friends, or others involved in your care or the payment of your health care. If you are not able to tell us your preference, for example, if you are unconscious, IDHS may share your information if IDHS believes it is in your best interest. IDHS also may share your information to lessen a serious or imminent threat to your health or safety.
- In most situations, IDHS will never share your psychotherapy notes unless you give IDHS written permission
- While IDHS does not engage in fundraising, selling or marketing your PHI, IDHS is required to notify you that we must obtain your authorization before doing so, and that you may opt out of receiving any fund raising communication from IDHS.

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

Chief Privacy Officer  
Illinois Department of Human Services  
100 W. Randolph St. STE 6-400  
Chicago, IL 60601  
Voice - 312-814-3773  
Fax - 312-814-1443  
TTY Relay - 1-800-526-0844  
Email: [DHS.HIPAA@Illinois.Gov](mailto:DHS.HIPAA@Illinois.Gov)



**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGMENT OF RECEIPT**

Please have the customer complete this acknowledgment of receipt of the Notice of Privacy Practices. Give customer a copy of this Notice and put the original in the medical or clinical record.

I, \_\_\_\_\_ hereby acknowledge that I have received a copy of the IDHS Notice of Privacy  
Print Name

Practices. The effective date of the Notice is September 23, 2013.

\_\_\_\_\_  
Customer Signature Date:

or

\_\_\_\_\_  
Legal Guardian Printed Name and Signature Date

or

\_\_\_\_\_  
Parent of a Minor Child Printed Name and Signature Date

or

\_\_\_\_\_  
Personal Representative Printed Name and Signature Date

\_\_\_\_\_  
Witness Printed Name and Signature Date