



# 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 REVIEW IT CAREFULLY.**

This Notice of Privacy Practices has been prepared to reflect your rights under the Health Insurance Portability and Accountability Act (HIPAA). If Illinois law provides you with greater access to information, or provides greater protection to that information, than as described in this notice, then Children's Home + Aid shall follow the provisions of the Illinois law. Examples of such state laws are the Mental Health and Developmental Disabilities Confidentiality Act, the AIDS Confidentiality Act, and the Genetic Information Privacy Act. In addition, if a Federal law creates greater protection for the information described in this notice, Children's Home + Aid shall follow the provisions of such Federal law. An example of such a Federal law is the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.

## **Understanding Your Protected Health Information:**

Each time you receive services from Children's Home + Aid, a record of your visit is made. Typically, this record contains your service goals, progress notes, assessment results, service plans, and other information. This information, often referred to as your service record, serves as a basis for planning your care and services, a means of communication among the many service professionals who contribute to your care, a legal document describing the services you received, a means by which you or a third-party payer can verify that services billed were actually provided, a tool in educating service professionals, a source of data for service research, a source of information for public health officials charged with improving the health of the nation, a source of data for Children's Home + Aid's planning, and a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Children's Home + Aid is required by law to make sure that your protected health information is kept private and to provide you with this notice. This notice describes how we may use and disclose your protected health information, your rights with respect to your protected health information, and how you may exercise those rights. Protected health information includes individually identifiable information, which relates to your physical and/or mental health, our provision of services to you, and payment for the services we provide to you. Understanding what is in your record and how your service information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your service information, and make more informed decisions when authorizing disclosure to others.

## **Uses and Disclosures for Treatment, Payment and Health Operations:**

### ***We will use your health information for treatment.***

**For example:** Information obtained by a staff member or other member of your program service team may be recorded in your record and used to determine the course of services that should work best for you. Members of your program service team may then record the actions they took and their observations. In that way, your program service team will know how you are responding to services.

### ***We will use your health information for payment.***

**For example:** Your protected health information will be used, as needed, to obtain payment for the services provided to you. This may include certain activities that Medicaid, the Department of Children and Family Services (DCFS), and/or the Department of Human Services (DHS) may undertake before approving or paying for the services that we recommend for you, such as: making a determination of eligibility for benefits, reviewing the recommendations of Children's Home + Aid, and/or reviewing the services provided.

***We will use your health information for regular health operations.***

**For example:** Members of the agency's staff, the program evaluation manager, or members of the quality improvement team may use information in your service record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

We may need your written permission to disclose protected health information taken from your mental health treatment records or HIV test results for payment purposes.

***Business Associates:*** There are some services provided in our organization through contacts with business associates. An example would be our clinical consultants. When these services are contracted, we may disclose your service information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your information, however, we require the business associate to appropriately safeguard your information.

We may need your written permission to disclose protected health information taken from your mental health treatment records or HIV test results for payment purposes.

**Other Uses and Disclosures:**

Uses and disclosures of your protected health information for purposes other than treatment, payment and health care operations will be made only with your written authorization, unless otherwise permitted or required by law as described below.

- ***Communication with Family:*** Unless you object, we may disclose your protected health information to your family member, close personal friend, or any other individual identified by you as being a person who is directly involved with your care or payment related to the services provided to you. Unless you object, we may also use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.
- ***Required by Law or for Public Health Activities:*** We may use or disclose your protected health information when the use or disclosure is required by federal, state or local law, as long as the use or disclosure meets all applicable requirements of such law. Examples of such disclosures include: notifying public health or legal authorities charged with preventing or controlling disease, injury, or disability as required by law and releasing protected health information to a coroner or medical examiner to assist in identifying a deceased individual or determining a cause of death.
- ***For Oversight Activities:*** We may disclose your protected health information to health oversight agencies (e.g. the U.S. Department of Health and Human Services) for oversight activities authorized by law, including the following: audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other appropriate oversight activities.
- ***For Judicial Proceedings, Law Enforcement Purposes, or Specific Government Functions:*** We may disclose your protected health information in a judicial or administrative proceeding if the request for such protected health information is made through or pursuant to an order from a court or administrative tribunal, or in response to a subpoena or a discovery request from a party to the proceeding if certain assurances have been provided to us. We may also disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We may also disclose protected health information to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ***For Research:*** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- ***About Victims of Abuse, Neglect or Domestic Violence or To Avert a Serious Threat to Health or Safety:*** We may disclose your protected health information to avert a serious threat to someone's health or safety. This may include disclosing protected health information to federal, state or local governmental agencies or private agencies engaged in disaster relief efforts to allow such entities to carry out their responsibilities in specific disaster situations. We also may disclose your protected health information to a governmental authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence. Such disclosure is only allowed if it is required by law or if it is expressly authorized

by law and certain other requirements are met. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

- **Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Other Uses of Protected Health Information:** Other uses and disclosures of your protected health information not covered by this notice and permitted by the laws that apply to Children's Home + Aid will be made only with your written authorization or that of your legally authorized representative. If we are authorized to use or disclose protected health information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on that authorization. We will not be able to take back any disclosures we have already made with your authorization.

### Your Health Information Rights:

Although your service record is the physical property of Children's Home + Aid, the information belongs to you. You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Obtain a Copy of Your Protected Health Information:** You may inspect and obtain a copy of your protected health information that is contained in a "designated record set." A designated record set contains service, billing and other records that Children's Home + Aid uses for making decisions about your services, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to a law that prohibits access to protected health information. To inspect and receive a copy of your protected health information, you must submit your request in writing to the program supervisor. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may not remove our records from the premises.
- **Right to Request an Amendment to Your Protected Health Information:** If you believe that your protected health information is incorrect or that an important part of it is missing, you have a right to ask Children's Home + Aid to amend your protected health information for as long as we maintain your protected health information. You must provide your request and your reason for the request in writing, and submit it to the supervisor of the program from which you are receiving or received services. We may deny your request if it is not in writing or does not include a reason that supports the request or if you ask us to amend information that is accurate and complete, was not created Children's Home + Aid (unless the person or entity that created the protected health information is no longer available to make the amendment), is not part of the protected health information kept by or for Children's Home + Aid, or is not part of the designated record set.
- **Right to Request Restrictions:** You may ask us to restrict our use or disclosure of any part of your protected health information for treatment, payment or healthcare operations, or that we not disclose to someone who may be involved in your services or payment for your services, like a family member or a friend. Your request must be made in writing to the program supervisor. In your request, you must tell us (1) what information you want restricted, (2) whether you want to restrict our use, disclosure or both, and (3) to whom you want the limits to apply (for example, disclosures to your spouse). While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request.
- **Right to Request Confidential Communications:** You have the right to request that Children's Home + Aid communicates with you about your protected health information in a certain way or at a certain location. For example, you can request that Children's Home + Aid only contacts you at work or by mail. To request confidential communications, you must make your request in writing to the program supervisor and specify how or where you wish to be contacted Children's Home + Aid will attempt to accommodate all reasonable requests.
- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we have made or protected health information about you. This list will not include disclosures made for treatment, payment or health care operations, for purposes of national security, to law enforcement or corrections personnel, or those made either pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to the program supervisor. Your request must state the time period from which you want to receive a list of disclosures. This time period may not be longer than six years and may not include dates before April 14, 2003. Your first request in any twelve (12)

month period will be free, however, we may charge you for additional requests based on our costs to conduct the accounting. We will inform you of any costs prior to conducting the accounting so that you may consider whether to modify or withdraw the request before you incur any fees.

- **Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of Children’s Home + Aid’s current Notice of Privacy Practices and you may ask a member of your program service team for a copy of this notice at any time.
- **Right File a Complaint:** If you believe that health information privacy rights have been violated or that Children’s Home + Aid has committed a violation of the HIPAA Privacy or Security rules, you may file a complaint, in writing, with the Office for Civil Rights at:  
Office for Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, D.C. 20201

For more information about filing a complaint, you may contact:

Nicole Johns, Director of Program Evaluation and Quality Improvement – Privacy Officer  
Children’s Home + Aid  
2133 Johnson Road  
Granite City, IL 62040  
Telephone: (618) 452-8900, Ext. 186  
Fax: (618) 452-9062  
E-mail: [njohns@childrenshomeandaid.org](mailto:njohns@childrenshomeandaid.org)

You will not be penalized for filing a complaint.

**Additional Information:**

We will abide by the terms of the Notice of Privacy Practices currently in effect. However, we reserve the right to change the terms of this Notice of Privacy Practices at any time as it applies to all protected health information in our custody without providing any notice of such change. Upon the occurrence of any revision to the terms of the Notice of Privacy Practices currently in effect, you may obtain a revised copy of this Notice of Privacy Practices from personnel at any of our offices at your request or by contacting the Children’s Home + Aid Privacy Officer. You can also obtain a copy of the current Notice of Privacy Practices by visiting our website at [www.childrenshomeandaid.org](http://www.childrenshomeandaid.org).