

# 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.

## ► Our Duty to Maintain the Confidentiality of Your Health Care Information:

The DuPage County Health Department understands that your health care information is personal and that protecting it is important. The Health Department will create a record of the health care that you receive in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the health care records generated by the Health Department, whether made by health care professionals or other personnel.

This notice informs you of the way that the Health Department may use and disclose your health care information. This notice will describe your rights and our obligations regarding the use and disclosure of your health care information. The Health Department is required by law to:

- Keep private health care information that identifies you;
- Give you this notice of our legal duties and privacy practices with respect to health care information about you, and
- Follow the terms of the notice that is currently in effect.

**Right to Request Restrictions:** You have the right to request a restriction or limitation be placed on the health care information the Health Department uses or discloses about you for treatment, payment or health care operations. You also have the right to restrict the information the Health Department discloses about you to someone who is involved in your care or involved with the payment for your care, such as a family member or friend.

The Health Department is not required to agree to your request. If the Health Department does agree, the Health Department will comply with your request unless the information is needed to provide you with emergency treatment.

In those situations where you have paid for services out-of-pocket and in-full, you may request restriction of disclosure of your PHI to health plans.

To request restrictions you must make your request in writing to our Privacy Officer at the address listed at the end of this document. In your request you must tell us (1) what information you want to limit; (2) whether you want us to limit use, disclosure or both; and (3) to whom you want the limits to apply.

Furthermore, behavioral health records, which may include psychotherapy notes, always require an authorization for release.

**Right to Request Confidential Communications:** You have the right to request the Health Department communicate with you about health care information in a certain way or at a certain location. For example, you can request that the Health Department only communicates with you by mail or contacts you only at work.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed at the end of this document. The Health Department will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your written request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice at any time.

**Other Uses of Health Care Information:** Other uses and disclosures of health care information not covered by this notice or the laws that apply to the Health Department will be made only with your written permission. If you provide the Health Department permission to use or disclose health care information about you, you can revoke that permission in writing at any time. If you revoke your permission the Health Department will no longer use or disclose that health care information. You understand that the Health Department is unable to take back any disclosure already made with your permission. The Health Department is also required to retain our records of the care we provide to you.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Health Department or with the Secretary of the Department of Health and Human Services. To file a complaint with the Health Department,

contact our Privacy Officer at the address listed at the end of this document. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Changes to This Notice:** The Health Department will abide by the terms of this notice but reserve the right to revise this notice as necessary. The Health Department will post a dated copy of the current notice that will be effective for any current and future health care information the Health Department already has about you. You may request a current copy of the 'Notice of Privacy Practices' from our Privacy Officer by mail or request a copy from our staff at your next visit.

## ► Confidentiality of Alcohol and Drug Abuse Records:

The confidentiality of alcohol and drug abuse patient records maintained by the Health Department is protected by Federal law and regulations. Generally, the Health Department may not say to a person outside the treatment center that you are a patient of the treatment center, or disclose any information identifying you as a substance abuser unless:

1. You consent in writing consistent with 42 CFR §2.31;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by the treatment center is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by you either at the treatment center or against any person who works for the treatment center or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

See 42 U.S.C. 290 for Federal laws and 42 CFR part 2 for Federal regulations.

## ► Privacy Officer Contact

**DuPage County Health Department**  
Attention: Privacy Officer  
111 North County Farm Road, Wheaton, Illinois 60187

## Locations

### Central Public Health Center

111 North County Farm Road, Wheaton, IL 60187

### Community Center

115 North County Farm Road, Wheaton, IL 60187

Crisis Intervention Unit (24 hours, 365 days a year)  
(630) 627-1700

### Forensic Behavioral Health

115 North County Farm Road, Wheaton, IL 60187

### East Public Health Center

1111 East Jackson Street, Lombard, IL 60148

### North Public Health Center

1111 West Lake Street, Addison, IL 60101

### Southeast Public Health Center

422 North Cass Avenue, Westmont, IL 60559

### West Chicago Public Health Center

245 West Roosevelt Road, Building 14, Suite #146,  
West Chicago, IL 60185

## Redisclosure:

Notice is hereby given to the patient or legal representative signing this Authorization that substance abuse information may be disclosed from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit the recipient from making further disclosure of this information except with specific written consent of the patient. Notice is hereby given to the recipient that Illinois law prohibits the redisclosure of any health information regarding HIV and mental health treatment without further authorization.

## ▶ How the Health Department May Use and Disclose Health Care Information About You:

You will be asked to sign an acknowledgement form, before the start of your care, in which you consent to the use and disclosure of your protected health care information for treatment, payment and health care operations. The following categories describe ways the Health Department may use and disclose your health care information. For each category of uses and disclosures, examples have been given. Not every use or disclosure in each category will be listed.

**For Treatment:** The Health Department may use your health care information to provide you with health care treatment or services. The Health Department may disclose health care information about you to health care professionals or others who are involved in taking care of you. Different health care professionals may share information about you in order to coordinate the different things you may need, such as clinic visits and physician referrals. The Health Department may also have to disclose health care information about you to people outside the Health Department who may be involved in your health care or who provide services that are part of your health care needs. For example, the Health Department may disclose a child's immunization record to other Health Department staff, or to a public school nurse or to a physician's office staff for follow up treatment and care\*

**For Payment:** The Health Department may use and disclose health care information about you so that the treatment and services you received may be billed and payment may be collected from you, an insurance company or from another third party payer, such as Medicare or Medicaid. For example, Medicaid would need to know about a test or service you received so that they can pay the Health Department for that service. The Health Department may also use or disclose information about you to determine if your insurance will cover the services provided or if you are income-eligible for the services under Medicare, Medicaid or your insurance plan.

**For Health Care Operation Purposes:** The Health Department may use or disclose your health care information for health care operations purposes. This may be necessary to insure that all of our clients receive quality health care. For example, the Health Department may use health care information to review the Health Department's treatment and services or to evaluate the performance of health care professionals or other staff who provide care for you. The Health Department may also disclose health care information to health care professionals or other Health Department staff for review or learning purposes.\*

**To Business Associates:** There are a number of outside services that must be supplied to the Health Department in order to provide health care treatment and services to you. For example, the Health Department may require the services of various business associates including accountants, consultants or attorneys. When these types of services are contracted, the Health Department may disclose your health care information so that the business associates can perform the

tasks asked of them. To protect your health care information, the Health Department will require that our business associates appropriately safeguard your health care information.

**OHCA Participation:** The Health Department participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

**Appointment Reminders:** The Health Department may contact you as a reminder that you have an appointment for treatment or other health care services

**Individuals Involved in Your Care or Payment for Your Care:** The Health Department may release health care information about you to a friend or family member who you identify and who is involved in your health care. The Health Department may also give health care information about you to someone who pays for your care. The Health Department may also tell your family or friends about your general condition and that you are a resident in one of our residential programs. In addition, the Health Department may disclose health care information about you to an entity in a disaster relief effort so that your family may be notified about your condition, status and location.\*

**Immunizations:** Student immunization records may be disclosed to schools where the schools are required by law to have this information prior to student admission.

**Deceased:** The Health Department may disclose a descendant's protected health information (PHI) to family members or others who were involved in the individual's care or payment for care before the person's death, unless such disclosure would be inconsistent with a preference that the individual expressed to the Health Department prior to the person's death.

**Research:** Under certain circumstances the Health Department may use and disclose health care information about you for research purposes. All research projects, however, are subject to special approval processes. Before the Health Department uses or discloses health care information for research purposes, the Health Department will ask for your specific permission if the researcher is to have access to your name, address or other information which reveals who you are or if the information reveals who, at the Health Department, is involved in your care.

**To Avert a Serious Threat to Health or Safety:** The Health Department may use or disclose your health care information

when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or to the public. Any disclosure, however, would only be to someone or some entity able to help prevent the threat.

**As Required by Law:** The Health Department will disclose health care information about you when required to do so by federal, state or local law.

**For Special Situations – Public Health Risks:** The Health Department may disclose health care information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with a product;
- To notify people of recalls of products they may be using;
- To notify persons who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence.

**Marketing and Fundraising:** If a communication is made that does not contribute to your current or future treatment, it may be considered "marketing". In situations where the Health Department distributes marketing communication, we will request your authorization to receive it. The Health Department will not sell, or otherwise disseminate, your information to any third party for marketing purposes.

In limited situations, the Health Department may contact you by use of your demographic information as part of a general fundraising effort. Notice of your right to opt-out from fundraising communications will be clearly displayed on any communications.

**Breach Notification:** The Health Department may use your contact information to provide you with legally required notices of unauthorized access or disclosure of your health information. For any unauthorized access, use or disclosure of your information, you should be notified in writing; or, by phone if the breach will cause immediate harm, within 60 days of our discovery of the breach.

## ▶ Your Rights Regarding Your Health Care Information:

You have the following rights regarding the health care information the Health Department maintains about you:

**Right to Inspect and Copy:** You have the right to inspect and copy the health care information that may be used to make decisions about your treatment and care. In order to inspect and copy your health care information, you must submit your request in writing to our Medical Records Department. If you

request a copy of the information in either print or electronic formats, you may be charged a fee for any costs associated with fulfilling your request. Requests will be processed, and associated fees charged as applicable, in accordance with established rules and regulations.

The Health Department may deny your request to inspect and copy the health information that may be used to make decisions about your treatment and care under certain limited circumstances. If you are denied access to health care information, under certain circumstances, you may request that the denial be reviewed. To initiate this review, submit your request in writing to our Privacy Officer listed at the end of this document. The Health Department will comply with the review decision.

**Right to Amend:** If you feel the health care information the Health Department has about you is incorrect or incomplete, you may ask to amend the information. You have a right to request an amendment for as long as the Health Department maintains your records.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address listed at the end of this document. Additionally, you must provide a reason that supports your request for amendment.

The Health Department may deny your request for an amendment if it is not in writing or does not include a reason to support the request for an amendment. In addition, the Health Department may deny your request if you ask to amend information that:

- Was not created by the Health Department, unless the person or entity that created the information is no longer available to make the amendment(s);
- Is not part of the health care information kept by the Health Department;
- Is not part of the information which you would be permitted to copy or inspect; or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have a right to request an accounting of non-routine disclosures. To request an "accounting of disclosures" you must submit your request in writing to our Privacy Officer at the address listed at the end of this document. Your request for an "accounting of disclosures" must state a time period. The Health Department will charge a fee for the costs of obtaining, reproducing and mailing an accounting of non-routine disclosures". The "accounting of disclosures" may be requested in an electronic format (CD, flash drive, or via e-mail), to the extent that such a format is supported by the Health Department record keeping system.

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