



DUPAGE COUNTY  
HEALTH DEPARTMENT

*Everyone, Everywhere, Everyday*

# CLIENT HANDBOOK

Revised June 2018

welcome to DCHD

# mission

The DuPage County Health Department promotes physical and emotional health; prevents illness, injury and disability; protects health from environmental risk factors; and strives to assure the provision of accessible, quality service.

# values

i

## **Integrity**

Demonstrating the highest ethical and professional standards using honest communications and actions.

c

## **Collaboration**

Developing and maximizing relationships to improve access and health outcomes in the community.

a

## **Accountability**

Responsible planning and management of human and financial resources.

r

## **Respect**

Showing courtesy and understanding for all with whom we interact.

e

## **Excellence**

Setting and striving to achieve the highest standards of public health service through innovation and demonstration of outcomes.



**DCHD**

(630) 682-7400

# contents

- |    |                              |    |                                 |
|----|------------------------------|----|---------------------------------|
| 2  | your rights                  | 10 | psychiatric advance directives  |
| 4  | your responsibilities        | 10 | medication refills              |
| 5  | confidentiality              | 11 | no show policy                  |
| 6  | treatment planning           | 11 | late arrival policy             |
| 7  | concurrent documentation     | 12 | payment for services            |
| 8  | your clinical record         | 13 | client financial responsibility |
| 8  | healthcare provider training | 14 | discrimination                  |
| 9  | client surveys               | 15 | UpDox client portal             |
| 9  | grievance policy             | 16 | health department services      |
| 10 | prescribing practices        | 18 | locations                       |

# your rights

1. You are entitled to have your rights and responsibilities explained to you in a language or method of communication that you understand.
2. You have the right to be provided the name of the staff member who has primary responsibility for your care, treatment or services.
3. You have the right to contact the \*Guardianship and Advocacy Commission or \*\*Equip for Equality, Inc. for legal, guardianship, conservator or advocacy concerns.
4. You have the right to be free from abuse, neglect and exploitation.
5. You or your guardian have the right to present grievances up to and including the Assistant Director. (See Grievance policy on page 9 of this handbook.)
6. You have the right not to be denied, suspended or terminated from services or have services reduced for exercising any rights.
7. You have the right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievance.
8. You have the right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
9. In accordance with law and regulation, the organization allows you to access and request amendment to your health information and to obtain information on disclosures of this information.
10. You will be informed of any program rules as they pertain to your care, treatment and services.
11. You have the right to involve your family in decisions about care, treatment and services.
12. We respect your right to request a second opinion of a consultant.
13. We respect your right to request an internal review of your plan of care, treatment or services.
14. You have the right to refuse care, treatment or services in accordance with law and regulation. If you refuse care, treatment or services, we will inform you about our responsibility in accordance with professional standards. If we cannot continue to serve you, we will terminate the relationship with you upon reasonable notice and provide you with referrals.
15. You will be served in a manner that supports your dignity and respects your cultural and personal values, beliefs and preferences. You will be served in a manner that supports your dignity and respects your cultural and personal

values, beliefs and preferences.

Access to treatment will not be denied on the basis of race, religion, ethnicity, sexual orientation, HIV status, or disability as specified in the American with Disabilities Act.

16. You have the right to be served in an environment that preserves dignity and contributes to a positive self-image.
17. You have the right to give or withhold informed consent.
18. You have the right to be notified of any client rights restriction(s) and to have your parent/guardian notified or any agency designated by you. If any of your client rights are restricted, justification of such rights restriction will be documented in your clinical record.
19. Your right to confidentiality shall be governed by the Health Insurance Portability and Accountability Act of 1996 and the HITECH Act.

## For Behavioral Health Clients

Your rights shall also be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5], the Confidentiality Act and the Confidentiality of Substance Use Disorder Patient Records [42 CFR Part 2].

You shall be informed of your rights prior to the evaluation session and annually thereafter.

You have the right to be provided behavioral health services in the least restrictive setting.

### **\*Guardianship and Advocacy Commission**

9511 Harrison Ave., FA101  
Des Plaines, IL 60016

**Toll-free 1 (866) 274-8023 or  
TTD (312) 793-5937**

### **\*\*Equip for Equality**

20 N. Michigan Ave., Suite 300  
Chicago, IL 60602

**Toll-free 1 (800) 537-2632  
TTY 1 (800) 610-2779**

# your responsibilities

## **In order to provide you with the best possible care, please do the following during your care, treatment and services:**

1. Ask questions about your care, treatment and services including questions related to your diagnosis, medications, services recommended and/or services available.
2. Be aware of your personal safety as you participate in care, treatment and services.
3. Tell us if you experience any problems or if situations arise that would impact your care, treatment or services.
4. Be on time to your appointments. If you are late, your appointment may be cancelled.
5. Attend all scheduled appointments. If you cannot attend a scheduled appointment, you must cancel within 24 hours of the scheduled appointment. If you do not cancel within that time period, you will be considered a "No Show."
6. Payment is expected at the time of service.

**If you have any questions about safety**, please contact your primary staff or administration at **(630) 682-7400**.

**If you feel your concerns have not been addressed**, you may contact the DCHD client advocate line at **630-221-7804** or **The Joint Commission** at **1-800-994-6610**.

## Notice of Privacy Practices

At intake, and once a year, you will be asked to sign an acknowledgement of receipt of DuPage County's Notice of Privacy Practices. This document details how DuPage County Health Department may use and share your health information and how you can exercise your privacy rights.



Keeping your information private is very important and DuPage County Health Department employees are responsible for adhering to applicable privacy laws and regulations.

However, there are some events that require employees to report information outside of the health department.

## These events include but are not limited to:

1. We adhere to the Abuse and Neglected Child Reporting Act. This means ALL employees are required to report suspected abuse or neglect. In these circumstances when abuse or neglect is suspected, a call would be made to the Department of Children and Family Services (for clients 0 – 17 years of age) at 1-800-252-2873.
2. We adhere to the Elder Abuse and Neglect Act and the Adult Protective Services Act. This means ALL employees are required to report suspected abuse, neglect or financial exploitation of an adult with disabilities or anyone age 60 or older to 1-866-800-1409.
3. We are required by Rule 50: Office of Inspector General Investigations of Alleged Suspected Abuse or Neglect to report suspected physical abuse, sexual abuse, mental abuse, financial exploitation, neglect or death to 1-800-368-1463.
4. If our professionally trained staff assess you and determine you are a danger to yourself or someone else, we may initiate involuntary hospitalization. Only the minimum information necessary would be shared with paramedics and law enforcement personnel. If hospitalization is indicated for a child 17 years of age or younger, a parent/guardian must consent to the hospitalization of a minor.
5. If you are assessed to need emergency medical care, we will call 911 to obtain medical assistance for you. Only the minimum information necessary would be shared with paramedics or law enforcement personnel.

# treatment planning

Your participation in treatment planning is an important part of your care, treatment and services. You may involve your family or other significant people in your life in the planning and treatment process.

## **You have the right to the following information and are encouraged to ask questions about the following information:**

- The findings of any assessment or evaluation.
- The recommended services, the risk and benefits and the likelihood of achieving your treatment goals.
- Information regarding available alternative treatments including the risks and benefits and the results of not engaging in services at all.
- Benefits, risk and side effects of any medication prescribed to you by your healthcare provider.
- Information about the training and skills of your clinician and treatment team.

## **For clients receiving Behavioral Health Services**

With your healthcare provider, you will discuss strengths, weaknesses, barriers, needs and goals for a successful treatment outcome. Your treatment plan goals will be reviewed with you at least every six months and a new plan will be developed annually or more frequently as required by the program or service being provided, or as needed based on your treatment needs.

Once your treatment plan is complete and you have signed off on the plan, you will receive a copy. This is important so that you can monitor your treatment goals and your progress.

**Health Department staff practice concurrent documentation. This means, they will be collaborating with you during your sessions to complete documentation.**

This is done so that both you and your healthcare provider have the opportunity to review and clarify important aspects of the clinical process being documented.

## your clinical record

Care, treatment, and services will be documented in an electronic health record. Some information may be maintained in paper form. These records are secure and only accessible to those who are part of your treatment team or those who have administrative roles who would need to obtain information for treatment purposes.

If you wish to review your record, please request this in writing and submit to Medical Records. Once your letter is received, you may be asked to sign a release of information, and a time may be scheduled for you to review the record with a staff member.

**To obtain a copy of your medical records,**  
please complete a Release of Information form.  
**[www.dupagehealth.org](http://www.dupagehealth.org)**

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The Medical Records Department has  
**30 days to comply** with this request and  
a reasonable fee may be charged.

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**Information will be provided to you so you**  
can make an informed decision about your care,  
treatment and services.

## healthcare provider training

The Health Department has developed partnerships with several local universities to provide training to healthcare providers in training. We provide continuous supervision and education to these healthcare

providers to ensure they receive the best training possible. If you are uncomfortable with receiving services from a healthcare provider in training, please let the staff know so that you can be appropriately assigned.

## client surveys

We value your opinion as we continuously strive to provide the best possible service. We regularly request feedback through surveys to clients. If you receive a survey, please take the opportunity to complete the survey and provide us with feedback on our care, treatment and services. The surveys are anonymous unless you choose to identify yourself.

The information provided will be used to ensure we are providing the best possible care to those that we serve. If you have feedback at other times, please feel free to share that information with us by putting your comments in the boxes available at each location.

## grievance policy

You, or other persons advocating on your behalf, have the right to present grievances up to and including the program Assistant Director.

### **If you have a complaint/concern/grievance, please follow these steps:**

1. When reasonable, first contact the staff person(s) with whom you have a grievance. If this is not possible or you are still not satisfied, you may contact the supervisor and/or Assistant Director. Contact information should be provided to you upon request.
2. If after speaking to the Supervisor and/or Assistant Director, your grievance is not resolved, you are encouraged to contact the Client Advocate at (630) 221-7804. The Client Advocate is responsible for investigating all complaints/concerns/grievances. The program Assistant Director's resolution shall constitute the final administrative decision except when such decisions are reviewable by the Health Department's Executive Director or the Board of Health.

# For Behavioral Health Clients

## prescribing practices

The Health Department provides the appropriate level of care for clients within the behavioral health services program. This care does not include treatment for acute or

chronic pain. As a result, our team of prescribers adheres to safe and effective prescribing practices when prescribing medications for behavioral health treatment.

## medication refills

1. Come back to see your prescriber when he/she asks you to.
2. Your prescriber will give you enough medication to last until your next appointment.
3. Call your pharmacy if you need a refill. All refill requests will be addressed within 3 business days.
4. Schedule an appointment with your prescriber, if refills are not at your pharmacy, by calling (630) 682-7400.

## psychiatric advance directives

Psychiatric Advance Directives are recovery-oriented forms of crisis planning that allow clients to state their preferences and instructions

for future mental health treatment, or to appoint a substitute decision maker in advance of a psychiatric crisis.

### **Clients without a psychiatric advanced directive**

can contact any of the following resources for more information about developing one:

**Guardianship and Advocacy Commission**

(312) 793-5900

**DuPage County Bar Association**

for names of attorneys

(630) 653-9109

**NAMI DuPage**

(630) 752-0066

**Prairie State Legal Services**

(630) 690-2130

**or feel free to contact your own attorney.**

## no show policy

The Health Department understands there are issues that come up preventing you from keeping your appointment(s). However, when you fail to cancel an appointment in advance, other clients may not be able to receive care.

You must contact the Health Department at least 24 hours before the scheduled appointment for any cancellations.

### **You will be considered a no show if:**

1. You did not show up for your appointment at all;
2. You did not cancel at least 24 hours before your appointment; or,
3. You arrive 15 minutes or later for a scheduled appointment.

If you are a no show for three appointments in a calendar year, you will receive a letter informing you future appointments are on a walk-in basis only. Same-day appointments cannot be guaranteed.

Future appointments will be cancelled and you will be referred to a program representative to discuss individual circumstances and for help in identifying and overcoming any obstacles you have to ensure your full participation in care, treatment and services.

## late arrival policy

If you arrive more than 15 minutes late for a scheduled appointment, you will be rescheduled for another day or assessed for a walk-in appointment if available.

Under certain circumstances, clients arriving less than 15 minutes late may also be asked to reschedule or assessed for a walk-in appointment at the discretion of the service provider and in order to ensure the highest quality of care.

# payment for services

You will be responsible for payment of any charges or balances from services provided by the health department that are not covered by your insurance or any other funding source. For your convenience, we will submit billing on your behalf to Medicaid and Medicare insurance providers we have contracts with.

You will receive a monthly statement of any outstanding amount you owe. If you have questions or concerns about paying for your healthcare, our Community Health Workers can help you to identify appropriate resources.

1. Services are not free. Payment may be expected at the time of service, otherwise you will be sent a statement.
2. If you have insurance, please bring your insurance card and some type of identification to each appointment. You may request a list of insurance accepted by DCHD.
3. The front desk staff will ask to see this every time you check in.
4. If you have questions about your bill, please call **(630) 682-7400** and ask to speak with the billing department.



## **Upon receipt of the DuPage County Health Department (DCHD) Client Handbook and by consenting to services provided by DCHD:**

- I authorize the DCHD to directly bill my insurance for all services provided by DCHD and/or its designee.
- I understand that I shall be held responsible for any outstanding balance from my co-payments, co-insurance, deductibles and non-covered services provided by DCHD, and/or its designee.
- I understand that if I decide to not use my insurance for services provided by DCHD and/or its designee I am responsible for paying the full fee for those services.
- I understand some services provided by DCHD and/or its designee are cash pay only and I am responsible for the cost at the time of service.

### **NO INSURANCE**

I will cooperate with DCHD to determine my financial status as it affects my ability to pay for services. I agree to provide accurate and timely information, including verification of and changes in my financial status, while services are being provided by DCHD and/or its designee.

I understand I may be eligible for public assistance or other coverage, and if I refuse assistance I will be responsible for the payment of all charges for services provided by DCHD and/or its designee.

### **DISCLAIMER**

I hereby agree to be responsible for, and to pay all charges or balances due for services provided by DCHD and/or its designee that are not covered by insurance or another funding source. I understand this responsibility includes the fee charged for each service provided, co-payments, co-insurance, deductibles, and non-covered services based on individual coverage plans and/or other funding sources. I agree to be responsible for all fees if a check is returned due to non-sufficient funds.

# discrimination

DuPage County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

DuPage County Health Department does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **We provide free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

## **We provide free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need the above services listed or believe that DuPage County Health Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email:

### **Client Advocate**

111 North County Farm, Wheaton, IL 60187  
(630) 221-7804  
clientadvocate@dupagehealth.org

If you need help filing a grievance, the Client Advocate is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for

Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201  
1-800-368-1019 • 800-537-7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



**Available for select DCHD programs,** we are inviting you to join UpDox, our new secure, web-based client portal that allows you to see certain elements of your medical record in real time.

When you connect to the portal, you are NOT connecting to our actual office computer system, but a secure web site hosted elsewhere. Only the limited information you see is stored on the portal, the actual records are maintained in our office.

## **In order to use the client portal, you will be required to sign a release of information to send your first and last name, client ID, and personal email to UpDox.**

1. You will need to have a permanent email address that you check regularly. Private health information will not be sent to your personal email address. Instead the email will alert you that you have a new message posted on the UpDox website.
2. You will receive an email containing a temporary username and password from UpDox.
3. DuPage County Health Department will email a verification code to your personal email that will be required to verify your UpDox account.

### **BENEFITS of UpDox:**

- Access to office visit summaries
- Keep track of personal health information

## **We are excited to offer this opportunity to you!**

We believe this tool will help you track your own health information.

### **If you need assistance,**

please contact your primary staff  
or call (630) 221-7544.

# service

## **Adult Outpatient Behavioral Health Services**

Provides individual, group and family therapy, crisis intervention, case management, referral and linkage to additional services, and psychiatric evaluation and medication monitoring provided by a Psychiatrist or Advanced Practice Nurse.

## **Benefits Application Assistance**

Provides help applying for health insurance or food benefits and for linking to a primary healthcare provider or other healthcare services. Referrals to transportation help also available. Application assistance is available for Medicaid, All Kids, SNAP/Link/TANF, Access DuPage, or Marketplace health insurance plans.

## **Birth and Death Certificates**

Certified copies of birth and death certificates for person born in DuPage County are available for a fee.

## **Child and Adolescent Behavioral Health Services**

Provides family, group and/or individual therapy, crisis intervention, service coordination with other agencies/

facilities serving youth, parent education and support, and psychiatric evaluation and medication management by a Child Psychiatrist or Advanced Practice Nurse.

## **Crisis Behavioral Health Services**

Provides services for urgent mental health issues that require immediate attention. Psychiatric evaluations and short-term crisis counseling intervention are also available on a scheduled basis, if needed, as well as short term crisis stabilization residential services.

## **Dental Health Program**

Provides referrals to dentists; oral health education, preventative services and dental sealants for children in elementary schools; urgent and low cost treatment options.

## **Family Case Management**

Support pregnant women and infants with referrals for prenatal care, health education, WIC and community services.

## **Forensic Behavioral Health**

Behavioral Health treatment provided to those with involvement in the criminal justice system.

## **Genoa Pharmacy**

Provides pharmacy services for clients through Genoa, a QoL Healthcare Company. Genoa is able to fulfill medication needs on-site at our Central Public Health Center office in Wheaton.

## **Healthy Families**

Supports positive parenting by building upon family strengths. Home visits available.

## **Immunizations**

Provides childhood and adult immunizations for a fee.

## **Outpatient Plus Recovery**

Classes and groups that support clients learning skills to improve functionality and quality of life.

## **Residential Behavioral Health**

Behavioral Health treatment in a residential setting geared to support independent living skills and quality of life.

## **Sexually Transmitted Disease (STD) Clinic**

Comprehensive STD services including physical examination, screening for most common sexually transmitted infections, counseling, and treatment. Optional HIV screening services are available.

## **Travel Health Services**

Free travel health information. Immunizations are available for a fee.

## **Tuberculosis Services**

TB skin testing, diagnosis and treatment.

## **Women's Health Services**

Breast and cervical cancer screenings. Physical exam with pap smear.

## **Women, Infants and Children (WIC) Nutrition Services**

Provides nutritional counseling, education and food vouchers to eligible women and children.

## **Crisis Center - Open 24/7**

115 N. County Farm Road, Wheaton, IL 60187 • (630) 627-1700

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If you experience a crisis, please contact our Crisis Center.

## **Central Public Health Center**

111 N. County Farm Road, Wheaton, IL 60187 • (630) 682-7400

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Monday, Wednesday and Thursday 8a – 7p

Tuesday and Friday 8a – 4:30p

Saturday 8a – 1p (by appointment only)

## **Community Center**

115 N. County Farm Road, Wheaton, IL 60187 • (630) 682-7400

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Monday – Friday 8a – 8p

## **East Public Health Center**

1111 E. Jackson Street, Lombard, IL 60148 • (630) 682-7400

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Monday, Wednesday and Friday 8a – 4:30p

Tuesday and Thursday 8a – 7p

## **North Public Health Center**

1111 W. Lake Street, Addison IL 60101 • (630) 682-7400

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Monday, Wednesday and Friday 8a – 4:30p

Tuesday and Thursday 8a – 7p

## **Southeast Public Health Center**

422 N. Cass Avenue, Westmont, IL 60559 • (630) 682-7400

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Monday, Wednesday and Friday 8a – 4:30p

Tuesday and Thursday 8a – 7p

## **West Chicago Public Health Center**

245 W. Roosevelt Road Building 14, Suite #146

West Chicago, IL 60185 • (630) 682-7400

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Monday Closed

Tuesday, Wednesday, and Thursday 8a – 7p

Friday 8a – 4:30p

## **Forensic Behavioral Health**

505 N. County Farm Road

Wheaton, IL • (630) 407-6400

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Monday, Tuesday and Thursday 8a – 9p

Wednesday and Friday 8a – 4:30p