

*INSTITUTE FOR HUMAN RESOURCES  
310 E. TORRANCE AVE.  
PONTIAC, IL 61764  
(815) 844-6109*

**NOTICE OF PRIVACY PRACTICES  
AND CLIENT RIGHTS**

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.

Effective Date: April 14, 2003

We respect patient/client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this Agency.

Privacy Contact. If you have any questions about this policy or your rights, contact Joe Ronaldson, Executive Director or Steven Barnard, Privacy Officer at (815) 844-6109.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Your right to confidentiality will be governed by the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS110) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our Agency. This includes:

Treatment/Service Information. With your written consent, we may use or disclose treatment/service information about you to provide, coordinate, or manage your care or any related treatment/services, including sharing information with others outside our Agency that we are consulting with or referring you to.

Payment. With your written consent, information will be used to obtain payment for the treatment/services provided. This will include contacting your health insurance company for prior approval of planned treatment/services or for billing purposes.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

**Information Disclosed Without Your Consent.** Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointment/Care. We will be contacting you to remind you of future appointments or information about treatment/service alternatives or other health-related benefits and treatment/services that may be of interest to you. **We will leave appointment information on your answering machine unless you tell us not to.**

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our treatment/services.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

## CLIENT RIGHTS STATEMENT

As a client of the Institute for Human Resources, you have the following rights under Illinois and federal law. Your rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code (405 ILCS 5). You have the right:

1. To not be denied treatment/services on the basis of age, sex, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record.
2. To treatment/services provided in the least restrictive environment available for your needs pursuant to an individualized treatment/service plan. You will have nondiscriminatory access to treatment/services in accordance with the Americans with Disabilities Act of 1990 (42 USC 12101).
3. Confidentiality of your status and records, including HIV status and testing as provided for under Illinois law. We are bound both by law and our own ethical code to respect your confidentiality. Clients with substance abuse issues are further protected by Federal Confidentiality Regulations (see 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, 1987). Moreover, all client records are governed by the AIDS Confidentiality Act (410 ILCS 305) and AIDS Confidentiality and Testing Code (77 Ill. Admin. Code 697). As per Section 7 of the Federal Privacy Act and the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records, disclosure of your social security number is required pursuant to federal regulations 42 U.S.C. Section 405 (c) (2). Your social security number may be used for identification, determination of Medicaid and contract eligibility for treatment/service, accumulation of benefits used across payers, and detection and possible prosecution of fraud. No information about a client will be discussed with or released to another person without a specifically signed consent from you, the client, except under very special circumstances.
4. Our Agency has the right to limit treatment/services based on the funding we receive. This may require us to prioritize treatment/services based on the severity of your treatment/service needs. Treatment/services not covered by governmental grants are charged based on the cost of providing those treatment/services.
5. No client shall be presumed legally disabled unless declared so by a court.
6. You have the right to give an informed consent to treatment/services. You also have a right to refuse treatment/services and be told the consequences of such refusal. This could include the Agency being unable to provide treatment/services to you.
7. If you believe your rights have been violated, you have the right to contact any of the following groups: Clients have the right to follow the agency's grievance procedure and to contact Equip for Equality, 422 E. Monroe St., Suite 302, Springfield, IL 62705 (800/758-0464), Guardianship and Advocacy, 421 East Capitol, Suite 205, Springfield, IL 62701 (217/785-1540), Office of Inspector General (800/368-1463), Illinois Department of Human Services (800/843-6154), and Department of Children and Family Services (844-1551). Staff shall offer assistance in contacting these groups if client so desires.
8. If you have a complaint about the treatment/services provided, you may file a grievance by doing the following: Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the provider up to and including the executive director. A record of such grievances, appeals, and responses thereto will be maintained by the provider. The executive director's decision in the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the administrative Review Law. (735 ILCS 5/Art.III).
9. Every client shall be free from abuse, neglect, financial or other exploitation, and humiliation.
10. Individuals shall not be denied, suspended, or terminated from treatment/services or have treatment/services reduced for exercising any of their rights.

Copy of Record. You are entitled to inspect the client record our Agency has generated about you. We may charge you a reasonable fee for copying - \$1.00/page for the first 5 pages and .50/page for each page thereafter.

Release of Records. You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the **Privacy Officer** and ask for the Request to Amend Health Information form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response; your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment/services, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our Privacy Officer. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions, or wish a copy of this Policy or have any complaints, you may contact our Privacy Officer in writing at our office for further information. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe our Agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. The Agency reserves the right to change its Privacy Policy based on the needs of the Agency and changes in state and federal law.