

THE EFFECTIVE DATE OF THIS NOTICE IS **April 1, 2015**.

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 Public Health's (IDPH) Ryan White Part B Program to protect the privacy of your personal health information.

When IDPH provides you with pharmaceutical and/or premium assistance, medical case management, mental or physical health, dental, or social services, IDPH receives and maintains personal health information about you. IDPH may also receive and maintain financial and billing information about you. To help IDPH provide these comprehensive core and supportive care services to you, IDPH may contract with companies, social service agencies, or individuals. These contractors may also receive and maintain your personal information. IDPH will use and share only the minimum necessary health information that our staff and contractors need to do their jobs. IDPH and its contractors are required by law to (1) maintain the privacy of protected health information; (2) to provide you with notice of IDPH's legal duties and privacy practices with respect to your protected health information; and (3) to notify affected individuals of a breach of unsecured protected health information.

This Notice describes how IDPH may use and disclose your information. It also describes your rights and IDPH's legal obligations with respect to your information. IDPH is required to follow the terms of this Notice until the Notice is replaced. IDPH reserves the right to change the terms of this Notice at any time. If IDPH makes changes to this Notice, the new Notice will be available in IDPH offices, upon request, and on our website: www.idph.state.il.us. Any changes to our practices will apply to all of your personal health information maintained by IDPH.

How IDPH May Use and Disclose Your Health Information

IDPH may share your information without your authorization in the following ways:

Treatment: IDPH can use your health information and share it with other professionals who are treating you in order to enhance coordination of comprehensive care services. For example: IDPH may disclose your personal health information to your doctor, at the doctor's request, for treatment by your doctor.

Payment: IDPH can use and share your information for payment purposes. For example: IDPH 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; to pay for insurance premiums if eligible; to assist with payment of approved medical/pharmaceutical out-of-pocket costs; or to recover costs from other medical insurance or probate estates.

Health Care Operations: IDPH can use and share your health information for IDPH operations, to improve your care, and to contact you when necessary. For example: IDPH 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 IDPH'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: IDPH 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.

IDPH is allowed, and in some instances required, to share your information in other ways such as for public health and research. IDPH must meet conditions in the law before it can share your information for these purposes.

Public Health and Safety Issues: IDPH 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 the health or safety of a person or the public; and reporting suspected abuse, neglect, or domestic violence to governmental or social services agencies. IDPH also can share your health information with a governmental agency authorized to oversee government health care programs.

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

As Required by Law: IDPH will share information about you if State or federal laws require it, including with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) for a compliance review or complaint investigation or with a personal representative appointed by you or designated by law.

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

Public Health Activities and Public Health Reporting: IDPH is permitted to disclose protected health information for public health activities (such as surveillance and investigation), interventions and activities related to public health oversight; and to coordinate care and treatment with other IDPH Health Protection Entity's (e.g., Sexually Transmitted Disease Office) activities.

Other Agencies: IDPH 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 and for treatment and care coordination of the Department's program.

IDPH follows the HIPAA guidelines. IDPH also follows any federal or State law that gives greater privacy protections than HIPAA. For example, IDPH 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:

IDPH is required by law to maintain the privacy and security of your protected health information. IDPH will notify you as required by law when there is a breach of your unsecured protected health information. In some circumstances IDPH's business associate may provide the notification to you.

IDPH must follow the duties and privacy practices described in this Notice and give you a copy of it.

IDPH will not use or share your information for any purposes not described in this Notice without your written permission. If you do authorize IDPH 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 IDPH receives the revocation. (Authorization and Revocation forms are available on IDPH's Ryan White Part B website.)

IDPH is required to obtain your authorization prior to using or disclosing psychotherapy notes, except under the limited treatment, payment, and health care exceptions of 45 CFR § 164.508(a)(2).

IDPH does not market or sell your protected health information. However, IDPH would be required to obtain your authorization prior to selling any of your protected health information or disclosing any of your protected health information for marketing purposes.

Your Rights:

Communicate Confidentially: You can ask in writing that IDPH communicate with you by a reasonable alternative means or at a reasonable alternative location. For example, you may request that IDPH communicate with you by e-mail rather than by telephone, through a translator, or at home instead of your place of work. IDPH will agree to all reasonable requests.

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 IDPH website: www.idph.state.il.us

Inspect and Amend Protected Health Info: You are entitled to inspect and copy your protected health information at any time. At the time of inspection you may request an amendment to your information. IDPH reserves the right to deny your request for amendment.

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 IDPH takes any action, IDPH will confirm the person has this authority and can act on your behalf.

Right to Accounting of Disclosures: You are entitled to receive an accounting of disclosures of protected health information as provided by 45 C.F.R. 164.528.

File a Complaint: If you believe your privacy rights have been violated by IDPH, you have the right to complain to IDPH or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the IDPH Chief Privacy Officer, within 180 days of the suspected violation, at the address where you receive services listed below or you 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 www.hhs.gov/ocr/privacy/hipaa/complaints/. IDPH will not retaliate against you for filing a complaint with either IDPH or with the U.S. Department of Health and Human Services.

Your Choices: You have the right to request that IDPH restrict the uses or disclosures of your protected health information to carry out treatment, payment, for health care operations. Your requests must be clearly expressed. IDPH is not required to agree to your requests.

IDPH does not engage in fundraising. However, you may opt out of receiving any fundraising communication from IDPH.

Privacy Officer

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

Chief Privacy Officer
Illinois Department of Public Health
535 West Jefferson Street, Fifth Floor
Springfield, IL 62761
Telephone – 217-557-2556
Email – PrivacyOffice@idph.state.il.us

ACKNOWLEDGMENT OF RECEIPT

Client First Name	Middle Initial	Client Last Name
Social Security Number (Leave blank if no valid SS number for client)		Date of Birth (mm/dd/yyyy)

Please have the client/patient 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 IDPH Notice of Privacy Practices. I also recognize that I will be required to submit a completed Privacy Practice signature page at each 6 month eligibility determination.

Client (age 12 and older) Date

or

Parent of Minor (clients age 11 and younger) Date

or

Legal Guardian Date

ACUSE DE RECIBO

El nombre del cliente	La inicia media	El apellido del cliente
Número de Seguridad social (Permiso en blanco si no aplicable)		Fecha de Nacimiento (mm/dd/yyyy)

Por favor haga que el cliente / paciente complete este acuse de recibo del aviso de privacidad. Dar al cliente una copia de este aviso y poner el original en el expediente médico o clínico.

Por la presente reconozco que he recibido una copia del Aviso de prácticas de privacidad IDPH . También reconozco que se me exigirá que presente una hoja de firma prácticas de privacidad completado en cada determinación de elegibilidad de 6 meses.

Firma del cliente (12 años o más) Fecha

o

Firma de padre/madre del menor (11 años de edad o menos) Fecha

o

Firma del tutor legal Fecha