

NOTICE OF PRIVACY

CR-09/2021

AT THE COMMUNITY COUNSELING CENTERS OF CHICAGO (C4), YOUR PRIVACY AND CONFIDENTIALITY ARE A TOP PRIORITY. WE ARE PROVIDING YOU WITH THIS NOTICE OF PRIVACY PRACTICES THAT DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT OUR C4 PRIVACY OFFICER AT THE CONTACT INFORMATION AT THE END OF THIS NOTICE.

About This Notice

At C4, we understand that your clinical information and your health is personal. Our agency is committed to protecting your clinical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to this information. This notice explains your rights to access and control your Protected Health Information and our legal obligation regarding the privacy of your PHI and confidential information.

Protected Health Information (PHI) is any written and oral health information about you, including demographic data, which can be used to identify you. This is health information that we create or get from you or from other sources that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present or future payment for your health care. This would include your name, address, date of birth and social security number. This information may be stored in either an electronic or paper format, or both.

Understanding Your C4 Record/Information

Each time you visit C4, a record of your visit is made. This record includes information about your presenting problems, clinical assessments, diagnosis, treatment services, exams and test results, medication records, related billing activities and similar types of health related information. This information may be in the form of electronic, paper or oral communication.

It is important for you to know what is in your record to ensure accuracy as well as to understand why others may access your clinical information and to know how the information may be used so that you may make informed decisions when authorizing disclosures to others.

We respect our clients' confidentiality and only release confidential information about you in accordance with Illinois and federal law.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Covered Entity participants with other behavioral health services agencies (each, a "Participating Covered Entity") in the IHPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, 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 Rules, as OHCA participants. All Participant Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all the OHCA participants.

In order to effectively provide you care, there are times that we will need to share your confidential information with others beyond our Agency. This includes for:

Treatment: We may use or disclose Protected Health Information and treatment information about you to provide, coordinate or manage your care or any related services, including sharing information with others outside the Agency including other Department of Human Services providers that we are consulting or referring you to.

Payment: With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, types of service, duration of service and fee.

Out-of-Pocket Payments: If you paid out-of pocket (or in other words, you have requested that we not bill your health insurance) in full for a specific item or service, you have the right to ask that your Protected Health Information and treatment information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Health Care Operations: We may use information about you to coordinate our business activities and make sure that you and all of our other clients receive quality care. This may include setting up your appointments, reviewing your treatment and services to ensure that you are receiving quality care, training staff, or to coordinate your health care or health benefits.

In addition, information in your clinical record may be reviewed by licensing and accreditation bodies such as Joint Commission on Accreditation of Healthcare Organization (JCAHO), Medicaid Rehabilitative Services Option Program (MRO), Division of Mental Health (DMH), Department of Healthcare Family Services (DHFS), Illinois Department of Children & Family Services (IDCFS), and Division of Alcohol and Substance Abuse (DASA), for the purpose of ensuring that you receive the services you contract for and that the services you receive at C4 meet basic standards of care.

Appointment Reminders/Treatment Alternatives/and Health Related Benefits and Services: We may use and disclose your Protected Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose your Protected Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message, unless you tell us not to.

Business Associates: As part of doing business, C4 contracts services from various associates. Examples of these business associates are lawyers, auditors, consultants, insurance companies, billing services, pharmaceutical services, medical laboratories, information/software consultants/vendors, record imaging services, and others that may be contracted by our Agency to provide us or you with services. When these services are contracted, we may disclose your confidential information to our business associates so that they can perform the job we have asked them to do and to bill you or your third party partner for services rendered to you. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information (PHI).

Research: C4 may agree to participate in research projects with specific institutions or individuals. We may disclose information to the researcher only after the research project has been approved by the C4 Research Review Committee and after protocols have been established to ensure the privacy of your confidential information. If the research requires access to your Protected Health Information or clinical records, this will only be done with your written authorization.

Information Disclosed Without Your Consent

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: We may disclose your Protected Health Information and treatment information to medical personnel attending you in a medical emergency when/if you are incapacitated and are unable to assert or waive your rights. Only the minimum information that is necessary to make a decision regarding your emergency care will be disclosed.

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. We may be required to disclose your Protected Health Information if mandated by international, federal, state or local law.

Data Breach Notification Purposes: We may use or disclose your Protected Health Information to provide legally required notice of unauthorized access to or disclosure of your health information.

To Avert A Serious Threat To Health or Safety: We may use and disclose your Protected Health Information and clinical information when, and to the extent necessary to protect you or other persons against a clear, imminent risk or serious physical or mental injury or disease or death being inflicted upon you or by you on yourself or others. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Coroner: 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 services or for coordination of your care.

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.

Fundraising/Marketing: As a not-for-profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a donation. You will have the opportunity to opt out of receiving such communication. You may also opt out of our providing your contact information for any marketing that results in compensation to the Agency. The use or disclosure of your Protected Health Information for marketing purposes and disclosures that may constitute any sale of your Protected Health Information will require your written authorization.

Any other uses and disclosures of your Protected Health Information not described in this Privacy Notice or required by law will require your written authorization.

KNOWING YOUR RIGHTS

Although your clinical record is the physical property of C4, the information belongs to you. That gives you certain rights under the Illinois and federal law. You have the right to:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health record/information that our Agency has generated on you. You must complete a written request in order to inspect and/or obtain a copy of your records and submit it to your primary clinician or the C4 Privacy Officer. Copies of your records may be provided to you in an electronic or paper format depending on your written request and the technology in which the records are maintained. You also have the right to direct C4 to transmit a copy to an entity or person you designate, provided such designation is clear, specific and authorize by you. We may charge you a reasonable fee for copying, mailing or transmitting electronically your record. We may deny your request to inspect and copy your record in certain very limited circumstances. If we do deny your request, you have the right to request, in writing, that the denial be reviewed. We will inform you of the outcome of the review.

Right to Request 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 in writing, but only to the extent that no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or federal law, we cannot release your Protected Health Information or treatment information without your written consent.

Right to Request Limits on Uses and Disclosures of your PHI: You have the right to request that we limit how we use and disclose your Protected Health Information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment of your care. This request must be in writing. C4 is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the C4 Privacy Officer.

Right to Request Confidential Communications: You have the right to request that we contact you or communicate with you about your Protected Health Information at an alternative address or alternative means. For example, you may request that we contact you by mail or email at a specific address or call you only at your work number. 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.

Right to Amend Your Record: If you believe that something in your record is incorrect or incomplete, you may request to amend it. To do this, contact your primary clinician or the C4 Privacy Officer and ask for the *Request to Amend C4 Record/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 document our response, and your statement and our response will be added to your record.

Right to an Accounting of Disclosures: You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, 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, please submit your request in writing to the C4 Privacy Officer. We will notify you of the cost involved in preparing this list.

Right to get Notice of a Breach: You have the right to be notified if there is a breach of your unsecured Protected Health Information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your Protected Health Information may be compromised. You will be notified without unreasonable delay and in no case later than sixty (60) days following the discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm and prevent further breaches.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive Notice electronically. You may request a copy of this Notice any time.

C4 Legal Responsibilities

C4 is required to maintain the privacy of your clinical information; provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; abide by the terms of the current Notice in effect; notify you if we are unable to agree to a requested restriction, or to accommodate reasonable requests you may have to communicate clinical information by alternative means or at alternative locations. C4 will respect your right to exercise any of the rights described in this Notice by sending your requests in writing to our C4 Privacy Officer. We will not use or disclose your Protected Health Information or clinical information without your authorization, except as described in this Notice. We reserve the right to change our privacy practices based on the needs of our Agency and changes in state and federal law. Should our privacy practices change, we will mail a revised Notice to the address you've supplied us unless you request otherwise. A copy of our current Notice is posted on our C4 website.

QUESTIONS OR REPORTING A PROBLEM:

If you have questions and would like additional information or wish a copy of this Notice or have any complaints, you may contact Dennis Peterson, C4 Privacy Officer at 4740 N. Clark, Chicago, IL 60640; Phone: (773) 769-0205 or Fax #: (872) 235-0714 or email address: dennis.peterson@c4chicago.org. If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. We respect your right to file a complaint and there will be no retaliation against you for filing a complaint.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR INDIVIDUALS RECEIVING TREATMENT AT C4 SUBSTANCE ABUSE PROGRAM

If you are being treated at the C4 Substance Abuse Program, the records and information pertaining to your personal identifying information and treatment maintained by C4 is protected by federal laws and regulations. C4 may not disclose to other persons outside the program that you are receiving services from this program or disclose any information identifying you as a person receiving treatment for alcohol or drug abuse unless one of the following conditions is met:

- You provide written authorization permitting us to disclose this information;
- The disclosure is mandated by a court order;
- The disclosure is needed for your emergency care;
- The disclosure is necessary to qualified personnel for the purpose of program licensing, accreditation, funding, auditing, research and evaluation.

Violation of the federal law and regulations by our substance abuse program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by any person attending this program either on the premises or against any person who works at the program or about any threats to commit such a crime.

Federal regulations do not protect any information about suspected child abuse and neglect such as child abuse, elder abuse or institutional abuse from being reported under state law to the appropriate state or local authorities.

(For Federal laws and Regulations regarding the protection of the confidentiality of alcohol and drug abuse patient records see 42 CFR Chapter 1, part 2.)

Effective Date: April 14, 2003 and modified as of 9/2021.

Community Counseling Centers of Chicago (C4)

Tel. (773) 769-0205

Fax (872) 235-0714