

**LEYDEN FAMILY SERVICE AND MENTAL HEALTH CENTER
NORWOOD PARK TOWNSHIP FAMILY SERVICE
THE SHARE PROGRAM**

**NOTICE OF PRIVACY PRACTICES
AND CLIENT RIGHTS**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND INCLUDES A LIST OF YOUR CLIENT RIGHTS. A CLIENT'S RIGHTS ARE PROTECTED IN ACCORDANCE WITH CHAPTER 2 OF THE MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE [405 ILCS 5] AND BY THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS REGULATIONS (42CFR2) (1987) OF THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICE.

THE RIGHT OF A CLIENT TO CONFIDENTIALITY IS GOVERNED BY THE CONFIDENTIALITY ACT AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. PLEASE REVIEW IT CAREFULLY.

Effective Date: April 14, 2009.

Any changes made to this HIPPA Client Rights also needs to be changed in the Client Rights Policy.

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 Chief Operations Officer @ 847-451-0330 or 847-882-4181.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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 for:

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related 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 and services provided. This will include contacting your health insurance company for prior approval of planned treatment 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 Appointments/Care. We may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and 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 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.

Fundraising. 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.

CLIENT RIGHTS

You have the following rights under Illinois and federal law:

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 and mailing your record.

Release of Records. You may consent in writing to the release of 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.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. The Agency 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 Chief Operations Officer.

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. We also will be glad to provide you information by email if you request it.

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 Chief Operations 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 and 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, 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 the Chief Operations 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 the Chief Operations 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. We encourage you to report any concerns regarding your care, treatment, services, or safety issues to the Program Managers.

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.

Additionally, as a client of our Agency you have the following rights:

1. To not be denied 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. Leyden Family Service and Mental Health Center does not require attendance at or solicit membership in or require counseling on the beliefs of any organization (i.e., church, union, political party, or fraternal order) in order to receive services. Access to services is nondiscriminatory and in accordance with the American's with Disabilities Act.
2. To services provided in the least restrictive environment available in order to meet your needs, pursuant to an individualized treatment plan.
3. To receive the name of the staff member primarily responsible for your care and the name of the staff member providing your care.
4. Confidentiality of your status and records, including HIV status and testing as governed by the Confidentiality Act of the State of Illinois and by the Confidentiality of

Alcohol and Drug Abuse Patient Records regulations (42CFR2) (1987) of the Alcohol, Drug Abuse, and Mental Health Administration of the Public Health Service of the United States Department of Health and Human Service.

5. You have the right to be presumed legally competent unless a court of law has declared you otherwise. In those situations where you may be disoriented or in any state that impairs cognition at the time of entry, you will be informed of your rights at an appropriate time during care, treatment and services.
6. You have the right to give an informed consent for treatment. You will be informed regarding the nature of the proposed care, treatment, services, medication, interventions or procedures. Informed consent includes clients being notified of possible adverse effects of treatment. You also have the right to refuse treatment and be told the consequences of such refusal. You will be fully informed about the agency's responsibility, if you do refuse treatment, to take whatever actions deemed clinically necessary in accordance with law and regulation. You have the right to be informed of reasonable alternatives to the proposed care, treatment, and services and the relevant risks, benefits and side effects related to these alternatives including the possible results of not receiving care, treatment and services. Clients who refuse care, treatment and/or services are fully informed about Leyden's responsibility in accordance with professional standards, to terminate the relationship with the individual and the provider upon reasonable notice or to seek appropriate legal alternatives or orders or involuntary treatment. In emergency situations, treatment will be given without informed consent. You have the right to request the opinion of a consultant at your own expense. You have the right to request an in-house review of your care, treatment, and service plan.
7. A surrogate decision maker as allowed by law, is identified when a client cannot make decisions about his/her care, treatment or services. If you are not able, the legally responsible representative approves care, treatment and service decisions.
8. You have the right to be informed regarding rules of conduct for individuals served. You have the right to have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected. Leyden supports your right to personal dignity.
9. You have the right to pain management. Leyden respects and supports a client's right to pain screening and referral.
10. You have the right to be involved in or referred for pastoral services.
11. You have the right to exercise your citizenship privileges including arranging for you to vote.
12. You have the right to private communication by means of receiving visitors, placing telephone calls on the public telephone, and sending and receiving mail (other than packages). The Program has the right to establish schedules, time limits, and restrictions for the above. When restrictions are imposed, the client (and when appropriate, parent or guardian) will be notified of the restrictions. The rationale for the restrictions will be documented in the clinical record and the restrictions will be evaluated for therapeutic effectiveness. Clients may not receive items considered

contraband (alcohol, drugs, weapons etc.) while in the residential program or any other program.

13. You have the right to participate in decisions about your care, treatment and services and to participate in your treatment planning and have family members participate when appropriate. You further have the right to be involved in resolving dilemmas about your care, treatment and services.
14. You have the right not to be denied, suspended, or terminated from services or have service reduced for exercising any of your rights.
15. You have the right to be given information about your responsibilities while receiving care, treatment, or services.

At The SHARE Program, you have the right to be informed about policies and procedures regarding the handling of medical emergencies.

16. Leyden respects your right and need for effective communication. Written information provided is appropriate to the age, understanding and, as appropriate to the clients served. Leyden will provide interpretation services as necessary. You have the right to be advised of your rights in a language understandable to you and you have a right to receive a written copy of these rights. Leyden addresses the needs of those with vision, speech, hearing, language and cognitive impairments. Referral may be given as appropriate.
17. You have the right to contact the organization's management if you have concerns about client care and safety in the organization. Any complaint or concern can be reported to a Program Manager and/or Chief Operations Officer, or Chief Executive Officer. If you believe the organization has not addressed your concerns, or your concerns cannot be resolved through the organization management, you may contact the Joint Commission's Office of Quality Monitoring at 1-800-994-6610.
18. Leyden to the best of its ability will protect clients, families, visitors and staff by implementation of safety and security policies. You have the right to be free from abuse, neglect and exploitation. Any incidents of abuse, neglect or exploitation should be reported to the Illinois Department of Public Health, the Department of Human Services or State Police for investigation, and the Office of Inspector General. These rights are pursuant to Chapter II of the Mental Health Code.
19. You have the right to access protective and advocacy services. Leyden will provide lists of pertinent state agencies.
20. You have the right to report any infringement of your rights to the Leyden Family Service and Mental Health Center Chief Administrative Officers and the right to appeal adverse decisions to the authorized agency representative. The agency's representative's decision on the grievance or appeal shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law (73ILCS5/Art III).
21. If you believe your rights have been violated you have a right to contact any of the following groups:

Guardianship & Advocacy Commission

421 E. Capitol Street 160 N. LaSalle, Suite S500
Springfield, IL 62701 Chicago, IL 60601
(217) 785-8981 (312) 793-5908

Protection & Advocacy, Inc.

427 E. Monroe Street
Springfield, IL 62701

Department of Human Services

402 S. Spring Street 100 W. Randolph, Suite 6-400
Springfield, IL 62765 Chicago, IL 60601
(800) 843-6154 (312) 814-3785

Department of Human Services

Office of Inspector General

401 William O. Stratton Building
Springfield, IL 62765
OIG HOTLINE: (800) 368-1463

Our Agency has the right to limit services based on the funding we receive. This may require us to prioritize services based on the severity of your service needs. Services not covered by governmental grants are charged based on the cost of providing those services.