

**Jewish Child and Family Services of Chicago**

**HIPAA Privacy Notice**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**Please Review This Carefully**

If you have any questions about this notice, you may contact the JCFS Privacy Officer:  
Annette Hignight  
847-412-4350

**WHO WILL FOLLOW THIS NOTICE**

This notice describes Jewish Child and Family Services (JCFS) practices and that of:

- All JCFS employees, staff, interns, and other professionals
- All departments and programs of JCFS
- Any member of volunteer services who works with you while you are a client of JCFS
- Business Associates and Consultants

**OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

We understand that Protected Health Information about you is personal. We are committed to protecting information about you. We create a record of the services that you receive at JCFS. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosures of information.

JCFS will, to the best of its ability, work to mitigate the negative effects of any disclosure it makes.

We are required by law to:

- Make sure that Protected Health Information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to information about you; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall within one of these categories.

❖ **For Treatment:**

We may use protected health information about you to provide you with mental health treatment or services. Additionally, we may use information about you to develop an effective treatment plan, for purposes of assessment and to enhance all services rendered. We may disclose this information to the persons involved in providing service at JCFS, which may include consultants, respite workers, clinicians, childcare workers, interns, supervisors, administrators, foster parents, volunteers, nurses or other JCFS personnel who are involved in providing services to you during your involvement with JCFS.

We may ask you for authorization to disclose information about you to people outside of the agency who are involved in your treatment, such as, clergy, medical professionals, family members, educators or others. However, information would be disclosed only with your authorization and only for the purposes that you authorize. For example, a clinician treating a client for depression may need to know if the client is in need of or currently taking medication. Therefore the clinician will need to share information with the client's doctor (psychiatrist) in order to coordinate treatment.

❖ **For Payment:**

We may use and disclose Protected Health Information about you so that the treatment and services that you receive at JCFS may be billed and collected from you, an insurance company, or a third party. For example, we may need to give your Protected Health Information about treatment that you received at JCFS so your health plan can pay us or reimburse you for the treatment.

❖ **For Quality Assurance and Utilization Review:**

We may use and disclose Protected Health Information about you for agency operations. These uses and disclosures are necessary to run the Agency and ensure that all of our clients receive quality care. For example, we may use Protected Health Information to review our treatment and services and to evaluate the performance of our staff in treating you. We may also combine Protected Health Information about many agency clients to determine what additional services the Agency should offer, what services are not needed, and whether certain new services are effective. Information used in this way is de-identified in order to protect your privacy. We may also disclose information to clinicians, interns, and other agency personnel for review and learning purposes.

❖ **Authorizations**

You may give us written authorization to use your Protected Health Information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

❖ **Incidental Uses and Disclosures**

When using and disclosing your Protected Health Information, we may incidentally use and disclose your Protected Health Information to third parties in the course of our activities described in this Privacy Notice.

❖ **Disclosure to your Personal Representative**

We may use or disclose your Protected Health Information to your personal representative (i.e. parent, guardian or other individual authorized by law) except in cases when in our professional judgment such disclosure would endanger you.

❖ **To Family and Friends**

We may use or disclose your Protected Health Information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, payment for your health care; your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information we will obtain your agreement or provide you with an opportunity to object to the disclosure or reasonably infer from the circumstances, based on the exercise of professional judgment that you do not object to the disclosure. In the event of your incapacity or emergency circumstances, we will disclose your Personal Health Information based on a determination using our professional judgment disclosing only Personal Health Information that is directly relevant to the person's involvement in your health care.

❖ **Other Applicable Laws**

We will not use or disclose your Personal Health Information if it is prohibited or materially limited by other applicable law including, but not limited to, the Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

❖ **Treatment Options**

We may use and disclose Protected Health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

❖ **Fundraising Activities:**

We may use your Personal Health Information to contact you for fund-raising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate to assist us in fund-raising activities. We will provide you a description of how you may opt out of receiving future fund-raising communications in any fund-raising materials. However, if your Personal Health Information involves mental health information, we will only use such Personal Health Information with your written permission.

❖ **Research:**

Under certain circumstances (e.g. only with your express authorization or in a format that preserves your anonymity), we may use and disclose Protected Health Information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with patients' need for privacy of their Protected Health Information. Before we use or disclose Protected Health Information for research, the project will have been approved through the Institutional Review Board.

❖ **As Required By Law:**

We will disclose Protected Health Information about you when required to do so by federal, state, or local law.

❖ **To Avert a Serious Threat to Health or Safety:**

We may use and disclose Personal Health Information about you when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to help prevent the threat.

❖ **Workers' Compensation:**

In situations when worker's compensation pays for services or treatment, we may release Protected Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

❖ **Public Health Risks:**

We may disclose Protected Health Information about you for public health activities. These activities generally include the following:

- ❖ To prevent or control disease, injury, or disability
- ❖ To report child abuse or neglect
- ❖ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- ❖ To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

❖ **Health Oversight Activities:**

We may disclose Protected Health Information to an oversight organization for activities required to maintain agency licensure and certification. These activities include, but are not limited to audits, site visits, and inspections. These activities are necessary to monitor agency performance and compliance with civil rights laws and child welfare requirements.

❖ **Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to an order by a court, but only if good faith efforts have been made to notify you of the request.

❖ **Law Enforcement:**

We may release Protected Health Information if required to do so by law:

- ❖ In response to a court order
- ❖ A law that requires that we disclose information, for example in a case where child abuse is indicated
- ❖ For an administrative request, for example if you make a complaint against the agency

❖ **Medical Examiners and Funeral Directors:**

We may release Protected Health Information to a medical examiner or funeral director. This may be necessary to allow a medical examiner or funeral director to identify a deceased person or determine the cause of death, as necessary, to expedite necessary arrangements.

❖ **National Security and Intelligence Activities:**

We may release Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities that are required by law.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

❖ **Right to Inspect and Copy:** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your treatment. This includes billing and case records, but does not include clinicians' personal notes. To inspect and copy Protected Health Information, you must submit your request in writing to your primary clinician. If you request a copy of the information, we may charge a fee for costs incurred for copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy Protected Health Information in certain very limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed. Another professional chosen by JCFS will review your request and the denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

❖ **Right to Amend:** If you feel that Protected Health Information we have about you is incorrect or incomplete, you may ask for the information to be amended. You have the right to request an amendment for as long as the information is kept by or for the Agency. To request an amendment, your request must be made in writing and submitted to your primary clinician or the program supervisor. In addition, you must provide a reason that supports your request.

JCFS may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, JCFS may deny your request if you ask for information to be amended that:

- ❖ Was not created by JCFS
- ❖ Is not part of the case record information kept by JCFS
- ❖ Is not part of the information that you would be permitted to inspect or copy
- ❖ Is already accurate and complete

❖ **Right to an Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures JCFS made of Protected Health Information about you. To request this list or accounting of disclosures, you must submit your request in writing to your primary clinician or the program supervisor. The time period of your request may not be longer than six years. Your request should indicate in what form you want the list (electronically or paper copy). The first list requested within a 12-month period will be free. For additional lists, JCFS may charge you for the costs of providing the list. JCFS will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

❖ **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the Protected Health Information JCFS uses or discloses about you for treatment, payment, or agency operations.

*JCFS is not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you with emergency services.

To request restrictions, you must make your request in writing to your primary clinician or the program supervisor. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit JCFS's use, disclosure or both; (3) to whom you want the limits to apply.

❖ **Right to Request Confidential Communications:**

You have the right to request that JCFS communicates with you about treatment matters in a certain way or at a certain location. For example, you can ask that we can contact you at work or by mail.

To request confidential communications, you must make your request in writing to your primary clinician. JCFS will not ask you the reason for your request. JCFS will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

❖ **Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this notice. You may ask JCFS to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.jcfs.org](http://www.jcfs.org)

To obtain a paper copy of this notice, contact your primary clinician or the program supervisor.

**CHANGES TO THIS NOTICE**

JCFS reserves the right to change this notice. JCFS reserves the right to make the revised or changed notice effective for Protected Health Information that JCFS already has about you, as well as any information JCFS receives in the future. JCFS will post a copy of the current notice in all JCFS sites with the effective date noted in the top right-hand corner. In addition, at your first intake appointment, JCFS will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with JCFS or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with the Agency, contact the Privacy Officer:

Annette Hignight  
Jewish Child and Family Services  
Elaine Kersten Children’s Center  
255 Revere Drive, Suite 200  
Northbrook, IL 60062  
Phone (847) 412-4350.

**You will not be penalized for filing a complaint.**

**OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to JCFS will be made only with your written permission. If you provide JCFS with permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, JCFS will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that JCFS is unable to take back any disclosures that have already been made with your permission, and that JCFS is required to retain records of the treatment that has been provided to you.