

The Center for Youth and Family Solutions

Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE:

This notice applies to the following entities, which are collectively referred to as The Center for Youth and Family Solutions, The Center for Youth and Family Solutions and Guardian Angel Residential Treatment Center.

To provide appropriate and consistent care, it is often necessary to share your information within related organizations as mentioned above.

OUR DUTIES REGARDING PROTECTED HEALTH INFORMATION (PHI):

By law, The Center for Youth and Family Solutions must keep protected health information private. The Federal Government defines protected health information (PHI) as any information, whether oral, electronic or paper, which is created or received by The Center for Youth and Family Solutions and relates to a client's health care or payment for the provision of health care. This includes information about your physical or mental health condition.

How The Center for Youth and Family Solutions Fulfills these Duties:

- The Center for Youth and Family Solutions makes every effort to maintain the confidentiality of health information.
- The Center for Youth and Family Solutions takes necessary precautions against inappropriate use or disclosure of health information.
- This Notice of Privacy describes various ways that we may use and disclose health information for the purpose of treatment, payment, or operations in the course of providing services to you or as required by law. Generally, The Center for Youth and Family Solutions will require written authorization from you to release most confidential/private information; however, in some instances, your protected health information may be disclosed without a written authorization as set forth in the "The Center for Youth and Family Solutions Will Use and Disclose the Following Information about You" and "Other Potential External Disclosures" sections of this notice.
- The Center for Youth and Family Solutions will follow the rules of its privacy notice currently in effect.

A Word about Federal and State Law:

Federal and state laws require The Center for Youth and Family Solutions to protect your health information, and federal law requires The Center for Youth and Family Solutions to describe to you how we handle that information. When state and federal privacy laws differ, and Illinois law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

THE CENTER FOR YOUTH AND FAMILY SOLUTIONS WILL USE AND DISCLOSE THE FOLLOWING INFORMATION ABOUT YOU.

For Treatment: The Center for Youth and Family Solutions may release protected health information about you for the purpose of treatment. The information that may be shared is to assist us in the provision of services to you. For example, we will share information with all treatment team members such as direct service providers, supervisors, and clinical personnel involved in your services.

For Payment: The Center for Youth and Family Solutions may use and disclose information about you in order to bill for services provided so that payment may be collected from you, the State, an insurance provider, or a third party. For example we may need to provide certain information to DCFS for billing purposes. We also may disclose information to a payer for possible future services in order to receive written approval that such services will be paid for when/if the service is provided.

For Health Care Operations: We may use and disclose health information about you for internal activities to monitor and improve client services, prepare for state and federal regulatory reviews, manage healthcare operations, and improve healthcare services. For example, for The Center for Youth and Family Solutions conducts quality assurance reviews to ensure that we are providing you with the best possible care. Another example is external audits where health information is used or disclosed to ensure we are in compliance with licensing standards, accreditation standards, and fiscal requirements.

Appointment Reminders: We may contact you to remind you about appointments or meetings vital to your care.

Treatment Alternatives: We may contact you to let you know about treatment options or services that are available to you and that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose information to your guardian or another person(s) directly responsible for your care. We may also disclose information to an individual who is responsible for paying for your care. For example, if a relative has volunteered to pay for the services you receive, there is some information that we would need to disclose to that person for billing purposes. If family or friends are present while services are being provided, The Center for Youth and Family Solutions will assume your companions may hear the discussion, unless you state otherwise.

OTHER POTENTIAL EXTERNAL DISCLOSURES

This section outlines less common circumstances that apply to some clients. Federal and/or state law requires or permits The Center for Youth and Family Solutions to provide protected health information outside the organization in the following situations:

To report Abuse, Neglect, or Domestic Violence: We are required by law to report suspected child abuse or neglect to the appropriate government authorities. We may also notify government authorities to report elder abuse or domestic violence when required or authorized by law.

In Connection With Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or in response to a subpoena, discovery request, or other lawful process if the party seeking the information has made reasonable efforts to give you notice of the request. This includes our participation in any juvenile court in cases where DCFS has contracted with us to provide services to your family.

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

For Research Purposes: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Fundraising: The Center for Youth and Family Solutions may use or disclose to a business associate or to an institutionally related foundation the following information for the purpose of fundraising to benefit The Center for Youth and Family Solutions, without a written authorization: demographic information and dates of service. If The Center for Youth and Family Solutions knowingly solicits donations from a current or former client, we will include a description of how the individual may opt out of receiving any further fundraising communications.

In a Medical or Psychological Emergency: We may disclose protected health information to direct medical service or mental health personnel if a medical or psychological emergency arises.

Imminent Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Death: We may disclose information to coroners, medical examiners, or funeral directors, consistent with applicable law, as is necessary for them to carry out their duties.

Law Enforcement: We may release health information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process,
- To identify a suspect, fugitive or missing person,
- About a death believed to be a result of criminal conduct,
- About criminal conduct on our premises,
- About a crime under certain limited circumstances, for example when a member of our workforce is the victim of a crime.
- In emergency circumstances when necessary to maintain safety and security of our personnel and clients.

Correctional institutions and other law enforcement custodial situations: We may disclose health information to a correctional facility or a law enforcement official who has lawful custody of an individual as is necessary for the provision of health care to the individual or as it relates to the health and safety of other inmates or employees at the correctional institution.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

National Security and Intelligence Activities: We may disclose health information about you to authorized Federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized Federal officials so they may protect the President, other authorized persons, or foreign heads of state or to conduct special investigations.

And As Required By Law: We will disclose your protected health information when we are required to do so by any Federal, State or local law.

Military and Veterans: Under federal regulations, if a client is a member of the United States Armed Forces, The Center for Youth and Family Solutions is permitted to release protected health information as required by military authorities. The Center for Youth and Family Solutions also may release protected

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

health information about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the evaluation, the client's health information is shared with both the client and the sponsoring organization. Clients being evaluated on behalf of the military are aware of these arrangements.

Public Health Purposes: The Center for Youth and Family Solutions may disclose protected health information for public health purposes. The following are some examples of releases that are allowed for public health purposes:

- To prevent or control disease or injury
- To report maltreatment of a child or vulnerable adult
- To notify a person exposed to certain types of disease or those at risk for contracting or spreading a disease

OTHER USES OF HEALTH CARE INFORMATION:

Other uses or disclosures of health care information not covered by this notice or the laws that apply to us will be made only with your written permission. If you choose to permit us to use or disclose information about you, you may revoke that permission, in writing, at any time. If your permission to release information to a particular party is a condition of our provision of services to you, your refusal may prohibit us from providing such service.

YOUR RIGHTS REGARDING HEALTH INFORMATION:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of protected health information except for psychotherapy notes and information compiled in reasonable amount of time.

To inspect and copy your protected health information, you must submit request to your provider. If you request a copy of the information, we may charge a fee for the costs of the copying, mailing or other supplies associated with your request. You may request that the record be provided to you in electronic form.

We can deny your request to inspect and copy in certain limited circumstances, for instance, where disclosing the information could, in the professional judgment of your provider, cause a threat to you or others. If you are denied access to health information, you will be informed in writing and you may request that the denial be reviewed by contacting the Privacy Officer.

Right to Request Amendment: You have the right to request that protected health information or information in The Center for Youth and Family Solutions' record be amended. You have the right to request the amendment for as long as the information is kept by or for The Center for Youth and Family Solutions.

To request an amendment, submit a written request to your provider. The request must include a reason to support the amendment. The Center for Youth and Family Solutions may deny a request for amendment based upon any of the following circumstances:

- The request is not in writing or does not include a supporting reason;
- The information you want to change was not created by The Center for Youth and Family Solutions, and the originator of the information is available to make the amendment;
- The information is not part of the designated The Center for Youth and Family Solutions health record; or
- The information in the record is accurate and complete.

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

Denial of Requested Amendment: If The Center for Youth and Family Solutions denies your request for an amendment, we will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to the Privacy Officer, or you can ask that your request for amendment and an explanation of the denial be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, The Center for Youth and Family Solutions may write a rebuttal to your statement of disagreement that will be included in your record.

Right to an Accounting of Certain Disclosures: You have the right to request an accounting of certain disclosures we have made of your protected health information as required by HIPAA. This right excludes disclosures made to you or your guardian, disclosures for purposes of treatment, payment, or operations, disclosures made with your written authorization, disclosures made for national security or intelligence purposes, and disclosures made to report abuse or neglect if it would disclose the reporter to the alleged perpetrator, or if you are alleged victim of abuse/neglect and a minor, or if we have reason to believe informing you would place you at risk of serious harm.

To request an accounting of disclosures, you must submit your request in writing to your provider. Your request must state a time period, which may be no longer than six (6) years and may not include dates before April 14, 2003.

The first list that you request within a twelve-month period will be free of charge. For additional lists, we may charge you for the costs of providing this list. We will notify you of the fee and you may choose to withdraw or modify your request at that time before incurring any costs.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information that we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request. We will carefully consider all requests; however, because of the integrated nature of The Center for Youth and Family Solutions' records, we are generally not able to honor most requests. If we do agree, we will comply with the request unless disclosure is needed for emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information that you want to limit; (2) whether you want to limit our use or disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse or other family member.

Right to Request Alternate Methods of Communications: You have the right to request that we communicate with you about health care matters by an alternative means or in an alternative location. For example, you can request we contact you by mail instead of telephone or at home and not at work.

To request alternate methods of communications you must submit your specific request in writing to your provider. We will not ask you for the reason for this request. However, if the request could result in our not being able to collect for services, we reserve the right to require you to provide additional information about how payment for services will be handled. We will determine whether or not we can reasonably accommodate your request.

Right to a Paper Copy of this Notice: You have a right to request a paper copy of this notice. You can ask us to provide you with a copy of this notice at any time. Even if you agreed to receive a copy of this notice in electronic form, you are still entitled to have a paper copy of this notice. To obtain a paper copy of this notice, call your local The Center for Youth and Family Solutions office or contact the Privacy Officer at (309) 323-6600. You may also obtain a copy of this notice on our website, www.cyfsolutions.org.

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

An Authorization: Except as described above or specifically required or permitted by law, The Center for Youth and Family Solutions will not use or disclose your protected health information without a specific authorization from you. At times, The Center for Youth and Family Solutions may ask you to provide a specific written permission to allow The Center for Youth and Family Solutions to use or disclose health information about you.

- An authorization is your signed, written permission to release health information. You may be asked to sign the same authorization form periodically as required by state or federal law.
- An authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to your provider.

CHANGES TO THIS NOTICE

The Center for Youth and Family Solutions reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information that we maintain. We keep current privacy notices posted in all offices. The Center for Youth and Family Solutions will follow the terms and conditions of the notice that is currently in effect. The Center for Youth and Family Solutions will provide you with a copy of the revised notice upon request.

COMPLAINTS

If you want to file a concern or complaint about The Center for Youth and Family Solutions use or disclosure of protected health information, you can provide the written complaint or concern to the Privacy Officer, The Center for Youth and Family Solutions, 2610 W. Richwoods Blvd. Peoria, IL 61604 or the Secretary of Health and Human Services at 200 Independence Avenue, Southwest; Washington, D.C. 20201, Phone (202) 690-7000.

The Center for Youth and Family Solutions honors your right to file a concern or complaint. We will not – nor could we legally or ethically – take action against you for filing a concern or complaint. The Center for Youth and Family Solutions reserves the right, however, to take necessary and appropriate action to maintain an environment that serves the best interest of its clients, providers and employees.

EFFECTIVE DATE

The effective date of this notice is May 4, 2021.

NEED MORE INFORMATION?

If you have any questions, or would like to discuss this in more detail, please contact our Privacy Officer at (309) 323-6600.

If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy Officer at 309 323 6600.

Acknowledgment of Receipt of Notice of Privacy Practices

I hereby acknowledge receipt of the Notice of Privacy Practices of The Center for Youth and Family Solutions. The Notice of Privacy Practices provides detailed information about how The Center for Youth and Family Solutions may use and disclose my confidential information.

I understand that The Center for Youth and Family Solutions has reserved a right to change the privacy practices that are described in the notice. I also understand that a copy of any revised notice will be made available to me upon request.

Client/Authorized Signature

Relationship

Date

*If you have questions, contact The Center for Youth and Family Solutions HIPAA Privacy
Officer at 309 323 6600.*