

**PERSONAL SUPPORT PROGRAM, AFSCME IL
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES CERTAIN PERSONAL SUPPORT PROGRAM (PSP) SERVICES & POLICIES.

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION COLLECTED ABOUT YOU BY THE PSP MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE ARE REQUIRED TO OBTAIN YOUR SIGNATURE INDICATING THAT WE HAVE PROVIDED YOU WITH THIS INFORMATION; PLEASE REVIEW THIS NOTICE CAREFULLY.

The PSP is available to help you and your covered dependents cope with personal problems and concerns. Assistance may be provided directly by PSP staff at no cost and/or you may be referred for specialized and/or longer term assistance. If you are referred, there will likely be costs involved. Such treatment may be partially covered by your health insurance plan. PSP will attempt to provide you with an overview of your benefits. It is, however, your responsibility to be sure your benefits have been verified and to pay for any non-covered fees.

Each time you visit PSP a record of your visit is made. This clinical record contains information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition. Such identifying information is referred to as Protected Health Information (PHI). This information serves as a basis for planning your care and treatment. The clinical record is the property of the PSP, but the information in it belongs to you.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Federal Drug and Alcohol Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Your health care records are also protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5) and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110). The PSP may not disclose to a person outside PSP that you are seeking services from PSP, or disclose any other PHI except as permitted by federal or state law and regulation.

PSP will obtain your written consent before it can disclose information about you for payment purposes. Generally, you must also sign a written consent before PSP can share information for treatment purposes or for health care operations. However, federal law permits PSP to disclose information *without* your written permission in the following circumstances:

1. Pursuant to an agreement with a Qualified Service Organization (QSO)/ Business Associate (BA);
2. For research, audit or evaluations, after individually identifiable information has been removed from the record;
3. To report a crime committed on PSP's premises or against PSP personnel;
4. To medical personnel in a medical emergency;
5. To report suspected child abuse or neglect (required by state law);
6. As allowed by a court order.

For example, PSP contracts with clinicians statewide, and PHI is exchanged for treatment purposes.

In addition, state law requires PSP to disclose information in the following circumstances:

1. To report suspected abuse or neglect of an elderly adult;
2. If you communicate a specific threat of imminent harm against another individual or if PSP believes that there is clear, imminent risk of physical or mental injury being afflicted against another individual, PSP may disclose information as necessary to protect that individual from harm.
3. If PSP believes that you present an imminent, serious risk of physical or mental injury or death to yourself, PSP may make disclosures necessary to protect you from harm.

Before PSP can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

HIPAA provides you with several new or expanded rights with regard to your clinical record and disclosures of Protected Health Information (PHI). These rights include:

1. Requesting that your counselor amend your clinical record. The request and reasons must be in writing; form is available from PSP;
2. Requesting restrictions on what information from your clinical record is disclosed to others;

3. Requesting an accounting of disclosures of PHI that you have neither consented to nor authorized;
4. Determining the location to which PHI disclosures are sent;
5. Taking back your authorization to use or share PHI in writing, except to the extent that action has already been taken;
6. Inspecting and copying your clinical record except for information compiled for civil, criminal or administrative proceeding or in other limited circumstances;
7. Having any complaints you make about PSP's policies and procedures recorded in your clinical record;
8. Obtaining a copy of PSP's privacy policies and procedures;
9. Receiving a copy of PSP's Notice of Privacy Practices (NPP) and signing a statement indicating receipt.

PSP's Duties

PSP is required to:

1. Maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices with respect to your health information;
2. Notify you if we are unable to agree to your request to amend your clinical record;
3. Notify you if we are unable to agree to your request to restrict what information from your clinical record is disclosed to others;
4. Provide you with an accounting of disclosures of PHI that you have neither consented to nor authorized, within 60 days of your request;
5. Accommodate reasonable requests you may have to communicate PHI to you by alternative means or at alternative locations;
6. Honor your revocation of your authorization to use or share PHI, except to the extent that action has already been taken;
7. Provide your clinical record, excepting information compiled for a civil, criminal, or administrative proceeding, for you to inspect and/or copy within 30 days of your request;
8. Record any complaints you make about PSP's policies and procedures in your clinical record;
9. Abide by the terms of this notice. PSP reserves the right to change the terms of this notice and to make new notice provisions effective for all PHI it maintains. In the event that PSP makes any material revision to its notice, PSP will, within 60 days, mail a revised notice to all AFSCME members eligible for PSP services.

Questions and Complaints

If you are concerned that PSP has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact our Office Manager. You may also contact the federal Department of Health and Human Services. Under no circumstances will you be retaliated against for filing a complaint.

Personal Support Program
Office Manager
29 North Wacker Drive
Suite 704
Chicago, IL. 60606
Phone Number: 312-629-1550 or 1-800-643-9200

US Department of Health and Human Services
200 Independence Avenue
SW Room 509F HHH Building
Washington, DC 20202
Phone Number: 1-866-627-7748.

Contact

Personal Support Program
Office Manager
29 North Wacker Drive
Suite 704
Chicago, IL. 60606
Phone Number: 312-629-1550 or 1-800-643-9200

Effective Date 02/02/04

**Receipt of Notice of Privacy Practices
(NPP)
Written Acknowledgement Form**

I, _____
(Print Name)

have received a copy of the NPP from the Personal Support Program. I will read the notice carefully and if I have any questions, I will inform my counselor.

Signature Date _____

Counselor/Clinical Consultant Date _____

PSP Counselor Use Only

Case ID# _____

Date Case Closed _____ Closing Code _____

Effective Date 2/2/04