

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1st, 2020; Updated August 9th, 2023

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect client confidentiality and only release medical information about you in accordance with Illinois and Federal law. This notice describes the health information privacy practices of Oak Leyden Children's Services Program.

Privacy Contact: If you have any questions about this policy or your rights, contact Oak Leyden Children's Services Program at (708) 524-1050, ext 107.

IF YOUR CHILD IS RECEIVING SERVICES THROUGH OAK LEYDEN CHILDREN'S SERVICES, THOSE SERVICES HAVE ADDITIONAL PROTECTIONS UNDER THE FAMILY EDUCATIONAL RIGHT TO PRIVACY ACT (FERPA). YOUR RIGHTS ARE ATTACHED TO THIS NOTICE.

WHO WILL FOLLOW THIS NOTICE

All people who work for Oak Leyden Children's Services Program in our service programs and in our administrative offices will follow this notice. This includes employees, persons Oak Leyden Children's Services Program contracts with (contractors) who are authorized to enter information in your clinical record or need to review your record to provide services to you, and volunteers that Oak Leyden Children's Services Program allows to assist you.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use of Information. In order to effectively provide you care, there are times when we will need to share your medical information with others beyond Oak Leyden. This includes for:

Treatment: We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside Oak Leyden that we are consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company/companies, the Illinois departments of Public Aid and/or Human Services, the Social Security administration, or other annuity/benefit provider, etc. 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, etc.

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 will 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.

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, Funeral Directors, and Organ Donation: If someone dies, a coroner or medical examiner may be contacted for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. If necessary and consistent with applicable law, funeral directors may be contacted to enable them to carry out their duties. And, we may disclose otherwise protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health 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.

RECIPIENT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record: You are entitled to inspect the medical/treatment records that Oak Leyden 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 Records: You may ask us not to use or disclose part of the medical information. This request must be in writing. Oak Leyden 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 Executive Director.

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 with information by email if you request it. If you wish us to communicate by email you are also entitled to a paper copy of this privacy notice.

Amending Records: If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the Executive Director 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 disclosure we have made related to your medical information, except for information we used for treatment, payment, health care operations purposes, that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we are required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14th, 2003, please submit your request in writing to the Executive Director. 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 CEO in writing at our office for further information. You also may complain to the Department of Health and Human Services if you believe Oak Leyden violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy: Oak Leyden reserves the right to change our Right of Individuals Served Policy and Procedures (Oak Leyden's Privacy Policy) based on the needs of Oak Leyden and changes in state and federal law.

Completely De-identified or Partially De-identified Information

We may use and disclose your health information if we have removed any information that has the potential to identify you and/or your child so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified information will not contain any information that would directly identify you or your child (such as your name, street address, phone number, fax number, electronic mail address).

LIVE VIDEO VISITS

As an outgrowth of the pandemic, Live Video Visits (LVV) have been approved as a suitable medium for Early Intervention (EI) consultations. We commit to protecting your privacy and ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), as well as the Family Educational Rights and Privacy Act (FERPA). Oak Leyden Children's Services Program confirms that our LVV platform, Zoom, complies with HIPAA and FERPA regulations.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and offer you a written copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.