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

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. “Protected health information” or “PHI” is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. The confidentiality of mental health and alcohol and drug abuse client records is specifically protected by State and/ or Federal law and regulations. Rosecrance, Inc., Rosecrance Health Network, Rosecrance New Life, Rosecrance Jackson Centers, Inc. and Aspen Counseling & Consulting, LLC (collectively the “Covered Entities”) are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the program that you attend/attended the program or disclosing any information that identifies you as a mental health client or an alcohol or drug abuser. If you suspect a violation, you may file a report to the appropriate authorities in accordance with State and Federal regulations. Additionally, the Covered Entities included in this joint Notice will share protected health information with each other, as necessary, to carry out treatment, payment and healthcare operations. Covered Entities must legally maintain the privacy and security of your PHI and follow the duties and privacy practices described in this notice. Covered Entities will not use or share information other than as described here unless authorized in writing.

#### **How We May Use and Disclose Health Information About You**

- **For treatment.** We may use medical and clinical information about you to provide you with treatment or services, coordinating care, or managing your treatment. If you are a substance abuse client, we may disclose PHI to other providers after obtaining your authorization. If you are a mental health client, we may coordinate your care with other providers without authorizations. For example, Covered Entities may need to request a list of your current medications prescribed by your Primary Care Physician
- **For payment.** With your authorization, we may use and disclose protected health information about you so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- **For health care operations.** We may use and disclose your protected health information for certain purposes in connection with the operation of our program, including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
- **Required by law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Without authorization.** Applicable law also permits us to disclose information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained below.

- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors) and peer review organizations performing utilization and quality control. If we disclose PHI for substance abuse clients to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.
- **Public Health.** We may disclose your PHI for public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. In certain circumstances outlined in the Privacy Regulations, we may disclose your PHI to a person who is subject to the jurisdiction of the Food and Drug Administration with respect to the reporting of certain occurrences involving food, drugs, or other products distributed by such person. In certain limited circumstances, we may also disclose your PHI to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disease is authorized by law. For example, we may disclose PHI regarding the fact that you have contracted a certain communicable disease to a public health authority authorized by law to collect or receive such information.
- **Fundraising.** Covered Entities may use your protected health information to communicate with you to request a donation for a fundraising effort in support of or on the behalf of Covered Entities. You have the right to opt out of receiving fundraising communications. You can write to the Development Coordinator at 1021 N. Mulford Road, Rockford, Illinois 61107 or email [giving@rosecrance.org](mailto:giving@rosecrance.org) with your request to opt out of future communications.
- **Program Evaluation.** We may use your protected health information to contact you for evaluation and follow-up studies conducted by Covered Entities staff in order to determine effectiveness of Covered Entities services. Covered Entities may also disclose PHI to external program evaluators (including the Secretary of HHS for HIPAA rules, compliance and enforcement purposes), with an agreement in place, if substance abuse records are requested to be sent to or taken with the evaluator.
- **Medical Emergencies.** We may use or disclose your protected health information in a medical emergency situation to medical personnel only and as legally permissible if you are a substance abuse client. If you are a mental health client, Covered Entities can disclose your information in a medical emergency.
- **Coordination of Care:** For Mental Health clients, Covered Entities staff may disclose PHI for the purposes of continuity of care without consent. The purpose of coordination will be limited to admission, treatment, planning, coordinating care, discharge, or governmentally mandated public health reporting. For substance abuse clients and situations that are not emergencies, authorization is needed to coordinate care with third parties.
- **Mandated Reporting.** We may use your protected health information in order to comply with rules and regulations mandating Covered Entities staff to report to law enforcement or government agencies. Examples of situations where reporting may be necessary include abuse and neglect, FOID reporting to DHS, and duty to warn situations. Duty to warn situations occur when someone indicates a specific act of violence towards themselves or another individual.

- **Deceased Client.** We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Research.** We may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to redisclose your protected health information except back to Covered Entities.
- **Criminal Activity on Program Premises/Against Program Personnel.** If you are a substance abuse client, we may disclose your PHI to the law enforcement officials if you have committed a crime on program premises or against program personnel or have threatened to do so. If you are a mental health client, your information may be disclosed if Covered Entities believes a violation of criminal law or other serious incident has occurred in Covered Entities program.
- **Legal.** We may disclose your PHI to respond to lawsuits and legal actions. If you are involved in a legal issue where Rosecrance is not a party, Rosecrance may disclose your information with your authorization or court order for situations involving family matters, worker's compensation, civil actions, or other legal issues.
- **Court Order.** We may disclose your PHI if the court issues an appropriate order and follows required procedures.
- **Special Government Functions.** If you are an active military member or veteran, we may disclose your PHI as required by military command authorities. We may disclose your PHI to authorized federal officials for national security and intelligence reasons and to the Department of State for medical suitability determinations.
- **With authorization.** We must obtain written authorization from you for all other uses and disclosures of your PHI.

### **Your Rights Regarding Your PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to the Medical Records Department at 2704 N. Main Street, Rockford, IL 61103. If you have any questions, you may contact the Privacy Officer at 815-391-1000.

- **Right to Revocation.** It is your right to revoke any authorizations, at any time by sending written notification to the Medical Records Department to the addresses listed above.
- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 1021 North Mulford Road, Rockford, IL 61107, 815.391.1000. You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202.619.0257. We will not retaliate against you for filing a complaint.

### Confidentiality of Alcohol and Drug Abuse Client Records

The confidentiality of alcohol and drug abuse client records is protected by additional Federal law and regulations. The Covered Entities are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the Covered Entities that you attend a substance abuse treatment program or disclosing any information that identifies you as an alcohol or drug abuser. Some of the exceptions to this general rule include:

- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent

The violation of Federal laws or regulations by this program is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations

### Confidentiality of Mental Health Client Records

The confidentiality of mental health client records is protected by State law and regulations. The Covered Entities are required to comply with these additional restrictions. This includes a prohibition, with limited exceptions, on informing anyone outside the Covered Entities that you are a recipient of mental health treatment or disclosing any information that identifies you as a mental health client. Some of the exceptions to this general rule include:

- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent

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- The disclosure for purposes of health information exchange, in accordance with the requirements of the Illinois Mental Health and Developmental Disabilities Confidentiality Act or Iowa Code Chapter 228. Unless you have chosen to opt-out of the health information exchange as specified in that Act.

The violation of State laws or regulations by this program is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with State law.

***If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer:***

Privacy Officer  
1021 North Mulford Road  
Rockford, IL 61107  
815.387.5600

This Notice of Privacy Practices describes how we may use and disclose your protected health information (“PHI”) in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting a copy on our website: [www.rosecrance.org](http://www.rosecrance.org), sending a copy to you in the mail upon request, or providing one to you at your next appointment.

As a client of Rosecrance, you, your parent or guardian, or authorized representative (if applicable) have a **right** to:

1. Have impartial **access to treatment** regardless of race, religion, gender, sexual orientation, religion, HIV status, age or disability.
2. Be provided services within the **least restrictive environment possible**, which assures your safety, health and well-being.
3. Have nondiscriminatory access to services and the right to have disabilities accommodated as specified in the Americans with Disabilities Act of 1990 (42 USC 12101).
4. Be informed regarding **confidentiality of HIV/AIDS** status and testing as well as the right to undergo testing on an anonymous basis.
5. Give or withhold informed consent regarding treatment and regarding confidential information about you.
6. File a client grievance or request to speak with a Patient Advocate if you disagree with a treatment decision or policy. Grievances will be addressed starting with a meeting with the program supervisor and up to the executive director.
7. Be informed about how to initiate a **complaint** and the appropriate means of requesting a hearing or review of the complaint.
8. Refuse treatment or any specific treatment procedure and a right to be informed of the consequences resulting from such refusal. If care, treatment, or services are refused, Rosecrance may terminate treatment and seek other alternatives.
9. Maintenance of privacy and **confidentiality** of all protected health information in your records per the Health Insurance Portability and Accountability Act and 42 CFR Part 2.
10. Be treated with **courtesy and respect** by all Rosecrance employees.
11. Be treated in a manner and in an environment free of neglect, exploitation, and verbal, mental, physical and sexual abuse.
12. Attend or refuse to attend **spiritual services** or to participate in religious activities or observe religious holidays within the framework of your interests, clinical status and treatment needs.
13. Amend your health information and obtain disclosures of protected health information.
14. **Emergency medical** care through direct care staff when applicable (CPR, First Aid) and community medical emergency services.
15. To be informed of your rights and responsibilities in a **language and manner** that meets your needs.
16. An **interpreter** where a language or communication barrier exists.
17. Be informed of the expectations for the level of **involvement and decisions** in your own care.
18. Assign a **surrogate decision maker** according to the Mental Health and Development Disabilities Code, the Power of Attorney for Health Care Law, or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act if you cannot understand a proposed treatment plan.
19. Formulate **advance directives** if so desired (adults only). Rosecrance is unable to comply with medical advance directives or Do Not Resuscitate Orders. If I have an advanced directive (i.e. a living will, durable power of attorney, etc.), Rosecrance will maintain a copy of the document in my medical record and furnish a copy to emergency personnel as necessary even though Rosecrance will not comply with the Advanced Medical Directive.
20. Right to involve family in decisions about treatment, care, and services and the right to visit with family, adult significant others, guardians, and support as services unless clinically contraindicated.
21. **Request the opinion of a consultant at your expense** or to request an in-house treatment plan review.
22. **Request an internal review of your plan of care, treatment, or services.**
23. Receive and understand an informed **consent** before participating in supplemental activities. This includes, but is not limited to the use of recordings, films or other images for internal use other than identification, diagnosis or treatment; recordings, film, or other images for external use; sports and exercise activities; community program involvement; volunteering; marketing; research studies; clinical trials; alumni activities.
24. Receive and understand an informed **consent** before you participate in any research project.
25. Be informed of the risks, side effects, and benefits of all **medications** and treatment procedures
26. **Refuse** specific medications, treatment, or intervention procedures, to the extent permitted by law, and to be informed of any consequences.

27. Send and receive mail without hindrance.
28. Be informed of the **hours of service**.
29. Individualized treatment including adequate and humane services regardless of the source(s) of **financial support**.
30. Receive considerate and respectful care in a safe **environment** that is mindful of your culture, values, and belief systems as well as your age and any disability.
31. Have personal **privacy** whenever possible.
32. Be informed of the **cost** of services rendered, and receive and examine your bill.
33. **Be informed that no use of chemical, physical or personal restraints or seclusion or locked units will be allowed.**
34. **Be informed about the nature of the care, procedures, and treatment that you will receive, as well as alternatives available.**
35. Have **access** to your clinical record and request that inaccuracies be corrected. If you believe the information in your record is inaccurate, you may respond to the Medical Records Department with a written statement which will then become part of your clinical record. If your request is denied, you may seek a court order to compel modification.
36. Actively **participate** in your treatment plan, treatment plan reviews, and discharge plan as appropriate to your age, maturity, clinical condition and involve family and significant others as you desire and/or guardian or authorized representative as regulated by law.
37. Have **access** to an individualized treatment plan, which will be developed and periodically reviewed with you and your family / significant other (if applicable). Additionally, you and your family / significant other (if chosen) will be included in planning your discharge.
38. Be involved in a **discharge/transition plan** that meets your continuing mental and physical health requirements following discharge.
39. A complete explanation for any **transfer** of treatment and knowledge of alternatives to that transfer.
40. Be informed if limitations exist to the duration and type of support and **ancillary services**.
41. Know the **rules** and regulations of the facility applicable to one's conduct.
42. Voice **concerns** or suggest changes in services and/or staff without being subject to threat, discrimination, coercion, reprisal, or unreasonable interruption of service for doing so.
43. Have all reasonable **requests** responded to promptly and adequately within the capacity of the treatment center.
44. Not be denied, suspended, terminated from services or have services reduced for **exercising any of these rights** except when the exercise of these rights prevents the provision of appropriate care.

As a client of Rosecrance, you have the **responsibility** for:

1. Providing to the best of your knowledge, accurate and complete information regarding past illnesses, hospitalizations, medications, psychosocial and other information relating to your health, including any cultural values or special communication needs. History of medical or psychiatric treatment, care or services.
2. Asking questions when instructions, plan of care, or expectations are not understood.
3. Participate in your care by following mutually agreed upon treatment plans.
4. Stating your expectations during care, service, or treatment plan development.
5. Cooperate and assist in making treatment plans in a responsible and timely manner.
6. Accepting the outcomes if the care, service or treatment plan is not followed.
7. Following Rosecrance policies, rules and regulations concerning individual care and conduct.
8. Showing respect and consideration of other clients and their property
9. Showing respect and consideration of Rosecrance staff and property
10. Helping control noise and disturbances
11. Following smoking policies
12. Promptly meeting any financial obligation agreed to with Rosecrance
13. Complying with safety rules and helping to maintain a safe environment; Reporting safety risks.
14. Carrying out personal housekeeping tasks without compensation.
15. Be responsible for the behavior of minor children you bring in to the agency.
16. Keep scheduled appointments or cancel them 24 hours in advance.
17. Keep information shared in therapeutic groups private and confidential.

**Substance Abuse Client Rights & Responsibilities**

The client has the right to contact the following agencies with questions about his or her rights of if there is a possibility the client's rights have been violated.

<p>State of Illinois Guardianship &amp; Advocacy Commission 4302 North Main Street Rockford, IL 61103 815-987-7567</p>	<p>Equip for Equality, Northwest Region Paddock Building 1612 2dn Ave. Suite 210 P.O. Box 3753 Rock Island, IL 61204 800-758-6869 TTY-800-610-2779</p>
<p>Department of Correction 1301 Concordia Ct. P.O. Box 19277 Springfield IL, 62703 800-368-1463</p>	<p>Department of Children &amp; Family Services (DCFS) Office of Affirmative Action 100 West Randolph Chicago, IL 60801 312-814-4692</p>
<p>The Joint Commission Office of Quality and Patient Safety One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 Fax: 630-792-5636</p>	<p>Illinois Department of Human Services Division of Alcoholism and Substance Abuse 100 W. Randolph St., Suite 5-600 Chicago, IL 60601 312-814-3840</p>
<p>Wisconsin Department of Safety and Professionals Services: Division of Legal Services and Compliance P.O. Box 7190 Madison, WI. 53707-7190 608-266-2112</p>	<p>Wisconsin Department of Health Services 1 West Wilson Street Madison, WI 53703 608-266-1865</p>