



# COOK COUNTY HEALTH

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## NOTICE OF PRIVACY PRACTICES

### THIS NOTICE TELLS YOU HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### PLEASE REVIEW IT CAREFULLY.

#### WHAT IS THIS DOCUMENT?

This document, called a Notice of Privacy Practices, tells you how Cook County Health ("CCH", "us", "we") may use and disclose your health information. In it we explain how we use and disclose your health information to provide you with care, receive payment for the care we provide, and for health care operations (to help us run the health system). This notice also describes your rights to your information.

#### WHY ARE YOU GIVING THIS TO ME?

We are required by law to protect the privacy of your health information and to provide you with information on how we use and disclose it. If you are affected, we will also notify you following a breach of your health information. State and federal privacy laws strengthen our commitment to you, as our patient, to carefully maintain your confidentiality.

#### WHO FOLLOWS THIS NOTICE?

All Cook County Health affiliated organizations (collectively CCH), all employees, medical staff, house staff, research staff, students, agency personnel, consultants, vendors, volunteers, workforce members, and other health care professionals allowed to review your record.

#### HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

**Treatment.** We will use and share your health information to provide care and services for you.

**For Example:** Doctors, nurses, or other healthcare providers may review your record to treat your injury or illness. Your health information also may be shared with other healthcare professionals outside CCH to decide on the best treatment for you or to coordinate your care. We may share your health information to providers outside CCH through Health Information Exchanges. A Health Information Exchange is a secure way to quickly share your information electronically with other health professionals who are involved in your care or care coordination.

**Health Care Operations.** We will use and share your health information for health care business operations. There are several reasons we do that, one important reason is to maintain and improve patient care.

**For Example:** We may use your health information to make sure that you and other patients get the best possible quality care and to review the performance of our doctors, nurses or other healthcare professionals. Your information may be used as part of training for students and help to meet hospital licensing and accreditation. We may use your information, such that you may be identified, for the purposes of training case reviews with our clinical staff. We may use your health information to make certain that billing is done correctly.

**Payment.** We may use and share your health information to receive payment for the care and services we provide to you. You may be contacted by mail, telephone, or via text at any number associated with you, including wireless numbers to communicate health care messages to you. Messages may be left on an answering machine or voicemail,

including any such information that is required by law (including debt collection laws) and/or amounts owed by you. Upon your consent, text messages or emails using any email address you provide may also be used to contact you.

**For Example:** We may contact Medicare, Medicaid, your insurance company, or other company or program that arranges for or pays the cost of some or all of your healthcare, and to find out if a service is covered. We may share your information through a Health Information Exchange. We may also share your information with collection agencies to obtain payment for care.

#### MORE SPECIFIC WAYS WE USE OR SHARE YOUR HEALTH INFORMATION

**In Our Patient Directory.** We may include your name, the location where you receive service (hospital or clinic), your general condition (such as stable or fair), and your religious affiliation. We keep this information so your family, friends, or clergy can visit you while you're here. Unless you object, we will release your location and general condition to people who ask for you by name. Your religious affiliation will only be released to a member of clergy. If you do object, we will not disclose any information to anyone who asks for you.

**To Remind You of an Appointment or Share Health Care-Related Messages and Information.** We may contact you to remind you of an appointment or to change one. We might contact you to follow-up to see how you're doing after an appointment. We may contact you about prescription refills, pre-registration information, wellness check-ups, result notifications, and other health care content. Contact may be made by phone call, email, or text message if you have provided those methods of contact.

**With Individuals Involved in Your Care or Payment for Your Care.** We may share health information about you with your family members, friends, or any other person you tell us who is involved in your healthcare or who helps pay for it. We may tell your family or friends your condition and that you are in one of our facilities. We also may share health information about you to a disaster relief agency so that your family can be told of your condition and location. You may decide not to share this information, but you must let us know. In an emergency situation or other circumstance where you are not able to tell us your preference, we may share some information with family, friends, or others if we believe it is in your best interest.

**With Parents and Legal Guardians of Minors.** We may disclose health information about minor children to their parents or legal guardians, unless such disclosure is prohibited by law. If a minor is emancipated, married, pregnant, or a parent, we will not share the minor's information with their parents or legal guardians without the minor's permission. If a minor is receiving care for certain sensitive conditions, such as HIV/AIDS, mental health, reproductive care, and others, we will not disclose this information to the minor's parents or legal guardians without permission or unless required or allowed by law.

**For Immunization Purposes.** We may disclose immunization records to schools if we obtain permission from a minor's parent or legal guardian. In addition, all immunizations given by CCH are entered into an Illinois state-owned database. If you do not want your immunization information shared, you must request and fill out an opt-out form.

**With Others Called “Business Associates”.** We may share your health information with another company or organization, called a business associate, that we hire to provide a service to us or on our behalf. We will only share your information if the business associate has agreed in writing to keep your health information private and secure.

**To Perform Research.** We may use and disclose your health information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address, or other information that identifies you. However, the law allows some research to be done using your health information without requiring your authorization.

**To Share Information About Health-Related Benefits, Services, and Treatment Alternatives.** We may use your health information to contact you about health-related benefits, products, and/or services, and possible treatments or alternatives that may be of interest to you. We may provide you information by a general newsletter or in person or by way of products or services of nominal value. We may disclose your health information to a business associate to assist us in these activities. We may contact you by email or text messaging for appointment reminders, patient surveys, wellness program benefits, or other general communications if you provide us with your email address and/or mobile phone number. You expressly permit this type of contact unless you notify us that you do not want to receive text messages or email. We may not sell your health information without your written authorization.

## **WE ARE REQUIRED TO SHARE YOUR HEALTH INFORMATION**

**Public Health and Safety.** We may share your health information for public health reasons. For example:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report information to the FDA about the products it oversees;
- to let you know that you may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- to your employer in certain limited instances.

**With Law Enforcement.** We will share health information about you when we are required to do so by federal, state, or local law, or by the court process.

- to respond to a court order, warrant, summons or other similar process;
- to identify or locate a suspect, fugitive, material witness or missing person; or
- to obtain information about an actual or suspected victim of a crime.

We may share information with a law enforcement official:

- if we believe a death was the result of a crime;
- to report crimes on our property; or
- in an emergency.

**As a Part of Legal Proceedings.** If a court or administrative authority orders us to do so, we may release your health information. We will only share the information required by the order. If we receive any other legal request, we may also release your health information. However, for other requests we will only release the information if we are told that you know about it, had a chance to object and did not.

**During an Investigation.** The Secretary of the Department of Health and Human Services may investigate privacy violations. If your health information is requested as part of an investigation, we must share your information with the Secretary of the Department of Health and Human Services. We will share your information if they ask for it as part of an investigation of a privacy violation. Under the same laws, we must give you information in your medical record. We are allowed to keep some information from you.

**Special Governmental Functions.** We may share your health information with:

### **Authorized federal officials**

- for intelligence, counter-intelligence and other national security activities authorized by law; or
- to protect the President.

### **Armed forces command authorities or the Department of Veterans Affairs**

- to see if you are fit for military duty or eligible for veterans health services; or
- to see if you are medically fit to receive a security clearance by the Department of State.

**Correctional facility or law enforcement official or agency** if you are an inmate or under the custody of a law enforcement official or agency, if necessary, to:

- help the correctional facility provide you with health care; or
- protect the health and safety of you and/or others.

**Abuse and Neglect.** The law may require us to report suspected abuse, neglect, or domestic violence to state and federal agencies. Your information may be shared with these agencies for this purpose. Generally, you will be told that we are sharing this information with these agencies.

**Health Oversight Activities.** Certain health agencies are in charge of overseeing health care systems and government programs or to make sure that civil rights laws are being followed. We may share your information with these agencies for these purposes.

**Coroners, Medical Examiners, and Funeral Directors.** We may share health information with a coroner or medical examiner to identify a deceased person or find the cause of death. We also may release health information to funeral directors if they need it to do their job.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to the organizations in charge of getting, transporting, or transplanting an organ, eye, or tissue.

**To Prevent a Serious Threat to Safety.** We may use and share your health information to prevent a serious threat to your health and safety or the health and safety of others.

**Workers Compensation.** We may share your health information with agencies or individuals to follow workers compensation laws or other similar programs.

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

**You Have a Right to Request Restrictions.** You have the right to ask us to restrict the uses and disclosures we make of your health information for treatment, payment, and health care operations, though we do not have to agree. You may also ask us to limit the information that we use or disclose with your family members, friends, or any other person you tell us who is involved in your health care, or who helps pay for it. We must agree to your request for a restriction on disclosures of your health information to a health plan if you have paid for the health care item or service in full, out of pocket. Other than that, we do not have to agree. A request for a restriction must be in writing, it must be signed and dated, and you must identify the CCH clinic or hospital that maintains the information. You should also describe the information you want restricted, tell us whether you want to limit the use or the disclosure or both, and tell us who should not receive this restricted information. You must submit your written request to the Office of Corporate Compliance, 1950 West Polk Street, Suite 9217, Chicago, IL 60612. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to treat you in an emergency.

**You Have a Right to Inspect and Copy.** You have the right to read or get a copy of your health record. This includes medical and billing records, but does not include psychotherapy records. To see and/or obtain copies of your health information you must complete your request in writing. If you request a copy of your health record, we may charge a fee for the costs of copying, mailing, or other expenses associated with your request. We may deny your request to see and/or obtain a copy of your medical record. If we do so, CCH will choose an independent licensed healthcare professional to review your request

and our denial. We will follow the decision of the independent licensed healthcare professional.

**You Have a Right to Request Changes.** If you believe the health information that we created is wrong or incomplete, you may ask us to change it. You must send us a written request and you must provide a reason why you want the change. We cannot take out or destroy any information already in your health record. We also are not required to agree to make the change. If we do not agree to the change, you can write a letter about the changes. We will send you one back saying why we will not make the changes. You may then send another statement disagreeing with us. It will be attached to the information you wanted changed or corrected.

**You Have a Right to an Accounting of Disclosures.** You have the right to make a written request for a list of certain disclosures made of your health information for six (6) years prior to the date of your request. This list is not required to include all disclosures we make. Disclosures made before April 14, 2003, disclosures made to you or which you authorized, and some other disclosures are not required to be listed. Your written request must designate a time period for disclosures in order to be processed. We will provide one (1) accounting per year for free, but may charge a reasonable, cost-based fee if you ask for additional accountings within 12 months.

**You Have a Right to Request Confidential Communications.** You have the right to ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. We will agree to all reasonable requests.

**You Have a Right to Choose Someone to Act for You.** You have the right to give someone health care power of attorney, or to make someone your "personal representative". If you have chosen someone to act for you, they can exercise your rights as outlined in this notice and as permitted by law. If you have chosen someone to act for you, you must provide a copy of the documentation giving that person authority to act for you.

**You Have a Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice if you would like one. Copies of this Notice will be posted and available at each location where health services are provided. You may also request a copy at [privacy@cookcountyhhs.org](mailto:privacy@cookcountyhhs.org).

#### **OTHER USES AND DISCLOSURE OF YOUR HEALTH INFORMATION**

**Sensitive Information.** Some types of health information are considered sensitive. The law, with some exceptions, may require that we obtain your written permission to disclose this sensitive information. Sensitive health information may include genetic testing, HIV/AIDS testing, diagnosis or treatment, mental health, alcohol and substance abuse, sexual assault, and reproductive health. Your permission is also required for the use and disclosure of psychotherapy notes.

**Reproductive Health Information.** We will not use your health information to conduct or assist others in conducting investigations or imposing penalties on you for the mere act of seeking, obtaining, or facilitating reproductive healthcare that is lawful. In instances where we receive requests for your health information that may include reproductive health information for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosures to coroners and medical examiners, we will obtain a signed attestation from the requestor stating that their request is not for a prohibited purpose and improper uses and disclosures of your health information may result in criminal penalties.

**Use of Your Information for Marketing.** We may not use or disclose your health information for marketing purposes involving financial gain to us from a third party unless we have your written permission.

**Sale of Your Information.** We may not sell your health information unless we have your written permission.

All other uses and sharing of your health information not described in this Notice will be done only with your written permission. You may revoke that permission at any time by sending a request in writing to the Office of Corporate Compliance at the address below.

#### **CHANGES TO THIS NOTICE**

We may change our privacy policies, procedures, and this Notice at any time. If we do change this Notice we reserve the right to make the revised or changed Notice effective for your health information we already have as well as any we get in the future. If we change this Notice, we will post the new Notice in common areas throughout our clinics and hospitals and on our Internet site at [www.cookcountyhealth.org](http://www.cookcountyhealth.org).

#### **WHAT IF I NEED TO REPORT A PROBLEM?**

***Your care will not be affected if you file a complaint, nor will any action be taken against you.***

If you believe CCH has violated your privacy rights in this Notice, you may file a complaint with CCH or with the Office for Civil Rights, U.S. Department of Health and Human Services.

To contact CCH to discuss your concern, use the information below:

Cook County Health  
Office of Corporate Compliance  
1950 W. Polk, Suite 9217  
Chicago, IL 60612  
Telephone: 1-877-476-1873