

available from our administrative and regional offices. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice electronically.

Right to Request a Restriction on Certain Uses and Disclosures: You have the right to request restrictions on uses and disclosures of your medical information for the purposes of treatment, payment or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred.

Right to Inspect and Request a Copy of your Health Record: You have the right to inspect and obtain a copy of your health record, except in limited circumstances defined by federal regulations. A fee may be charged to copy your record. If you are denied access to your health record for certain reasons, the denial may be reviewable. Please contact our Privacy Officer for more information.

Right to Request an Amendment to your Health Record: You may make a written request to amend your protected health information. You must give us a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have any questions about amending your health record.

Right to Obtain an Accounting of Disclosures of your Health Information: The accounting will only provide information about disclosures made for purposes other than treatment, payment or healthcare operations; disclosures to you or authorized by you are excluded. You have the right to receive specific information regarding disclosures made only after April 14, 2003. Please contact our Privacy Officer to obtain an Accounting and Disclosure Report.

Right to Request Communication of your Health Information: You have the right to request that confidential communications be made by alternate means (e.g. fax versus mail) or at alternate locations (alternate address or telephone number). Your request must be in writing. We must honor your request if it is reasonable. Please make this request in writing to our Privacy Officer.

Contact: To exercise any of the rights described in this brochure, or if you have any questions about this Notice, please contact our Privacy Officer at (800) 322-3722 or mail questions to:

Division of Specialized Care for Children
Attention: Privacy Officer
3135 Old Jacksonville Road
Springfield, IL 62704-6488

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F
HHH Building
Washington, D.C. 20201

There will be no retaliation for filing a complaint.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facilities and it will also be posted on our web site at dscc.uic.edu.



UIC **SPECIALIZED CARE
FOR CHILDREN**

Notice of Privacy Practices



We partner with Illinois families and communities to help children and youth with special healthcare needs connect to services and resources.

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

We are required by law to give you this Notice of our duties and privacy practices and your rights. We are required to follow the terms of this Notice. This Notice also describes some, but not all of the uses and disclosures we may make with your protected health information. This Notice also describes your rights to access and control your protected health information including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We May Use and Disclose Information for the Following Purposes

Treatment: We will use or disclose your protected health information to coordinate or manage your healthcare and any related services. We may provide information to your health plan or other providers to arrange for a referral or consultation.

Payment: We will use or disclose your protected health information, as needed, to arrange for payment for your health care services. For example, we may contact your insurer to verify benefits for which you are eligible or obtain prior authorization.

Health Care Operations: We will use or disclose your protected health information, as needed, in order to perform healthcare operations. Healthcare operations include, but are not limited to: quality assessment/improvement activities; risk management, claims management, legal consultation, physician and employee review activities; licensing; and regulatory surveys. We may also disclose your protected health information to our business associates that perform activities on our behalf and for other business planning activities.

Appointments and Services: We may use and disclose your protected health information to remind you of an appointment, or to give you information about other health related benefits or services that may interest you.

Individuals Involved In Your Care/Disaster Relief Organizations: We may disclose your protected health information to a friend or family member who is involved in your care unless you ask us to not disclose. We may disclose information to disaster relief organizations, such as the Red Cross, so that your family can be notified about your condition and location.

With Your Authorization: We may use or disclose your protected health information for purposes not described in this Notice, or otherwise permitted by law, only with your written authorization. You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

Uses and Disclosures We May Make Without Your Authorization, Consent, or Opportunity to Object

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but only to the extent and under the circumstances provided in such law.

Public Health: We may use or disclose your protected health information for public health activities such as reporting disability, ensuring the safety of drugs and medical devices, reporting child and sexual abuse, and for work place surveillance or work related illness and injury.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, administrative or criminal investigations, inspections, licensure or disciplinary action and monitoring compliance with the law.

Abuse, Neglect or Domestic Violence: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe you may be a victim of abuse, neglect or domestic violence to the governmental agency or entity authorized to receive such information. This disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose your protected health information in response to court or administrative orders, or under certain circumstances in response to subpoenas, discovery requests or other lawful processes.

Law Enforcement: We may disclose your protected health information to identify or locate suspects, fugitives or witnesses, or victims of crime, to report deaths from crime, crimes on the premises, or in emergencies, the commission of a crime.

Research: 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 your privacy.

National Security: We may disclose your health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President.

Criminal Activity: We may disclose your health information consistent with applicable federal and state laws 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.

Your Health Information Rights

Right to Obtain a Copy of this Notice of Privacy Practices: We will provide you with a copy of the current Notice of Privacy Practices if you request it. A copy of the current Notice in effect will be