



City of Chicago

NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices ("Notice") describes how the City of Chicago ("City," "we," "us," or "our") may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access your PHI. In general, PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

The City is required to abide by the terms of the Notice currently in effect. The City may change the terms of its Notice at any time, and any material changes to the Notice will be posted in our facilities and on the City's website: www.cityofchicago.org. The new Notice will be effective for all PHI that the City maintains. You may obtain a copy of the Notice currently in effect by contacting the City of Chicago's Privacy Officer at (312) 747-2237 or 333 S. State St., Rm. 200, Chicago, IL 60604.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary.

Who Will Follow This Notice

The City is a hybrid entity and this Notice describes the practices of the City's health care components regarding your PHI. For this Notice, references to the City are references to the City's health care components, which include the Chicago Department of Public Health and the Chicago Fire Department. Information may be shared with other departments within the City, as permitted by privacy regulations.

How We May Use or Disclose Your Protected Health Information

Treatment, Payment, and Health Care Operations

The City may use and disclose PHI for the purposes of treatment, payment, and health care operations without your written permission, in most cases. Examples of the uses and disclosures that the City, as a health care provider, may make for these purposes include the following:

Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, as a health care provider, we may disclose your PHI, as necessary, to other health care providers involved in your treatment. We may use and disclose your PHI to provide the treatment you require, such as communicating your PHI to a hospital or dispatch center and providing a hospital with information that we create in the course of treating and transporting you.

Payment refers to activities the City undertakes to obtain reimbursement for your health care services. Payment includes activities such as determinations of eligibility or coverage, billing insurance companies, collecting outstanding amounts, and reviewing services provided to you for medical necessity.

Health Care Operations refers to the basic business functions necessary to operate as a health care provider. The City may use or disclose, as needed, your PHI in order to support business activities, including quality assessment and improvement activities, employee review and evaluation activities, training, licensing, legal services, auditing, business planning, business management activities, and conducting or arranging for other business activities.

For example, we may conduct or arrange for a review of health care services to ensure compliance with policies and procedures or to detect fraud. We may also use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows the City to use and disclose PHI, without your written authorization, in certain situations, unless the use or disclosure is prohibited by a more stringent state law. The examples of permitted uses and disclosures of your PHI include, but are not limited to, those listed below.

Public Health Activities The City may disclose your PHI to public health authorities in certain situations and as required by law. For example, the City may use or disclose your PHI to:

- a government authority authorized to receive child abuse or neglect reports;
- the Food and Drug Administration (FDA), for activities related to the quality, safety, or effectiveness of FDA-regulated products or activities, including drugs, food, medical devices, and dietary supplements;
- a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
- an employer, under certain circumstances, such as those related to work-related illness or injury; and
- a school, in certain circumstances, if you are a student or prospective student of the school and the PHI is limited to proof of immunization.

The Chicago Department of Public Health is a public health authority that is authorized by law to collect and receive PHI for certain public health purposes, such as preventing or controlling disease, injury, or disability.

Victims of Abuse, Neglect, or Domestic Violence The City may disclose your PHI in certain circumstances to government authorities authorized by law to receive reports of abuse, neglect, or domestic violence, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.

Health Oversight Activities The City may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations; audits; inspections; licensure and disciplinary actions; civil, administrative, or criminal actions; or other activities necessary for the government to oversee the health care system, government benefits programs, government regulatory programs, and compliance with civil rights laws.

Lawsuits and Administrative Proceedings The City may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or administrative proceeding, or as required by law. In some cases, we may also disclose your PHI in response to a discovery request, subpoena, or other lawful process.

Law Enforcement The City may disclose PHI for law enforcement purposes, to a law enforcement official, if certain conditions are met. We may disclose PHI:

- as required by law, to report certain wounds or other physical injuries;
- in response to certain court orders, warrants, summons, subpoenas, grand jury subpoenas, or administrative requests that meet the relevant requirements;
- to identify or locate a suspect, fugitive, material witness, or missing person, within certain restrictions that apply to the disclosures that may be made;
- about a person who is or is suspected to be a crime victim, if we are unable to obtain the person's agreement, if certain criteria are met;
- regarding a person who has died, for the purpose of alerting law enforcement of the person's death, if we have a suspicion that such death may have resulted from criminal conduct;
- regarding evidence of criminal conduct that occurred on City premises; and
- in an emergency, to report a crime, the location or victim(s) of the crime, and the identity, description, and location of the perpetrator.

Deceased Patients The City may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other duties as authorized by law. If necessary, we may disclose PHI to funeral directors to perform their duties, as authorized by law.

Organ, Eye, or Tissue Donations If you are an organ donor, the City may use or disclose your PHI to an organ procurement organization or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue as necessary to facilitate organ, eye, or tissue donation and transplantation.

Research The City may use and disclose your PHI for research purposes in certain limited circumstances, such as the approval by an Institutional Review Board of an alteration to or waiver of your authorization for the use or disclosure of your PHI and the procurement of certain representations from the researcher.

Serious Threats to Health or Safety Consistent with applicable laws, the City may use and disclose your PHI if the City, in good faith, believes 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 and the disclosure is to a person(s) reasonably able to prevent or lessen the threat. In certain circumstances, the City also may use or disclose your PHI if the City, in good faith, believes the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual.

Military The City may use and disclose your PHI if you are a member of the Armed Forces or a foreign military, if certain criteria are met.

Specialized Government Functions The City may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and national security activities authorized by law. We may also disclose your PHI to authorized federal officials to protect the President, other authorized officials, or foreign heads of state, or to conduct investigations authorized by law.

Inmates The City may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate or under the lawful custody of a law enforcement official, in certain circumstances, such as health care, health, and safety.

Government Programs Providing Public Benefits The City, in administering a government program providing public benefits, may disclose PHI relating to the program to another government agency administering a government program providing public benefits, in certain circumstances, such as coordination or administration.

Workers' Compensation The City may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

De-identified Information The City may disclose PHI that does not personally identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

Business Associates The City may share your PHI with business associates that perform various activities (e.g., billing, legal services) on behalf of the City, and that provide certain types of services that involve PHI.

Treatment, Payment, or Health Care Operations The City may use or disclose your PHI for the treatment, payment, or health care operations activities of another health care provider who treats you.

Additional State Requirements

Illinois has several laws that provide additional privacy protections and/or require the release of specific types of your PHI under certain circumstances, including the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 *et seq.*, the AIDS Confidentiality Act, 410 ILCS 305 *et seq.*, the Genetic Information Privacy Act, 410 ILCS 513, *et seq.*, and the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301, *et seq.* The City will follow applicable federal and state record preservation and production requirements.

Other Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only upon receiving your valid written authorization, unless otherwise permitted or required by law. For example, in general, your valid authorization is required in order to use or disclose psychotherapy notes, subject to certain specific exceptions. We will not disclose or use your PHI for marketing or sell your PHI. You may revoke an authorization at any time by providing written notice to the address below. Your written revocation will only be effective for future uses and disclosures of your PHI; revocation of your authorization shall have no effect on uses or disclosures made before the withdrawal of the authorization.

Individuals Involved in Your Health Care and Notification Purposes

Unless you object, the City may release, to a family member, other relative, close personal friend, or other person identified by you, the PHI directly relevant to such person's involvement in your health care or payment related to your health care. Additionally, we may use or disclose PHI to notify or assist in the notification of a family member, personal representative, or other person responsible for your care.

We may make such uses and disclosures if we obtain your verbal agreement to do so; if we give you an opportunity to object to such a disclosure and you do not raise an objection; if we reasonably infer from the circumstances that you do not object to the disclosure; and, in certain circumstances (including incapacity and emergencies) where we are unable to obtain your agreement and we determine the disclosure is in your best interests.

We may use or disclose your PHI to an authorized public or private entity for the purpose of coordinating with disaster relief efforts. In the event that an individual is deceased, the City may use or disclose to a family member or other persons described above, the PHI that is relevant to such person's involvement in the deceased's care or payment for health care prior to the person's death.

Your Rights Regarding Your Protected Health Information

The City is required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event that the City discovers a breach of unsecured PHI.

As a patient, you have rights with respect to your PHI, including:

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the City limit certain uses and disclosures of your PHI. Any such request must be made in writing to the Privacy Officer listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The City is not required to agree to any restriction that you request, except if (1) the disclosure is to a health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law and (2) the PHI pertains solely to a health care item or service for which the City has been paid in full by you or a person other than the health plan.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. For example, you can ask that we only contact you at work or by mail. Requests must be made in writing to the Privacy Officer listed in this Notice, and, when appropriate, you must specify how payment will be handled and an alternative address or other method of contact.

Right to Access Your PHI

You have the right to inspect and obtain a copy of certain types of your PHI contained in a designated record set for as long as the PHI is maintained in the designated record set. A designated record set is a group of records maintained by or for the City, such as medical records and billing records, or payment and case management record systems, or those records that are used, in whole or in part, by or for the City, to make decisions about individuals.

To inspect and copy your PHI, contact the medical records section of the appropriate City department, or the Privacy Officer. We may deny your request to inspect and copy your PHI in certain circumstances. If you are denied access to your PHI, you will be provided with a written denial. If you request a copy of your PHI, we may charge a reasonable fee to copy any PHI that you have the right to access.

Right to Amend PHI

You have the right to request that we amend PHI or a record in a designated record set for as long as the PHI is maintained in the designed record set. The City may deny your request for amendment in certain circumstances, such as if we determine that the PHI is accurate and complete. Requests for an amendment of your PHI should be made in writing to the Privacy Officer listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI that the City has made, if any, in the six years prior to the date of your request. The City is not required to give you an accounting of uses or disclosures for purposes of treatment, payment, or health care operations, or to our business associates, such as a billing company or medical facility to which the City transported you. Additionally, the City is not required to give you an accounting of disclosures made to you about yourself; incident to a use or disclosure otherwise permitted or required; for which you have given us an authorization; or for certain other purposes set forth in the federal rules. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this Notice.

Right to Receive a Paper Copy of this Notice Upon Request

You have the right to receive a paper copy of this Notice upon request. If you allow us, we may send you this Notice by e-mail, and you still may obtain a paper copy of the

Notice upon request. Requests for a paper copy of this Notice should be directed to the Privacy Officer listed in this Notice.

Privacy Complaints

If you believe your privacy rights have been violated, you may file a complaint with the City and the Secretary of the United States Department of Health and Human Services. To file a complaint with the City, send written notice to the Privacy Officer at the address listed below. The City will not retaliate against you for filing a complaint.

Contact Information and Frequently Asked Questions (FAQ)

If you have questions about this Notice of Privacy Practices: Contact the City of Chicago's Privacy Officer at (312) 747-2237 or 333 S. State St., Rm. 200, Chicago, IL 60604, for further information about the matters covered by this Notice.

If you have questions about your ambulance bill: Please call (877) 987-2083.

If you would like a copy of the ambulance run report: Please call the Chicago Fire Department Medical Records Division at (312) 745-4222.

If you would like a copy of a death certificate: Please call (866) 252-8974. For additional options, visit the website for the Cook County Clerk, Vital Records: <http://www.cookcountyclerk.com/vitalrecords/deathcertificates/Pages/default.aspx>.

Effective Date

September 1, 2013.