

**Service, Inc. of Illinois**  
**Corporate Headquarters**  
**2300 Glenwood Ave. Joliet, IL 60435**

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**Notice of Privacy Practices (Revised 02-01-2020)**

This Notice is to comply with the Federal Law, Health Insurance Portability and Accountability Act of 1996 (HIPAA). This HIPAA Notice of Privacy practices describes how Service, Inc. of Illinois can use or disclose your protected health information and your rights to that information under Federal law.

PLEASE REVIEW THIS DOCUMENT CAREFULLY

When you receive our services, Service, Inc. of Illinois will compile personal information about you, including Protected Health Information (PHI). This information is usually collected at intake and at ongoing times while you, your ward, your family member or your minor child is receiving services from Service, Inc. of Illinois.

This revised HIPAA notice is effective 02-01-2020. Service, Inc. of Illinois is required to follow the terms of this Notice of Privacy Practices until the Notice of Privacy practices is revised. Service, Inc. of Illinois reserves the right to revise or change the contents of this notice at any time. The new notice will state "Revised" and will include the date the change(s) became effective and you will receive a copy of the new notice. The Notice if Privacy Practices is available at all Service, Inc. of Illinois locations.

Note: "We" refers to Service, Inc. of Illinois. "You" or "your" refers to the individual that is receiving service from Service, Inc. of Illinois.

**Protected Heath Information (PHI):**

- Protected Health Information (PHI) includes your past, present and future physical, medical or mental health conditions, provisions of health care to you and medical information that identifies you, or where there is a reasonable basis to believe the information can be used to identify you.
- Service, Inc. of Illinois is required by law to maintain the privacy and security of your Protected Health Information (PHI) and to inform you of its duties and privacy practices
- This notice describes some of the ways in which Service, Inc. of Illinois may use or disclose your protected health information, and the rights you have concerning your health information.

**Your Rights:** When it comes to your Protected Health Information (PHI), you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get a copy of your health records
  - You can ask to see or get a copy of your health records and other health information we have about you by submitting your request in writing to the HIPAA Privacy Officer (see page 4).
  - We will provide a copy or a summary of your health records, usually within 30 days of your request.

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- Ask us to correct health and claims records
  - You can ask us to amend your health records if you think they are incorrect or incomplete. If your request is approved, your request and the amendment will become part of your permanent record. You must submit your request in writing including the reason for the amendment request.
  - We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request confidential communications
  - You can ask us to contact you in a specific way (for example, home or cell phone) or send mail to a different address.
  - We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
- Ask us to limit what we use or share
  - You can ask us, in writing, not to use or share certain health information. Requests are submitted to the HIPAA Privacy Officer (see page 4).
  - We are not required to agree to your request, and we may say ‘no’ if it would affect your care and / or services.
- Get a list of those with whom we’ve shared information
  - You can ask for a list, in writing for an accounting of the times we’ve shared your health information, who we shared it with, and why. Requests are submitted to the HIPAA Privacy Officer (see page 4).
  - We will provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another within 12 months.
- Get a copy of this privacy notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.
- Choose someone to act for you
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
  - You can complain if you feel we have violated your rights by contacting our HIPAA Privacy Officer in writing or by telephone using the contact information on page 4 of this notice.

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- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/oct.privacy/hipaa/complaints/](http://www.hhs.gov/oct.privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
- In these cases, we never share your information
  - Marketing purposes
  - Sale of your information

**Our Uses & Disclosures:** With prior consent, we typically use or share your health information in the following ways:

- Help manage the health care treatment you receive
  - We can use your health information and share it with professionals and agencies who are providing services to you.
- Eligibility Determinations
  - We will disclose your health information for the purpose of determining eligibility for Medicaid Waiver services or other services available through the Department of Human Services, Division of Developmental Disabilities or the Division of Community Health and Prevention and Social Security Administration.
- Service Provision
  - We will disclose your health information to a potential provider for consideration for service provision or treatment.

**Other Uses & Disclosures:** Without prior consent, we disclose health information in the following ways:

- When Required by Law
  - We may disclose your health information as required by Federal, State or local laws, including disclosure to comply with a court ordered subpoena.
- Government Benefit Program
  - We may disclose your health information as needed for the administration of government benefit programs such as Medicaid or Social Security.
- Oversight and Monitoring

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- We may disclose your health information to the Department of Health & Human Services, Social Security Administration, Illinois Departments of Human Services Healthcare and Family Services and Public Health and Illinois Bureau of Quality Management.
- In an Emergency
  - We may disclose your health information to medical or law enforcement personnel if the information is needed to prevent harm to you.
- Mandated Reporting
  - Reporting and notification of abuse, neglect or domestic violence.

### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly in writing 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.
- For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **How to contact us:**

In Writing:  
Service, Inc. of Illinois  
Attn: HIPAA Privacy Officer  
2300 Glenwood Ave  
Joliet, IL 60435

By Phone:  
815-741-0800