

## CLIENT RIGHTS (continued)

**Accounting for Disclosures.** You may request an accounting of any disclosure we have made related to your confidential information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosures made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our **Privacy Contact**. We will notify you of the cost involved in preparing this list.

**Questions and Complaints.** If you have any questions, wish an additional copy of this Policy or have any complaints you may contact our **Privacy Contact** in writing at our office for further information. You also may complain to the U.S. Department of Health and Human Services if you believe our agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

**Changes in Policy.** The Kenneth Young Center reserves the right to change its Privacy Policy based on the needs of the agency and changes in state and federal law.

### Privacy Contact:

Samantha Vega, Health Information  
at (847) 524-8807 ext.109

### **About Kenneth Young Center:**

We help people feel good, do better & find solutions.

Services include:

- Education
- Intake and referral
- Emergency response
- Case management
- Counseling for individuals, couples, families
- Screening, psychiatric services for at-risk children
- Psychosocial Rehabilitation related to mental illness
- Support for frail elderly people and their families
- Volunteer opportunities



Kenneth Young Center  
1001 Rohlwing Rd  
Elk Grove Village IL 60007  
ph: (847) 524-8800 fax: (847) 524-8824  
deaf relay: 1-800-526-0857  
www.kennethyoung.org

# Kenneth Young Center

## 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 READ IT CAREFULLY.  
(Effective Date: April 14, 2003)



We respect client confidentiality and only release confidential information about you in accordance with the Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this agency.

## USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our agency. This includes for:

**Treatment.** We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our agency that we are consulting with or referring you to.

**Payment.** With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment and for billing purposes.

**Healthcare Operations.** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

### Privacy Contact:

If you have any questions about this policy or your rights contact Samantha Vega, Health Information at 847-524-8800 ext.109

## INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

**Emergencies.** Sufficient information may be shared to address the immediate emergency you are facing.

**Follow Up Appointments/Care.** We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to.

**As Required by Law.** This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

**Coroners.** We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

**Government Requirements.** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and with Illinois state agencies that fund our services..

**Criminal Activity or Danger to Others.** If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

**Fundraising.** As a not for profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a donation.

## CLIENT RIGHTS

You have the following rights under Illinois and federal law:

**Copy of Record.** You are entitled to inspect the client record our agency has generated about you. We do charge you a reasonable fee for copying and mailing your record.

**Release of Records.** You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

**Restriction of Record.** You may ask us not to use or disclose part of the clinical information. This request must be in writing. The Kenneth Young Center is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the **Privacy Contact.**

**Contacting You.** You may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are using is correct.

**Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the **Privacy Contact.** In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement if you disagree with us. We will then file our response and your statement and our response will be added to your record.

