

## **Identity Protection Policy**

It is important to safeguard social security numbers against unauthorized access because social security numbers can be used to facilitate identity theft. Champaign-Urbana Public Health District (CUPHD) will ensure the confidentiality and integrity of social security numbers that are collected, maintained, and used as required by the Illinois Identity Protection Act, 5 ILCS 179.

### **Prohibited Activities:**

No employee of CUPHD shall do any of the following:

- Publicly post or publicly display in any manner an individual's social security number.
- Print an individual's social security number on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the social security number to be on the document to be mailed.

Except as otherwise provided in this policy, no employee of CUPHD shall do any of the following:

- Collect, use, or disclose a social security number from an individual, unless required to do so under State or federal law, rules, or regulations, or the collection, use, or disclosure of the social security number is otherwise necessary.
- Require an individual to use his or her social security number to access an internet website.
- Use the social security number for any purpose other than the purpose for which it was collected.

### **Identity-Protection Requirements:**

- All employees and agents of the Champaign-Urbana Public Health District identified as having access to social security numbers in the course of performing their duties shall be trained to protect the confidentiality of social security numbers. Training shall include instructions on the proper handling of information that contains social security numbers from the time of collection through the destruction of the information.
- Only employees who are required to use or handle information or documents that contain social security numbers have access to such information or documents.
- Social security numbers requested from an individual shall be provided in a manner that makes the social security number easily redacted if required to be released as part of a public records request.

## **Non-Discrimination Policy**

Champaign-Urbana Public Health District, hereinafter referred to as the District, does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, religion, national origin, gender, handicap, or age in admission to, participation in, or receipt of the services and benefits under any of its program and activities.

### **Complaints**

Anyone having questions regarding this policy or believes that they may have been discriminated against on the basis of race, color, religion, national origin, disability, sexual orientation, or age, by the District or any of its employees or agents, can contact:

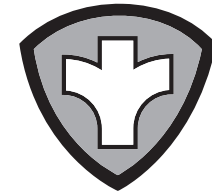
Champaign-Urbana Public Health District  
Public Health Administrator, Julie Pryde  
Phone: 217-531-5369

Director of Human Resources, Patricia Robinson  
Phone: 217-531-4257

Reporting an alleged violation to the District will not prevent anyone from filing a discrimination complaint with the U.S. Department of Human Services, Office for Civil Rights, at the following address and/or telephone number:

HHS Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, Illinois 60601

Phone: 312-886-2359  
TDD: 312-353-5693  
Fax: 312-886-1807  
Email: OCRCComplaints@hhs.gov



# **Public Health**

Prevent. Promote. Protect.

---

**Champaign-Urbana Public Health District**

[www.c-uphd.org](http://www.c-uphd.org)

## **Notice of Privacy Practices**

### **Identity Protection Policy**

### **Non-Discrimination Policy**

Champaign-Urbana Public Health District

201 W. Kenyon Rd. Champaign, IL 61820

217-352-7961

**This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.**

**Please review it carefully.**

## NOTICE OF PRIVACY PRACTICES

Protected health information (PHI), about you is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is legally required to maintain the confidentiality of your PHI and to follow specific rules when using or disclosing this information. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules when we are using or disclosing your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

If you have any questions about this Notice, please contact our Privacy Manager at 217-352-7961

### • **Your Rights Under the Privacy Rule**

Following is a statement of your rights under the Privacy Rule in reference to your PHI. Please feel free to discuss any questions with our staff.

- **You have the right to receive and we are required to provide you with a copy of this Notice of Privacy Practices** - We are required by law to follow the terms of this notice. We reserve the right to change the terms of the Notice and to make the new Notice provisions effective for all PHI that we maintain. We will provide you with a copy of our current Notice if you call our office and request that a copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location in the practice, and if such is maintained, on the practice's web site.
- **You have the right to authorize other use and disclosure** - This means we will only use or disclose your PHI as described in this Notice unless you authorize other use or disclosure in writing. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization at any time in writing except to the extent that your healthcare provider or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.
- **You have the right to request an alternative means of confidential communication** - This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, fax, telephone), and/or to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing using a form provided by our practice how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.
- **You have the right to inspect and obtain a copy of your PHI\*** - This means you may submit a written request to inspect or obtain a copy of your complete health record or to direct us to disclose your PHI to a third party. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable, cost-based, fee for paper or electronic copies as established by federal guidelines. We are required to provide you with access to your records within 30 days of your written request unless an extension is necessary. In such cases we will notify you of the reason for the delay and the expected date when the request will be fulfilled.

- **You have the right to request a restriction of your PHI\*** - This means you may ask us in writing not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. If we agree to the requested restriction, we will abide by it except in emergency circumstances when the information is needed for your treatment. In certain cases we may deny your request for a restriction. You will have the right to request, in writing that we restrict communication to your health plan regarding a specific treatment or service that you or someone on your behalf has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

- **You have the right to request an amendment to your PHI\*** - This means you may submit a written request to amend your PHI for as long as we maintain this information. In certain cases, we may deny your request.

- **You have the right to request a disclosure accountability\*** - You may submit a written request for a listing of disclosures we have made of your PHI to entities or persons outside of our practice except for those made upon your request, or for purposes of treatment, payment, or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.

- **You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

\* If you have questions regarding your privacy rights, or would like to submit any type of written request described above, please feel free to contact our Privacy Manager. Contact information is provided at the bottom of the following page.

### • **How We May Use or Disclose Protected Health Information**

The following are examples of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive but to describe possible types of uses and disclosures.

- **Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.
- **Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as making a determination of eligibility or coverage for insurance benefits.
- **Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests; to provide information that describes or recommends treatment alternatives regarding your care or to provide information about health related benefits and services offered by our office. We may contact you regarding fundraising activities, but you will have the right to opt out of receiving further fundraising communications. Each fundraising notice will include instructions for opting out.

- **Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

- **Health Information Organization** - The practice may elect to use a health information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment or healthcare operations.

- **To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI (e.g., in a disaster relief situation), then your healthcare provider may using professional judgment determine whether the disclosure is in your best interest. In this case only the PHI that is necessary will be disclosed.

- **Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization or providing you an opportunity to object for the following purposes: if required by state or federal law; for public health activities and safety issues (e.g., a product recall); for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner or funeral director; to respond to organ and tissue donation requests; to address worker's compensation, law enforcement and certain other government requests, and for specialized government functions (e.g., military, national security, etc.); with respect to a group health plan to disclose information to the health plan sponsor for plan administration; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

### Privacy Complaints

You have the right to complain to us, or directly to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

You may ask questions about your privacy rights, file a complaint or submit a written request (for access, restriction, or amendment of your PHI or to obtain a disclosure accountability) by notifying our Privacy Manager at 217-352-7961.

Effective date: 12-1-2013; Rev. 02/2018

See back for more information.