

Illinois Department of Human Services

CORNERSTONE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have questions, please contact the Cornerstone Privacy Office address or phone number on the back of this notice.

Who will follow this Notice?

Cornerstone is an information system that is used to provide prevention services to you. These services are provided in a partnership with local agencies, the Illinois Department of Human Services (IDHS) and yourself. The information about privacy practices will be followed by:

- All local agency staff who use Cornerstone to provide services to you.
- All IDHS staff who use Cornerstone to assure the quality of services that you receive.

Cornerstone users understand that health information about you is personal. Those using the system are required by law to maintain the privacy of your and your family's health information and to inform you of their legal duties and privacy practices. This Notice describes some of the ways in which Cornerstone users may use or disclose your or your family's personal health information, and the rights you have concerning your or your family's health information.

How local agency staff who use Cornerstone may use and disclose information you you.

The purposes for which Cornerstone users routinely use or disclose your or your family's health information are described in the Cornerstone Informed Consent Form. This Notice **DOES NOT** replace that form. Cornerstone users will continue to seek your consent to use or disclose your or your family's health information as described in the consent form and as required by the privacy laws governing individual programs.

Your rights regarding health information about you.

In most situations, **you have the right to look at or get a copy of the health information** that Cornerstone maintains about you or your family. If you request copies, you may be charged a fee for the cost of copying, mailing or other related supplies. If your request is denied, you may submit a written request for a review of that decision. You must submit your request in writing to your Cornerstone user's office (the agency that collected information about you), and include a time period for which you wish to review your records.

If you believe that the information in the Cornerstone record is incorrect or if important information is missing, **you have the right to request that the Cornerstone user(s) amend the health information** they have collected or maintain about you or your family if you feel it is 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 to your cornerstone user's office (the agency that collected information about you). You must state the reason you are requesting an amendment.

You have a right to a list of each time your Cornerstone user(s) has disclosed health information about you, other than for treatment, payment, health care operations or where you specifically authorized disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a six-year period and starting after April 14, 2003. You must submit your request to your local Cornerstone user's office (the agency that collected information about you). Please note that you may be charged a reasonable fee, unless such a fee would prevent you from exercising this right.

You may request, in writing, that we not use or disclose health information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you. **NOTE:** Cornerstone users are not required to agree to your request.

You have a right to request that health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home.

You have a right to receive additional copies of this Notice upon request. To request additional copies, please contact your Cornerstone User's office.

Complaints

If you believe these rights have been violated by a Cornerstone user, you may contact the Privacy Officer for the Cornerstone user (the agency that collected information about you). If you believe that the Illinois Department of Human Services has violated these rights, you may contact the Department's Privacy Office or the U.S. Department of Health and Human Services.

To receive additional information or to file a complaint with the Illinois Department of Human Services, please contact the Cornerstone Privacy Office at 217/782-5945. Finally, you may send a written complaint to the U.S. Department Office of Civil Rights of Health and Human Services. The Cornerstone Privacy Office can provide you the address.

Revisions/Changes to Privacy Notice

This notice is effective beginning July 1, 2003. Cornerstone users are required to follow the terms of this Notice until the Notice is revised. Cornerstone reserves the right to revise or change the contents of this notice at any time. If it does so, the new notice will be available at all Cornerstone user sites and on the DHS website at www.dhs.state.il.us within 30 days after the effective date of the change. The new notice will state "Revised" and will include the date the change became effective.