

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PRIVACY PRACTICES FOR THE AIDS DRUG ASSISTANCE PROGRAM**

**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 GIVES YOU INFORMATION, AS REQUIRED BY LAW**, about the duties and practices of the Illinois Department of Public Health (IDPH) to protect the privacy of your personal health information. Because IDPH provides you pharmaceutical services through the AIDS Drug Assistance Program (ADAP), the Department receives and maintains personal health information about you. IDPH may contract with companies or individuals to help provide these services to you; therefore, contractors also may receive and maintain your personal health information.

**THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003.** IDPH is required to follow the terms of this Notice until it is replaced. The Department reserves the right to change the terms of this Notice at any time. If IDPH makes changes to this Notice, a revised version will be sent to all customers enrolled at that time. The most current Notice is posted on IDPH's Web site: <<http://www.idph.state.il.us/health/aids/adap.htm>>. IDPH reserves the right to make the new changes apply to all your personal health information maintained by the Department after the date of the new Notice.

**Purposes for which IDPH may use or disclose your personal health information without your authorization**

- **Health Care Providers' Treatment Purposes.** For example, IDPH may disclose your personal health information to your doctor, at the doctor's request, for treatment by your doctor.
- **Payment.** For example, IDPH may use or disclose your personal health information to provide eligibility information to your doctor when you receive treatment, to pay for claims for covered health care services, or to recover costs from other medical insurance or probate estates.
- **Health Care Operations.** For example, IDPH or its contractors may use or disclose your personal health information (1) to conduct quality assessment and improvement activities; (2) to review applications for services; (3) to engage in care coordination or case management; (4) to manage, plan or develop IDPH's services and budget; (5) to coordinate services with another public benefit program; or (6) to cooperate with state and federal auditors.
- **Health Services.** IDPH or its contractors may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **As Required by Law.** For example, IDPH is required by law to allow the United States Department of Health and Human Services to audit IDPH records. IDPH may disclose your personal health information necessary to comply with workers' compensation or other laws. The Department also may be required to disclose personal health information about abuse, neglect or domestic violence to governmental or social services agencies.
- **Public Health Activities and Public Health Reporting.** For example, IDPH is permitted to disclose protected health information for public health activities (such as surveillance and investigation), interventions and activities related to public health oversight.
- **Other Reasons**
  - To comply with legal proceedings, such as a court or administrative order or subpoena
  - To law enforcement officials or to correctional institutions for limited law enforcement and health and safety purposes
  - With your written authorization, to a family member, friend or other person, to help you with your health care or payment for your health care
  - To your personal representative appointed by you or designated by law
  - For research purposes in limited circumstances and where the information will be protected by the researchers
  - To a coroner, medical examiner or funeral director to identify a deceased person or to arrange payment benefits
  - To an organ procurement organization in limited circumstances
  - To avert a serious threat to your health or safety or the health or safety of others
  - To a governmental agency authorized to oversee government health care programs
  - To federal officials for lawful national security purposes
  - To appropriate military authorities, if you are a member of the armed forces

**Uses and disclosures with your permission.** IDPH will not use or disclose your personal health information for any other purposes unless you give IDPH your written authorization to do so. In most cases, you may revoke your written authorization at any time, unless IDPH has relied upon your authorization for a continuing disclosure, for example, for a research study. Your revocation will be effective from the date IDPH receives the revocation forward, for all your personal health information that the Department maintains. Authorization and revocation forms are available at IDPH through the AIDS Drug Assistance Program or through the Department's privacy officer. See address information on page 2.

**Your rights.** You may make a written request to IDPH to do one or more of the following concerning your personal health

information that IDPH maintains:

- To put additional restrictions on IDPH's use and disclosure of your personal health information. IDPH does not have to agree to your request under certain circumstances.
- To have IDPH communicate with you in confidence about your personal health information by a different means or at a different location than IDPH is currently doing. Your request must be in writing specifying the alternative means or location to communicate with you.
- To see and get copies of your personal health information. You may be charged a nominal fee for the copies.
- To correct your personal health information. In some cases, IDPH does not have to agree to your request.
- To receive a list of disclosures of your personal health information that IDPH and its contractors made for certain purposes for the last six years, but not for disclosures made before April 14, 2003.
- To have IDPH send you another copy of this Notice.

If you want to exercise any of the rights described in this Notice, please contact Nancy Abraham at the address below. IDPH will give you the necessary information and forms for you to complete and return to the Department.

Nancy Abraham  
ADAP Administrator  
Illinois Department of Public Health  
525 W. Jefferson St.  
Springfield, IL 62761  
217-524-5983  
Fax 217-785-8013  
E-mail [adap@idph.state.il.us](mailto:adap@idph.state.il.us)

**Complaints.** If you believe your privacy rights have been violated by IDPH, you have the right to complain to IDPH or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with IDPH at the address below. IDPH will not retaliate against you if you choose to file a complaint with IDPH or with the U.S. Department of Health and Human Services.

**Privacy Officer.** To request additional copies of this Notice or to receive more information about IDPH's privacy practices or your rights, or to file a complaint, please contact the chief privacy officer at the following address:

Chief Privacy Officer  
Illinois Department of Public Health  
535 W. Jefferson St. - Fifth Floor  
Springfield, IL 62761  
E-mail [PrivacyOffice@idph.state.il.us](mailto:PrivacyOffice@idph.state.il.us)

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**TEAR HERE**

**ACKNOWLEDGMENT OF RECEIPT**

Please complete this acknowledgment of receipt of the "Notice of Privacy Practices" and return to Nancy Abraham at IDPH to the first address above.

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the IDPH "Notice of Privacy Practices" pertaining to ADAP. The effective date of this Notice is April 14, 2003.

Legal guardian \_\_\_\_\_

Parent of minor child \_\_\_\_\_

Personal representative \_\_\_\_\_

Date \_\_\_\_\_