

# CountyCare Notice of Privacy Practices

**THIS NOTICE TELLS YOU HOW YOUR HEALTH INFORMATION MAY BE USED AND SHARED BY YOUR HEALTH PLAN. IT ALSO DESCRIBES HOW YOU CAN ACCESS YOUR OWN HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## What Is This Document?

This document, called a “Notice of Privacy Practices,” tells you how CountyCare (“us”, “we”) may use and share your health information and demographic information including but not limited to your race, ethnicity, language, or sexual orientation. This notice also describes your rights to access your information and our responsibilities to protect it. We must keep your health information private and secure.

## What Is Health Information?

“Health information” means any information related to your health care that identifies you. Examples include but are not limited to your name, date of birth, details about health care you received or amounts paid for your care.

## Why Are You Giving This to Me?

We are required by law to protect the privacy of your health information and provide you with information on how we use and share it. We are also required by law to give you this notice. These state and federal laws strengthen our commitment to you as our member to carefully maintain and safeguard your confidentiality. Although it is not health information, we also apply the same privacy and protection to your demographic information such as race, ethnicity, language and sexual orientation.

We will not use or share your information other than as described here, unless you tell us we can in writing. Your demographic information will not be used for denial of services, coverage, or benefits. If you tell us we can share your information, you may change your mind at any time. Let us know in writing if you change your mind.

## Who Follows This Notice?

All employees, contractors, consultants, vendors, volunteers and other health care professionals and organizations who work with CountyCare follow this notice.

## How We Can Use and Share Your Health and Demographic Information

**To Manage Your Health Care Treatment.** We will use and share your information to help with your health care.

**For Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange for additional services.

**For Example:** We may share your health and demographic information (such as your preferred language) with a service agency that arranges health care supportive housing services.

**For Health Care Operations.** We will use and share your health information to help us do our job and assess how well we are doing it. We may contact you when necessary or if you have opted in to being contacted.

**For Example:** We will use your health information to develop better services for you or to make sure you are receiving good services.

**For Example:** We submit data related to your health information to the State of Illinois to show we are following our contract.

**To Pay for your Health Services.** We may use and share your health information as we pay for your health services.

**For Example:** We share information about you with your prescription plan to coordinate payment for your prescriptions.

**To Administer Your Plan.** We may share your health information with other businesses that have a contract with CountyCare for plan administration.

**For Example:** We will share your information with a transportation company to make sure you get to your appointments.

**With Business Associates.** We may share your health information with another company, called a “business associate,” which we hire to provide a service to us or on our behalf. We will only share your information if the business associate has agreed in writing to keep health and demographic information private and secure.

## **How We Can Use or Share Your Health and Demographic Information with Your Permission**

You can choose how we use and share your information in the situations described below. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

**With Individuals Involved in Payment for Your Care.** We may share health information about you with your family members, friends or any other person you tell us is involved in your health care or who helps pay for it. You have the right to ask that we not share your information with certain people, but you must let us know. In an emergency situation or other circumstance where you are not able to tell us your preference, we may share some information with family, friends or others if we believe it is in your best interest.

### **To Share Information About Health-Related Benefits, Services and Treatment**

**Alternatives.** We may tell you about health services, products, possible treatments or alternatives available to you. We may provide you information through a general newsletter, in person or by way of products or

services of nominal value. We may share your health information with a business associate to assist us in these activities. We may contact you by email or text message for

[www.countycare.com](http://www.countycare.com) 312-864-8200

appointment reminders, member surveys, wellness program benefits or other general communications and health care content if you provide us with your email address and/or mobile phone number. Contact may be made by phone call, email or text message if you have provided those methods of contact. You may reach out to us and specifically request that we do not contact you via any of those methods. We may not sell your health information without your written permission.

**With Parents and Legal Guardians of Minors.** We may disclose health information about minor children to their parents or legal guardians, unless such disclosure is prohibited by law. If a minor is emancipated, married, pregnant or a parent, we will not share the minor's information with their parents or legal guardians without the minor's permission. If a minor is receiving care for certain sensitive conditions, such as HIV/AIDS, mental health conditions, reproductive care and others, we will not disclose this information to the minor's parents or legal guardians without permission, unless required or allowed by law.

**To Perform Research.** We may use and disclose your health information for research purposes. Most research projects, however, are subject to a special approval process and require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. The law allows some research to be done using your health information without requiring your authorization.

## How We Must Share Your Health Information

We also have to share your information in situations that help contribute to the public good or safety or if we are required by law to share your information. We have to meet many legal conditions before we can share your information for these purposes.

**Public Health and Safety.** We may share your health information for public health and safety reasons.

For example:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect
- To help report information to the U.S. Food and Drug Administration (FDA) about products it oversees;
- To report adverse reactions to medications;
- To let you know that you may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- To your employer in certain limited instances.

**With Law Enforcement.** We will share health information about you when we are required to do so by federal, state or local law or by the courts.

For example:

- To respond to a court order, warrant, summons or other similar process;
- To identify or locate a suspect, fugitive, material witness or missing person; or
- To obtain information about an actual or suspected victim of a crime.

We may share information with a law enforcement official:

- If we believe a death was the result of a crime;
- To report crimes on our property; or
- In an emergency.

**As a Part of Legal Proceedings.** We can share health information about you in response to a court order or a subpoena. We will only share the information stated in the order. If we receive any other legal requests, we may share your health information if we are told that you know about it and do not object to the release.

**During an Investigation.** We will share your information with the Secretary of the U.S. Department of Health and Human Services if they ask for it as part of an investigation of a privacy violation. Under the same laws, we must give you records about yourself that you request. In some limited circumstances, we are allowed to keep some information from you.

**Special Governmental Functions.** We may share your health information with:

- Authorized federal officials;
- Armed forces command authorities or federal agencies to see if you are fit for military duty, eligible for veteran's health benefits or medically fit to receive a security clearance;
- For intelligence, counter-intelligence and other national security activities; and
- To protect the President of the United States.

**Abuse and Neglect.** We may have to share your information to report suspected abuse, neglect or domestic violence to state and federal agencies. You will likely be told that we are sharing this information with these agencies.

**For Disaster Relief.** We may share your health information in a disaster relief situation.

**Prevent a Serious Threat to Safety.** We may use and share your health information to prevent or reduce a serious threat to your health and safety or the health and safety of others.

**Coroners, Medical Examiners and Funeral Directors.** We may share health information with a coroner or medical examiner to identify a dead person or find the cause of death. We also may share health information with funeral directors if they need it to do their job.

**Health Oversight Activities.** Certain health agencies oversee health care systems and government programs to make sure that civil rights laws are being followed. We may share

your information with these agencies for these purposes.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to the organizations in charge of getting, transporting or transplanting an organ, eye or tissue.

**Workers' Compensation.** We may share your health information with agencies or individuals to follow workers' compensation laws or other similar programs.

## How We Protect the Use of Your Information

**How We Keep Your Information Safe.** We take steps to protect your health and demographic information and keep it private. We use both physical and electronic safeguards to protect your health information, including secure computer systems, access and password controls, employee minimum necessary and use restriction policies, and mandatory employee and vendor training.

## Your Rights Regarding Your Health and Demographic Information

**You Have the Right to Request Restrictions.** You have the right to ask us to limit the ways we use and share your health information for treatment, payment and health care operations. However, we do not have to agree to the request. We must agree to the request if the disclosure is for the purpose of carrying out payment or for health care operations and is not otherwise required by law. We must also agree to the request if the health information is only about a health care service or item that you or a person other than your health plan has fully paid for on your behalf. You may also ask us to limit the information that we use or share with your family members, friends or any other person who you tell us is involved in your care or helps pay for it.

You must submit your request in writing, and it must be signed and dated. You should describe the information you want to limit and tell us who should not receive this information. You must submit your written request to CountyCare Health Plan, Attention: Compliance, 1950 W. Polk St., Suite 9217, Chicago, IL 60612. We will tell you if we agree with your request or not.

If we do agree, we will follow your request, unless the information is needed to treat you in an emergency.

**You Have the Right to Get a Copy of Your Designated Record Set.** You have the right to read or get a copy of your designated record set that we have about you.

To see and obtain copies of this information, you must make a request in writing. We will give you a copy or a summary of your designated record set within 30 days of your request. If you request a copy of your designated record set, we may charge a reasonable fee for the costs of copying, mailing or other activities associated with your request.

**You Have the Right to Request Changes.** You may ask us to change your health information, demographic, or payment record if you think it is incorrect or incomplete. You must send us a written request, and you must provide the reason why you want the change. We are not required to agree to make the change. If we do not agree to the requested change, we will tell you why in writing within 60 days. You may then send another request if you disagree with us. It will be attached to the information you wanted changed or corrected.

**You Have the Right to Request Confidential Communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests. We must agree if you tell us you would be in danger if we do not follow your request.

**You Have the Right to an Accounting of Disclosures.** You have the right to make a written request for a list of the times we have shared your health information in the past six years. The list will have who we shared it with, the date it was shared and why. We will include all disclosures, except for those about treatment, payment and health care operations or any disclosure you asked us to make. We'll provide one accounting per year for free but will charge a reasonable fee if you ask for another within 12 months. Your written request must specify a time period for these disclosures.

**You Have the Right to a Paper Copy of This Notice.** You have the right to ask for a paper copy of this notice at any time. We will provide you with one promptly.

**You Have the Right to 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. If you have chosen someone to act for you, you must provide a copy of the documentation giving that person authority to act for you.

**Reproductive Health Information.** We will not use your health information to conduct or assist others in conducting investigations or imposing penalties on you for the mere act of seeking, obtaining or facilitating reproductive health care that is lawful. In instances where we receive requests for your health information that may include reproductive health information for health oversight

activities, judicial or administrative proceedings, law enforcement purposes or disclosures to coroners and medical examiners, we will obtain a signed attestation from the requestor stating that their request is not for a prohibited purpose.

We will inform them that improper uses and disclosures of your health information may result in criminal penalties.

**Genetic Information.** We are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage.

**Substance Use Disorder (SUD) Treatment Information.** If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a consent you provide to that Program to use and disclose the Part 2 information for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 information for those same purposes. This is consistent with HIPAA requirements and uses and disclosures described in this Notice. If we receive or maintain your Part 2 information through specific consent you provide to us or another

third party, we will use and disclose your Part 2 information only as permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 information, or testimony on information contained in your Part 2 Program record in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by you or the order of a court after it provides you notice of the court order.

**Use of Your Information for Our Marketing.** We may not use or disclose your health information for marketing purposes, unless we have your written permission.

**Sale of Your Information.** We may not sell your health information, unless we have your written permission.

## **Other Uses and Disclosures of Your Health Information**

**Sensitive Information.** Some types of health information are very sensitive and subject to additional protections. The law may require that we obtain your written permission to share this information. Sensitive health information may include genetic testing; HIV/ AIDS testing, diagnosis or treatment; mental health conditions; alcohol and substance abuse; sexual assault; or in-vitro fertilization. Your permission is also required for the use and sharing of psychotherapy notes.

## **Changes To This Notice**

We may change our privacy policies, procedures and this notice at any time, and the changes will apply to all information we have about you. If we change this notice, the new notice will be posted on our website, and we will mail a copy to you.

## **What If I Need to Report A Problem?**

If you are unhappy and report a problem, we will not use your complaint against you.

If you believe CountyCare has violated your privacy rights in this notice, you may file a complaint with CountyCare or with the U.S. Department of Health and Human Services Office for Civil Rights. You can do so by sending a letter to:

U.S. Department of Health and Human  
Services Office for Civil Rights  
200 Independence Ave. S.W.  
Washington, D.C. 20201

You can also call 877-696-6775, or you may visit <https://hhs.gov/hipaa/filing-a-complaint/> to file a complaint.

You can contact the Cook County Health Office of Corporate Compliance and/or the Cook County Health Privacy Officer to discuss any concern you have using the information below:

Cook County Health & Hospitals System  
1950 W. Polk St., Suite 9217  
Chicago, IL 60612  
Telephone: 1-877-476-1873  
[compliance@cookcountvhhs.org](mailto:compliance@cookcountvhhs.org)