

# NOTICE OF PRIVACY PRACTICES

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

**PLEASE REVIEW IT CAREFULLY.**

**THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

## **Purpose of This Notice**

ServicePoint is a centralized case management system that allows authorized participating agency personnel throughout Will County, Illinois, to collect client data, produce statistical reports, and share information with select partner agencies if a “release of information” form is signed by the client.

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your personal information. It also tells you how to submit complaints to us or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request. We may change our practices and those changes may apply to information we already have about you as well as any new information we receive in the future.

## **Instructions**

We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. All participating agencies must approve each Notice of Privacy Practices to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

Each participating agency, and/or the agency’s associates, must also have the Notice available at the service delivery site for individuals to request to take with them. Whenever the Notice is revised, the revised Notice must be made available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the revised Notice must be distributed to each new client at the time of service delivery upon request.

## **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your private personal information. We are also required, upon request, to give you this notice about our privacy practices, our legal duties and your rights concerning your private personal information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect immediately, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all private personal information that we maintain, including private personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time.

## **How We Use or Disclose Your Private Personal Information**

### **To Provide Services**

We will use private personal information about you to provide you with services. We may share this information with members of our staff or with others involved in your support. We may also disclose your private personal information to a member of your family or other person who is involved in your care upon your approval.

### **For Administrative Operations**

We may use or disclose your private personal information for operational purposes. For example, we may use your private personal information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.

## **Other Uses or Disclosures of Your Personal Information**

**Service Alternatives** – We may use and disclose private personal information about you to contact you about other services that are available to you

**Related Benefits and Services** – We may use and disclose private personal information about you to contact you about other benefits or services that may interest you.

**Individuals Involved in Your Care** – With your approval, we may disclose private personal information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care. We may also use or disclose private personal information about you to notify those persons of your location, general condition or death.

## Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time. If you cancel an authorization it will not have any affect on information that we have already disclosed.

## Your Rights

The information contained in your record maintained by the **AGENCY** is the physical property of the **AGENCY**. The information in it belongs to you. You have the following rights:

**Right to Request Restrictions** – You have the right to ask us not to use or disclose your private personal information for a particular reason related to our services or our operations. You may ask that family members or other authorized individuals not be informed of specific private personal information. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or the **AGENCY** can stop a restriction at any time.

**Right to Inspect and Copy Your Protected Personal Information** – You have the right to request to inspect and obtain a copy of your private personal information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

**Right to Request Amendments to Your Protected Personal Information** – You have the right to request that we correct your private personal information. If you believe that any private personal information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision.

**Right To Obtain a Copy of the Notice** – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

## Participating Agencies

The following are Agencies and Service Providers that participate in ServicePoint:

- Agape Missions, Inc.
- Catholic Charities Community Services/Daybreak
- Cornerstone Services, Inc.
- Crisis Line of Will County
- Lamb's Fold Women's Center
- MorningStar Mission Ministries, Inc.
- Will County Center for Community Concerns
- All sub providers of the above

## Complaints

You have the right to complain to us and to the United States Secretary of Housing and Urban Development if you believe we have violated your privacy rights. There is no risk in filing a complaint.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your private personal information or in response to a request you made to amend or restrict the use or disclosure of your private personal information, or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in this notice.

### To file a complaint with us, contact by phone or by mail:

Complaint Officer: \_\_\_\_\_  
\_\_\_\_\_

## Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Will County Continuum of Care Coordinator  
304 North Scott Street  
Joliet, IL 60432  
(815) 722-0722, Ext 222  
(815) 722-6344 FAX

By phone with questions or with written requests for information as defined under the **Your Rights** section of this notice. Complaints or questions may be made by phone or in writing.

We support your right to protect the privacy of medical information. We will not retaliate in any way if you choose to file a complaint with us.

## Notice of Privacy Practices Receipt and Acknowledgment of Notice

Name: \_\_\_\_\_  
(please print)

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Will County Continuum of Care's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights I can contact the Coordinator for the Will County Continuum of Care as directed in this Notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_