



PRIMO CENTER

for WOMEN and CHILDREN

STATEMENT OF RIGHTS

Primo Center is committed to insuring that you receive professional and humanistic services directed toward your needs in a manner that protects your dignity, feelings of self-worth and self-determination. To this end, the following Statement of Rights has been formulated and will be distributed to clients at intake and annually:

CIVIL RIGHTS

1. Right to be treated with dignity and respect and shall be free from abuse, neglect, exploitation and sexual harassment.
2. Retain all rights, benefits and privileges guaranteed by law.
3. Rights are protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Confidentiality Act [405 ILCS 5].
4. Services will be explained using language or a method of communication the client understands and documentation of such explanation will be placed in his/her record.
5. Right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5]. The agency will make reasonable accommodations to clients with disabilities.

CONFIDENTIALITY

1. Right to confidentiality as governed by the Confidentiality Act [740 ILCS 110] & the Health Insurance Portability & Accountability Act of 1996 (45 CFR 160 & 164).
2. All information concerning you is held confidential and released only through procedures consistent with the law and professional ethics. Your records can be subpoenaed by the Courts without your permission; however, should this occur, the situation will be discussed with agency's legal counsel and will only be released with a court order.
3. Right to review and approve any information being requested by another provider giving services to you. You must sign a release for your information to be forwarded (written or communicated).

DISCRIMINATION

Primo Center does not discriminate against patients or clients based upon the individual's inability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP; or the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Services will be provided in a trauma informed manner, with the understanding that time is of the essence.

TREATMENT



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1. Right to an Individual Service Plan for services and will be expected to participate in the development of the plan. Your service plan will be developed with your input, no later than 30 days after completing an assessment and will be reviewed at a minimum of once every six months.
2. Right to know the name and professional credentials of anyone working with you.
3. You may request to participate in any staff meeting regarding yourself.
4. You may review your clinical records upon written request.
5. You will be assigned a therapist/counselor who will assist you in obtaining services as agreed upon in your individual plan for services.
6. Right of Informed Consent with regard to all aspects of services provided by Primo.
7. You will be advised of positive effects and possible complications of any drugs or medications prescribed by a physician involved in your services.
8. Right to refuse to participate in, or be interviewed for, research purposes.
9. You have the right to refuse treatment/services without incurring any negative consequences from the Agency at any time.
10. You have the right to confer with family, attorney, physician, and others at any time.
11. You have the right to mental health services in the least restrictive setting.

EVALUATION

1. Consistent with providing professional and quality services, you will be given the opportunity to evaluate all aspects of your services and the personnel with whom you were involved by way of satisfaction surveys, and other organizational improvement activities. You will be asked to evaluate your service, in writing, during or upon completion of the same.

GRIEVANCES PROCEDURE

1. If you feel your services have not been provided fairly or reasonably, you may present your concerns in person, in writing, or anonymously by completing the Grievance Form, to your therapist/counselors' immediate supervisor. You may also call (773) 379-1127, to speak with your therapist/counselors' immediate supervisor or email, Christine Achre, CEO of Primo Center at cachre@primocenter.org. You have the right to appeal adverse decisions up to and including the Chief Executive Officer. The CEO decision will be the final administrative decision. Primo Center welcomes your input and feedback and please beware that there will be no negative consequences in reference to your complaint.
2. You have the right to legal resources.
3. You have the right to contact the public payer/HFS and be informed of the public payer/HFS process for reviewing grievances
4. You have the right to contact the following agencies if you feel your rights are being violated:

Illinois Guardianship and Advocacy Commission

Equip for Equality



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160 N. LaSalle, Suite S500
Chicago, IL 60601
(312) 793-5900

11 E. Adams, Suite 1200
Chicago, IL 60603
(312) 341-0022

Illinois Department of Human Services
160 N. LaSalle
Chicago, IL 60601
800-843-6154 (English and Spanish)

DCFS
1921 South Indiana Avenue
Chicago, IL 60616
(312) 808-5000

4. Services cannot be denied, suspended, terminated, or reduced for exercising any of your rights.

MUTUAL RESPONSIBILITIES OF AGENCY AND CLIENT

1. Deciding on the plan for services.
2. Determining the frequency and duration of services.
3. Involving family members or significant others in care decisions.

ADMISSIONS

You have the right to receive the appropriate service(s) based on your identified needs and a sound clinical assessment.

HIPAA

By signing below, I hereby acknowledge receipt of Primo Center's Privacy Notice and consent to the uses and disclosures described in the Privacy Notice.

EACH CLIENT SHALL BE GIVEN A COPY OF THE STATEMENT OF RIGHTS FOR HIS/HER PERSONAL USE.

I have read and understood the Statement of Rights. A copy was given to and reviewed with client & parent/foster parent/guardian on this date:

Participant's Signature: _____

Staff's Signature: _____



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Privacy Notice

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

EFFECTIVE DATE:

04/22/2012

Updated:

01/08/2015, 7/10/2017. 9/4/2019

Your Privacy is Important

Primo Center understands your privacy is important. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information.

If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

- Agency's Privacy Officer
- State Advocate
- Secretary of Health and Human Services of the Federal government

Addresses and phone numbers to use are listed at the end of this notice. You will not suffer any change in services or retaliation for filing a complaint.

Each time you receive service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

Your federally defined rights under 45 CFR Parts 160 and 164 (HIPAA Privacy Standards).

There are several rights concerning your protected health information that we want you to be aware of:

- You have the right to inspect or to request copies of your medical records. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to *your Primary Service Coordinator*. If denied access, you will receive a timely, written notice of the

decision and reason, and a copy of this notice becomes a part of your record.

- You have the right to request amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to *your Primary Service Coordinator*. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.
- You have the right to receive an accounting of the agency's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.
- You have the right to request from *your Primary Service Coordinator* a restriction with regards to the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer and you will be informed promptly restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to *your Primary Service Coordinator*. We will agree to all reasonable requests.
- You have the right to obtain a paper copy of this Privacy Notice at any time upon request.

Use and Disclosure of Your Information



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Upon signing the agency's Consent to Treatment form, you are allowing us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment of provided treatment/services, and conduct our day to day health care operations.

EXAMPLES

In order to effectively provide treatment/service, your Primary Service Coordinator may consult with various service providers within the agency.

During those consultations health information about you may be shared.

In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form.

In day-to-day health care operations trained staff may handle your physical medical record in order to have the record assembled, available for review by the Primary Service Coordinator, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Mental Health, Mental Retardation and Substance Abuse Services (The Department). As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization. Records may also be reviewed during accreditation processes.

Enhancing Your Healthcare

Some agency programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by call or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you.

The Community Food Security (CFS) afternoon snack programs are required by the USDA to

maintain a log of those participating

Individuals Involved in Your Care or Payment for That Care

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

Specific Circumstances for Disclosure

This agency is also allowed by federal and state law in certain circumstances to disclose specific health information about you.

These specific circumstances are:

- As required by law (ex: reports required for public health purposes, such as reporting certain contagious diseases)
- Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- Law Enforcement purposes (ex: reporting of gunshot wounds; limited information requested about suspects, fugitives, material witness, missing persons; criminal conduct on premises)
- To avert a serious threat to Health and Safety of another person (ex: in response to a specific threat made by person served to harm another)
- Children or incapacitated adults who are victims of abuse, neglect or exploitation
- Specialized Government functions
- Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission)
- National Security and Intelligence activities (ex: in relation to protective services to the President of the United States)
- State Department (ex: medical suitability for the purpose of security clearance)
- Correctional Facilities (ex: to correctional facility about an inmate)
- Workers Compensation to facilitate processing and payment
- Coroners and Medical Examiners for identification of a deceased person or to determine cause of death
- To the Department of Health and Human Services in connection with an investigation of us of compliance with federal regulations.

Other Uses and Disclosures of Your Information by Authorization Only

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an *Authorization to Use/Disclose* form that specifically



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states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke this signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

Changes to Privacy Practices

Primo Center reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

Revised Privacy Notices will be posted at all service sites, and available upon request by mailing or discussion with an agency representative or electronically or a combination of the three. For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact:

Christine Achre,
Chief Executive Officer
Privacy Officer