



Effective Date: Feb 2026

NOTICE OF PRIVACY PRACTICES Health Insurance Portability and Accountability Act (HIPAA) Chicago Behavioral Hospital

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT OUR PATIENTS AND STAFF
MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY.**

OUR OBLIGATIONS:

Chicago Behavioral Hospital is required by law to:

- Maintain the privacy of health information;
 - Give you this notice of our legal duties and privacy practices regarding health information about you; and
 - Follow the terms of our notice that is currently in effect.

HOW CHICAGO BEHAVIORAL HOSPITAL MAY USE AND DISCLOSE HEALTH INFORMATION: The following describes the ways we may use and disclose health information that identifies your ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside Chicago Behavioral Hospital who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your Health Information to your health insurance plan so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our organization. For example, we may use and disclose information to a government licensing agency to make sure the mental health care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our written agreement with them.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

SPECIAL SITUATIONS:

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. As permitted by federal law, we will disclose Health Information for the following national priority purposes without your prior written consent:

1. ***As Required by Law.*** We will disclose Health Information when required to do so by international, federal, state or local law.
2. ***Public Health Risks.*** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
3. ***Victims of Abuse, Neglect or Domestic Violence.*** In certain circumstances, we will disclose Health Information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
4. ***Health Oversight Activities.*** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
5. ***Judicial and Administrative Hearings.*** If you are involved in a court or governmental administrative proceeding, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request as required by law.

6. **Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, or missing person; (3) about the victim of a crime even if under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
7. **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
8. **Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
9. **Research.** Under certain circumstances, we may use and disclose Health Information for research provided that certain conditions are met. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process.
10. **To Avert a Serious.** Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a specific, serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
11. **Essential Government Functions:**
 - **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
 - **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, and other national security activities authorized by law.
 - **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
 - **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
12. **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Data Breach Notification Purposes. In the event that your Health Information is stolen or there is unauthorized access to your Health Information, we will take steps to notify you and prevent any further disclosure or use of your Health Information. We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

YOUR WRITTEN CONSENT IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Health Information will be made only with your written consent:

1. Uses and disclosures for marketing purposes;
2. Disclosures that constitute a sale of your Health Information;
3. Disclosures for facility directories, notifications, and for communication with family and friends:
 - Facility Directories - We do not give any information to unknown callers or inquiries, including whether or not you are in one of our facilities, without your written consent or the written consent of your parent or guardian, or that is authorized by law.
 - For notification - We will not use or disclose your health information to notify or assist in notifying a family member of your location and condition without your written consent or that of your parent or guardian, or that is authorized by law.
 - Communication with family and friends - You may want to identify a family member, other relative, close personal friend or some other person so that person can become involved in your care or payment related to your care. We will not disclose your health information to such a person without your written consent or that of your parent or guardian or that is authorized by law;
4. Uses and disclosures of your psychotherapy notes and SUD counselling notes.

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written consent. If you do give us your consent, you may revoke it at any time by submitting a written revocation request to our Privacy Officer and we will no longer disclose Health Information under this consent. Our Privacy Officer's contact information is at the end of this Notice. However, disclosures of your Health Information that we made in reliance on your consent before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information records that were used to make decisions about your health care or payment for your care. These records are called your designated record set. You do not have a right to inspect or copy your psychotherapy notes or documents concerning litigation that we may have in your records. We have up to 30 working days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may request a 30-day extension in certain, limited circumstances. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual entity. We will make every effort to provide access to your Health Information in the form or format you request, if it is readily producible in such form or format. If the Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified if there is a breach of our electronic health records concerning any of your unsecured Health Information.

Right to Amend. If you feel that Health Information in your designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our organization.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written consent.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Have Health Information Not Disclosed If You Make Out-of-Pocket Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.chicagobehavioralhospital.com.

To exercise any of your rights as outlined above, you must make your request in writing to:
Privacy Officer, Chicago Behavioral Hospital, 555 Wilson Lane, Des Plaines, IL 60016.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice in our hospital lobby and on our website. The notice will contain the effective date on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Chicago Behavioral Hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Chicago Behavioral Hospital, contact:

Privacy Officer
Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

All complaints must be made in writing. **You will not be penalized for filing a complaint.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Printed Name

Signature of Patient

Date

Time

Signature of Witness

Date

Time