



NOTICE OF CLIENT RIGHTS AND PRIVACY PRACTICES

I. CLIENT RIGHTS

Metropolitan Family Services (MFS) does not discriminate against a client or applicant for services because of race, color, sex, age, disability, national origin, religion, pregnancy, military status, familial status, sexual orientation, gender identity, order of protection status, unfavorable discharge from military service, inability to pay, Medicare, Medicaid or being a member of any other class protected by any applicable local, state, or federal law.

Additionally:

1. Clients have the right to be free from abuse, neglect, and exploitation.
2. Clients have the right to receive mental health services in the least restrictive setting.
3. Clients have the right to contact the Illinois Department of Healthcare and Family Services, the public payer, their designees, or the insurer of payment regarding a healthcare benefit or the entity's grievance process. Agency staff will assist clients in accessing appropriate resources and facilitating contact.
4. Client rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code. ([Link](#))
5. Client rights of Community Integrated Living Arrangement (CILA) clients shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code except that the use of seclusion will not be permitted. Clients or guardians in our CILAs are permitted to purchase and use the services of private physicians and other mental health and developmental disabilities professionals of their choice. CILA clients have the right to remain in a CILA unless they voluntarily withdraw or meet the criteria set forth in 59 Ill. Admin Code 115.215.
6. Clients have the right to reasonable accommodation for their disabilities, as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act, and the Illinois Human Rights Act.
7. MFS will make every reasonable effort to communicate with clients in a familiar language and use communication technology to address difficulties in hearing and sight.
8. Clients have the right not to be denied, suspended, or terminated from services or have services reduced by exercising any client rights.

II. PRIVACY PRACTICES

MFS maintains a policy of strict compliance with state and federal confidentiality laws including the Illinois Domestic Violence Act, Illinois Mental Health and Developmental Disabilities Confidentiality Act, and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). **This notice describes how medical and social service information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully, it will help you understand your rights as a recipient of services.**

No protected information will be released to, or requested by MFS from, other persons, agencies, or other third parties without your informed written consent, except as required or permitted by law or



court order. Exceptions can include: sharing protected information with other behavioral health services agencies, to protect you and others from injury to self or others or from abuse, or neglect, for quality assurance and compliance reviews, grievance processes, and/or to respond to legal actions, including court and administrative orders.

A. HIPAA Privacy Practices :

MFS is required by applicable federal law to maintain and safeguard the privacy of your protected health information (PHI), give you notice of our legal duties and privacy practices with respect to your PHI, and notify you after a breach of unsecured PHI. We must abide by the terms provided in this notice while it is in effect. This notice was updated August 14, 2024 and will remain in effect until revised. (See Appendix and Addendum.)

B. PRIVACY PRACTICES RELATED TO OTHER FEDERAL AND STATE CONFIDENTIALITY LAWS:

For certain types of medical information, additional state and federal laws may provide greater protection for your privacy. For example, use and/or disclosure of PHI including, but not limited to, HIV/AIDS status or treatment, genetic information, mental health information, or alcohol and substance use disorder information may need to be specifically authorized by you or required by law. In such instances, we will follow the provisions of more stringent confidentiality standards as required or provided by applicable federal or state law, including:

1) DOMESTIC VIOLENCE SERVICES

Confidential information concerning clients receiving domestic violence services cannot be released without the client's written consent except for the mandated reporting of the abuse or neglect of minors, older adults, or adults with disabilities, or if there is an imminent risk of serious bodily harm of self or others.

2) CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

Federal law specifically protects the confidentiality of clients receiving substance use disorder diagnosis, treatment, or referrals. Under 42 CFR Part 2, information concerning a client's substance use disorder may only be disclosed when there is 1) written client consent, 2) a court order, 3) a medical emergency, 4) a research request, 5) a compliance or evaluation audit, or 6) to qualified service organizations. This confidentiality, however, does not extend to reports of a patient's crime on program premises or against program personnel, or to reports of suspected child abuse and neglect made to appropriate authorities. Violation of this confidentiality is a crime and may be reported to appropriate authorities.

3) Confidentiality of Mental Health and Developmental Disabilities Records

- a) Under HIPAA, we will make disclosures of any psychotherapy records that we may have only if you provide us with specific written authorization or when disclosure is to OHCA participating agencies described above, or as permitted or required by law. You may withdraw your authorization in writing as provided by applicable law. Your withdrawal will not affect any use or disclosures allowed by your authorization while it was in effect.



- b) Under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, we will not disclose information about your records unless we have received your written permission using a Release of Information form compliant with the Act or based on specific exceptions in the Act, including pursuant to a Court Order, if there is an immediate threat of serious physical or mental injury to yourself or another person, suspicion of abuse or neglect or other circumstances allowed or required by law.
- c) In Illinois, minors aged 12-17 may receive up to 8 sessions of mental health services without parental notice or consent. Longer services without parental notice or consent are possible under some circumstances based on a determination by the therapist.

C. HOW MFS MAY USE YOUR INFORMATION WITHOUT YOUR CONSENT:

- 1) For Service Delivery** to provide, coordinate, or manage the services we will provide to you within MFS and through OHCA participating agencies.
- 2) For Payment** so that we, or OHCA participating agencies, can receive payment from you, your insurance company or other funding sources. Some MFS services are coordinated with Managed Care Organizations, through contracts with the State, and other payors, which are legally authorized to receive your service information to review and approve payment for services.
- 3) For Business Operations** and improving the quality of our services and compliance review. Information may be accessed and shared with payors, health oversight and accrediting agencies, and federal and state governmental entities for activities required or authorized by law such as audits, investigations, inspections, licensure and to ensure compliance with federal and state laws
- 4) For Communication** with you regarding appointments, treatment and/or other issues that relate to the services you are receiving. Mobile information/phone numbers and text messages are part of the client's PHI/personal record and are governed by the same policies and laws applicable to client records. We will not share mobile information/phone numbers and text messages except as required by law or court order.
- 5) For Training and Fundraising**, provided the information will not be personally identifiable. If we do so, you can opt out of receiving such fundraising communications. Your decision will have no impact on the payment for services.
- 6) For Business Associates**, third parties that provide some MFS services such as financial auditors, answering services, and psychiatrists. Whenever such service delivery to you requires the use or disclosure of your protected information, MFS will have a written contract that contains terms to protect the privacy of your service information.
- 7) For Reporting Child and Elder Abuse** when staff with reasonable cause to believe that a child may be subjected to abuse or neglect is required by law to report this to the Illinois Department of Children and Family Services; and staff with reasonable cause to believe that an older person or adult who is incapable of seeking assistance because of some dysfunction, has been subjected to abuse or neglect is required by law to report this to the Illinois Department of Adult Protective Services.



8) For Reporting Risk of Harm to Clients and Others when staff believe that an imminent risk exists of serious, immediate physical or emotional injury or death may inform law enforcement agencies and persons who may be affected by the threatened action. Staff may also take steps to facilitate or secure the client's hospitalization if the client is dangerous to self or others. Criminal activity on MFS premises may require the sharing of information with law enforcement agencies if necessary for the safety and security of the staff or clients. MFS strives to maintain client confidentiality wherever possible. MFS will generally NOT disclose information to the police that may relate to possible criminal conduct that is revealed during the provision of professional services unless otherwise required by law.

9) For Public Benefit as authorized by law or required by law or valid court order or for protection of the client or the public, including to address threats to the client, their family, the public, to employers, and to law enforcement and the military pursuant to warrants and other lawful legal process or federal, state, or local criminal investigations. In any of these situations, only the minimum amount of information necessary to accomplish the purpose of the disclosure will be provided.

- III. **CLIENT GRIEVANCE PROCEDURES:** MFS provides internal procedures to address client grievances. We encourage you to express any concern about the services you receive to your service provider as soon as they arise. **MFS will not retaliate against clients or prospective clients who file a good faith grievance with MFS or external agencies or cooperate with any resulting investigations.** Confidentiality will be maintained throughout the investigatory process to the extent possible and permitted by law. Language assistance services and communication technology to address difficulties in hearing and sight may be obtained upon request. Depending on the nature of your concerns, you should use one of the following grievance procedures, for which procedures are more fully explained in the attached ADDENDUM (LINK):
- A. **Service Satisfaction Grievance:** Service Satisfaction grievances pertain to concerns about the quality of MFS services, programs, or activities. Grievances must first be brought to the attention of a Program Supervisor, either orally or in writing. If you are not satisfied with the Supervisor's resolution, you may bring an informal appeal to a Program Manager.
 - B. **PRIVACY RIGHTS GRIEVANCE:** Your privacy rights will be protected in accordance with the Illinois Domestic Violence Act, Illinois Medical Patient Rights Act, Illinois Mental Health and Developmental Disabilities Confidentiality Act, HIPAA, and any other applicable laws. If you have any questions regarding your privacy rights, the information in this notice, or if you would like to file a privacy or confidentiality grievance, you may contact the MFS Privacy Officer by mail at Metropolitan Family Services, Attn: MFS Privacy Officer, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606 or by phone at (312) 986-4000.
 - C. **CIVIL RIGHTS GRIEVANCE:** If you as a client or applicant for services believe you have been discriminated against or otherwise denied the full benefit of MFS services, programs, or activities based on your membership in a protected class or group, you may file a formal grievance with your program's Executive Director by using the MFS Client Grievance Form.



Grievances should be submitted to an Executive Director within 60 calendar days after the date you became aware of the alleged discrimination. The Civil Rights Coordinator may conduct an informal investigation and provide a determination as to your grievance. *Note:* D. Additional Procedures: Certain MFS programs may have additional grievance procedures required by funders. Before submitting a grievance under this policy, you may ask the Program Supervisor or the Civil Rights Coordinator whether additional procedures govern the program referenced in your grievance. The Coordinator can be reached via postal mail at Metropolitan Family Services, Attn: Civil Rights Coordinator, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606, or by email at CivilRightsCoordinator@Metrofamily.org.

D. NOTIFYING FUNDERS AND EXTERNAL AGENCIES

In addition to filing an internal grievance with MFS, you may obtain additional information from and/or file a grievance with the funders and external regulatory or rights agencies listed on page 8. If you are unsure which external agency to contact regarding the program referenced in your grievance, please contact your Program Supervisor or the Civil Rights Coordinator for assistance. See Appendix – Attached List. See Addendum for more details.

MFS reserves the right to change the terms of this notice based on changes in policy and applicable laws at any time and apply any changes to all personal information it maintains. Updated notices will be available in MFS offices and upon request from the MFS Privacy Officer. *It is your responsibility to update MFS with any changes to your contact information.*

Client Name

Client Signature*

Date

Signature of Guardian/Parent or Guardian

Relationship

Date

(Although you must obtain parent signature if minor is under 12, I recommend obtaining it from the parent and child aged 12-17, unless the child is being seen without notice to or consent by the parent.)

I, Staff, attest by my signature and date below that the client and/or parent or guardian have been informed of their rights and protections in a language or method that they understand.

Staff Signature

Staff Name

Date

*Minors 12 years of age or older may receive outpatient counseling or psychotherapy services pursuant to 405 ILCS 5/3-5A- 105 without guardian/parental consent; Clients ≥12 and ≤16 are permitted 8 90-minute sessions after which consent is necessary unless Section 3-5A-105 elements are met and Program Director or Executive Director approval is granted and periodically reviewed.



MFS Notice of Client Rights and Privacy Practices Addendums

I. HIPAA Privacy Practices:

MFS is required by applicable federal law to maintain and safeguard the privacy of your protected health information (PHI), give you notice of our legal duties and privacy practices with respect to your PHI, and notify you after a breach of unsecured PHI. We must abide by the terms provided in this notice while it is in effect. This notice was updated August 14, 2024 and will remain in effect until revised.

MFS reserves the right to change the terms of this notice and privacy practices at any time, provided such changes are permitted by applicable law. We reserve the right to make the new notice provisions effective for all PHI we maintain, including PHI we created or received before we made the changes. Before making a material change in our privacy practices, we will change this notice and make the new notice available to you as required by law.

A. **INFORMATION SHARING BETWEEN BEHAVIORAL HEALTH SERVICES AGENCIES**

MFS participates with other behavioral health services agencies (each, a "Participating Covered Entity") in one or more managed care networks, including but not limited to those established by Illinois Health Practice Alliance, LLC and the Behavioral Health Consortium of Illinois, LLC (collectively, the "Companies"). Through the Companies, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint quality assurance activities, and/or share financial risk for the delivery of health care with other Participating Covered Entities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"), as defined by the Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Treatment, Payment, and Health Care Operations purposes of all of the OHCA participants.

We will make disclosures of any psychotherapy records we may have only if you provide us with written authorization or when disclosure is to OHCA participating agencies described above, or as permitted or required by law. You may withdraw your authorization in writing as provided by applicable law. Your withdrawal will not affect any use or disclosures allowed by your authorization while it was in effect.

B. **Under HIPAA, you have the right to:**

Review and Copy Your Records, kept in a designated record set, with limited exceptions. A "designated record set" includes medical, mental health and billing records, as well as any other records we use in providing medical services to you. We will provide the records in a format you request, including electronic copies if available, unless we cannot practicably do so. You must make your request in writing to obtain access to your PHI and may obtain a request form from MFS staff. If we deny your request, we will provide you a written explanation and state whether and how the reasons for the denial can be reviewed. You are entitled to a copy of your records and may be charged a fee for copying and mailing expenses. You may also request that your PHI be released to anyone you designate by providing a signed written request specifying a designated person and where to send the PHI copy.

Obtain an Accounting of the Information Released From Your Record for the prior six (6) year period in which we or our Business Associates disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you and for certain other activities. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. More information on the applicable fee is available at your request.



Request Amendments to Your Record, with limited exceptions, by sending a written request to the MFS Privacy Officer. Your request must explain why your PHI should be amended. We will provide you with a timely response. We may deny your request if you ask us to amend information that: (a) was not created by MFS and the originator remains available, (b) is not a part of the information maintained by or for MFS, (c) is accurate and complete, or (d) for certain other reasons as provided by law.

If we deny your request, we will provide you with a written explanation, to which you may respond with a statement of disagreement. We will then add our response and your statement of disagreement to the information you wanted amended. We may also prepare a written rebuttal to your statement of disagreement and provide you a copy. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and include the changes in future disclosures of that information.

Request Restrictions or Limitations regarding PHI disclosed about you for the delivery of services, payment or business operations. We are not required to agree to your request. If we do agree, we will comply with your request unless there is an emergency or we are otherwise required by law to disclose information.

Request Confidential Communications from MFS about your PHI by alternative means or at alternative locations. For example, you may request that we only call you at work or send mail to a special address or post office box instead of your home address. Your request must be in writing. You do not have to explain the basis of your request, but you must specify how or where we are to contact you. We will accommodate all reasonable requests. You can request also MFS share information with your family, close friends, or others involved in your care or payment of your health care, or in disaster or relief situations.

Be Notified of Any Breach of your unsecured PHI.

Grant Another Person Medical Power of Attorney, or have a legal guardian appointed for you, to exercise your rights or make choices about your health information.

Revoke Your Authorization for MFS to use or share your PHI, in most circumstances, by sending a written revocation to MFS at any time.

Receive a Copy of this Notice at any time from the MFS Privacy Officer, including paper copies if requested.

II. **PRIVACY PRACTICES RELATED TO DOMESTIC VIOLENCE SERVICES**

Confidential information concerning clients receiving domestic violence services cannot be released without the client's written consent except for the mandated reporting of the abuse or neglect of minors, older adults, or adults with disabilities, or if there is an imminent risk of serious bodily harm of self or others.

III. **CLIENT GRIEVANCE PROCEDURES**

MFS provides internal procedures to address client grievances. We encourage you to express any concern about the services you receive to your service provider as soon as they arise. **MFS will not retaliate against clients or prospective clients who file a good faith grievance with MFS or external agencies or cooperate with any resulting investigations.** Confidentiality will be maintained throughout the investigatory process



to the extent possible and permitted by law. Language assistance services and communication technology to address difficulties in hearing and sight may be obtained upon request. Depending on the nature of your concerns, you should use one of the following grievance procedures:

A. SERVICE SATISFACTION GRIEVANCE

Service Satisfaction grievances pertain to concerns about the quality of MFS services, programs, or activities. Grievances must first be brought to the attention of a Program Supervisor, either orally or in writing. If you are not satisfied with the Supervisor's resolution, you may bring an informal appeal to a Program Manager. If you are not comfortable submitting an initial grievance to a Program Supervisor or are not satisfied with their response, you may submit the initial grievance to a Program Manager directly. If you are not satisfied with the Manager's resolution, you may file a formal written grievance with an Executive Director using the MFS Client Grievance Form. The Executive Director will provide a written response. You may appeal the Executive Director's resolution with the Chief Operating Officer, who will make a final determination, by submitting a MFS Client Grievance Form to Metropolitan Family Services, Attn: Chief Operating Officer, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606.

B. PRIVACY RIGHTS GRIEVANCE

Your privacy rights will be protected in accordance with the Illinois Domestic Violence Act, Illinois Medical Patient Rights Act, Illinois Mental Health and Developmental Disabilities Confidentiality Act, HIPAA, and any other applicable laws. If you have any questions regarding your privacy rights, the information in this notice, or if you would like to file a privacy or confidentiality grievance, you may contact the MFS Privacy Officer by mail at Metropolitan Family Services, Attn: MFS Privacy Officer, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606 or by phone at (312) 986-4000. The Officer will investigate your grievance and respond in writing with a determination. If you choose to appeal the Privacy Officer's determination, your appeal must be received by MFS within 20 calendar days of the date the determination was mailed to you. To appeal, the Privacy Officers, submit a MFS Client Grievance Form to the Chief Operating Officer at: Metropolitan Family Services, Attn: Chief Operating Officer, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606. Your appeal must include the reason for the appeal and any additional information for consideration. The Chief Operating Officer will make a final determination regarding your grievance.

If you believe that MFS has violated your federal privacy rights, you may also file a grievance with the Office for Civil Rights, U.S. Department of Health and Human Services by mailing a complaint to 233 North Michigan Ave, Suite 1300, Chicago, Illinois 60601 or calling (312) 886-2359 or TDD: (312) 353-5693.

C. CIVIL RIGHTS GRIEVANCE

If you as a client or applicant for services believe you have been discriminated against or otherwise denied the full benefit of MFS services, programs, or activities based on your membership in a protected class or group, you may file a formal grievance with your program's



Executive Director by using the MFS Client Grievance Form. Grievances should be submitted to an Executive Director within 60 calendar days after the date you became aware of the alleged discrimination. The Executive Director will contact you to discuss the situation and to work with you to resolve your concerns. If you are not able to satisfactorily resolve the issue with the Executive Director, he/she will inform the MFS Civil Rights Coordinator. The Civil Rights Coordinator may conduct an informal investigation and provide a determination as to your grievance.

If you choose to appeal the Coordinator's determination, your appeal must be received by MFS within 20 calendar days of the date the determination was mailed to you. To appeal, submit a MFS Client Grievance Form to the Chief Operating Officer at: Metropolitan Family Services, Attn: Chief Operating Officer, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606. Your appeal must include the reason for the appeal and any additional information for consideration. The Chief Operating Officer will make a final determination regarding your grievance.

Note: Certain MFS programs may have additional grievance procedures required by funders. Before submitting a grievance under this policy, you may ask the Program Supervisor or the Civil Rights Coordinator whether additional procedures govern the program referenced in your grievance. The Coordinator can be reached via postal mail at Metropolitan Family Services, Attn: Civil Rights Coordinator, 101 North Wacker Dr., Suite 1700, Chicago, Illinois 60606, or by email at CivilRightsCoordinator@Metrofamily.org.

D. NOTIFYING FUNDERS AND EXTERNAL AGENCIES

In addition to filing an internal grievance with MFS, you may obtain additional information from and/or file a grievance with the funders and external regulatory or rights agencies listed on pages 4-5. If you are unsure which external agency to contact regarding the program referenced in your grievance, please contact your Program Supervisor or the Civil Rights Coordinator for assistance.



Appendix

List of Investigative and Funding Agencies:

Illinois Coalition Against Domestic Violence
806 South College Street
Springfield, Illinois 62704
(217) 789-2830

Illinois Criminal Justice Information Authority
Attn: Civil Rights Officer
300 West Adams Street, Suite 200
Chicago, Illinois 60606
(312) 793-8550
CJA.CivilRightsOfficer@illinois.gov
<http://www.icjia.org/grants/grant-resources>
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Illinois Dept. of Children and Family Services
100 West Randolph Street, 6th Floor
Chicago, Illinois 60601
(312) 814-6800

Illinois Dept. of Healthcare and Family Services
401 S. Clinton Street, 5th Floor
Chicago, Illinois 60607
(312) 793-4322 / TTY: (312) 793-1407

Illinois Dept. of Human Rights, Intake Unit
100 West Randolph Street, 10th Floor
Chicago, Illinois 60601
(312) 814-6200
<https://www2.illinois.gov/dhr/FilingCharge/Pages/Intake.aspx>

Illinois Human Rights Commission
100 West Randolph Street, Suite 5-100
Chicago, Illinois 60601
(312) 814-6269 / TTY: (312) 814-4760

Illinois Dept. of Human Services
Mental Health Division
600 East Ash, Building 500, 3rd Fl
Springfield, Illinois 62703
(800)843-6154

U.S. Dept. of Health and Human Services
Office for Civil Rights
HHH Building, Room 509F 200
Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775 / TTY: (800) 537-7697

U.S. Dept. of Justice
Office of Justice Programs
Office for Civil Rights
810 Seventh Street
N.W. Washington, D.C. 20531
<https://ojp.gov/ocr/complaint.htm>

United States Attorney's Office
Northern District of Illinois, Eastern Division
219 S. Dearborn St., 5th Floor
Chicago, IL 60604
(312) 353-5300

Equip for Equality
20 North Michigan Avenue, Suite 300
Chicago, Illinois 60602
(312) 341-0022 / (800) 537-2632 / TTY: (800) 610-2779

Guardianship and Advocacy Commission
160 North LaSalle Street, Suite S500
Chicago Illinois 60601
(312) 793-5900

IDHS Office of Inspector General – Medicaid Only
160 North LaSalle Street
Chicago, Illinois 60601
(800) 368-1463