NOTICE OF CLIENT RIGHTS AND PRIVACY PRACTICES

1. Client Rights

Metropolitan Family Services (MFS) does not discriminate or restrict services against a client or applicant for services because of formal education, experience, race, color, sex, age, disability, national origin, including limited English proficiency, religion, pregnancy, military status, marital or parental status, sexual orientation, gender identity, order of protection status, political affiliation, unfavorable discharge from military service, justice system status, inability to pay, Medicare, Medicaid or being a member of any other class protected by any applicable local, state, or federal law.

Additionally:

- Clients have the right to be free from abuse, neglect, and exploitation.
- Clients have the right to receive mental health services in the least restrictive setting.
- 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.
- Client rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code and Substance Use Disorder Act 20 ILCS 301/1-1 et seq.
- Client rights of Supervised Residential Services 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 Supervised Residential Services are permitted to purchase and use the services of private physicians and other mental health and developmental disabilities professionals of their choice. Supervised Residential Services clients have the right to remain in a Supervised Residential Services unless they voluntarily withdraw or meet the criteria set forth in 59 Ill. Admin Code 115.215.
- 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.
- 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.
- Clients have the right not to be denied, suspended, or terminated from services or have services reduced by exercising any client's rights.

2. 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, Substance Use Disorder Act, 42 CFR Part 2, 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.

2.1 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.

(See Appendix and Addendum.)

2.2 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:

2.2.1 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.

2.2.2 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.

6. Disclosure 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.

2.2.3 Confidentiality of Mental Health and Developmental Disabilities Records

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 is in effect.

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.

- 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 if elements of 405 ILCS 5/3-5A-105 are met, and Executive Director approval is granted and reviewed every 180 days. However, the IL Consent by Minors to HealthCare Services Act allows parents the right to inspect and copy their child's healthcare records, including mental health records, without consent from the child. Parents may waive this right if they choose.

3. How MFS May Use Your Information Without Your Consent

- **For Service Delivery:** to provide, coordinate, or manage the services we will provide to you within MFS and through OHCA participating agencies.
- **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.
- **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
- **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.

- **For Training and Fundraising:** provided the information will not be personally identifiable. If we do so, you can opt out of receiving fundraising communications. Your decision will have no impact on the payment for services.
- **For Business Associates:** third parties that provide 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.
- **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.
- **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.
- **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.

4. 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 ADDENDUM.

4.1 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.

4.2 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.

4.3 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: 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.

5. 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.

Acknowledgment and Signatures

Client Name Date

Client Signature* Date

Signature of Guardian/Parent or Guardian Relationship Date

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 ≤17 are permitted 8 90-minute sessions after which consent is necessary unless Section 3-5A-105 elements are met, and Executive director approval is granted and reviewed every 180 days.*

MFS Notice of Client Rights and Privacy Practices Parental Notice/Consent

I _____, parent or legal guardian of minor _____, have been informed of my rights under the IL Consent by Minors to HealthCare Services Act to inspect and obtain a copy of my child's service record.

☐ I waive my right to inspect and obtain a copy of my child's service record.

☐ I do not waive my right to inspect and obtain a copy of my child's service record.

Signature Date