

MASSAC COUNTY MENTAL HEALTH
CLIENT CONFIDENTIALITY AGREEMENT

Protecting your records and information is important to MCMCH and it is also our legal responsibility. Your records and information are maintained according to State and Federal rules and regulations and with all applicable Codes of Confidentiality, including the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1), the Code of Federal Regulations (CFR) governing the confidentiality of alcohol and drug abuse records (42 CFR, Part 2), the Health Insurance Portability and Accountability Act (HIPAA 45 CFR 160, 162, and 164), the Illinois AIDS Confidentiality Act (410 ILCS 305), and Title 77 of the Illinois Public Health Administrative Code, AIDS Confidentiality and Testing (Part 697).

Consent to Release Information and Exceptions:

In general, we can only release information about you (including your records) with your or your guardian's (if applicable) written consent. When we release information about you, with your consent, you will be notified of the reason for the disclosure, to whom the information is disclosed, and the information that will be shared. We will make every effort to share only the minimum information necessary to accomplish the purpose of the disclosure. The entity or individual receiving the information may not share it with anyone else without your written permission to do so. You may elect to revoke your consent at any time and are asked to do so in writing.

There are situations in which we may share information with others without your consent. This includes:

1. If you are making a threat to harm yourself or someone else
2. If you are unable to care for yourself
3. When we are required, by law, to report suspected abuse, including child abuse and neglect
4. If you have a medical emergency that requires us to get medical attention for you
5. There is a court order to release the information. For records protected by 42 CFR Part 2, there must be a showing of good cause, appropriate procedure and notice, and with appropriate safeguards against unauthorized disclosure contained in the order.
6. If you commit a crime on our premises or against any person who works for us, or are threatening to commit such a crime
7. The disclosure is made for audits, program evaluation, and/or insurance payment purposes

HIV/ANTIBODY/AIDS STATUS:

The confidentiality of the following information is protected by the AIDS Confidentiality Act and the AIDS Confidentiality Testing Code:

1. The identity of anyone upon whom a test for HIV is performed
2. The results of a test for HIV for an individual

We will not require AIDS testing as a condition of treatment, and we will not require that you disclose or sign an authorization for release of information related to your HIV antibody test or AIDS status as a condition of your treatment.

If you wish to be tested for HIV antibodies, our staff will work with you to access anonymous testing.

Unless we are required to do so by statute or rule, NO information governed by the AIDS Confidentiality Act and the AIDS Confidentiality Testing Code will be released by MCMHC or by any member of our staff to:

- Other staff members, including, but not limited to the Executive Director and/or to the Medical Director or to anyone else unless we have your written consent or another exception in accordance with the statute and rule.

While we take precautions with all protected health information, extra precautions are taken to limit access to information you may self-disclose to your Counselor regarding your HIV status or any medications you may be taking related to any treatment you may be receiving for HIV/AIDS. The information is kept in a separate, secure location accessible only to your primary provider.

HIPAA:

Our agency has posted our Notice of Privacy Practices and has provided you with a copy of it as well. All of the rights and protections afforded by HIPAA are outlined in that document.

Our agency takes confidentiality very seriously and will do our utmost to protect your records and information. If an employee discloses information without your permission (unless otherwise required or allowed by law), he/she will be disciplined, up to, and including termination. If you have any questions or concerns related to your confidentiality or privacy, please do not hesitate to let us know.

I have read and have had an opportunity to ask questions about this confidentiality agreement. I understand the precautions that are being taken to protect the confidentiality and privacy of my information and records.