

Cook County Department of Public Health

Cook County Health & Hospitals System

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Stephen A. Martin, Jr., Ph.D., M.P.H.
Chief Operating Officer

November, 2009

Dear Parent/Legal Guardian:

The United States Centers for Disease Control and Prevention (CDC) has recommended that certain groups of people, including pregnant women, children and young people 6 months through 24 years of age, persons to age 64 who have certain health conditions, and parents/caregivers of infants under age 6 months, be vaccinated against the novel H1N1 influenza virus. As you may have heard, this new H1N1 influenza virus has caused mild to severe illness resulting in hospitalization in both children and adults. Children have been most affected by this virus, do not possess immunity to it, and are considered at high risk of infection. As we enter the Fall and Winter flu season, the CDC is concerned that this virus may cause more illness and that it may be more severe. Vaccination is the best way to protect your child from this potentially serious disease.

The H1N1 vaccine is being offered at your child's daycare by CCDPH in the coming months. This vaccination is not mandatory but strongly recommended. On the scheduled vaccination date, each child for whom a consent is received will receive a single dose of vaccine. In deciding whether to be present for your child's vaccination session, please consider how your child normally reacts to vaccinations. While some children are actually more cooperative when parents are not present, CCDPH personnel will not be able to restrain children and daycare personnel will be asked to provide only comforting restraint needed for your child's safety. If your child becomes very agitated, we may be unable to vaccinate him or her.

In order for your child to be vaccinated, your written consent is required. Enclosed is a consent form and the Vaccine Information Statements (VIS) for Novel H1N1 Influenza Vaccine. Please review the VIS carefully. **If you decide to have your child vaccinated, you must completely fill out and sign the consent form and return it to your child's daycare before the scheduled date of vaccination. We regret that we cannot offer a choice in the selection of vaccine. Your responses to the questions on the consent form and the availability of supplies will determine which vaccine your child will receive.**

Children ages 9 and younger are recommended to receive a second dose at least 28 days after the first dose to provide the highest level of protection. Since we expect to be able to visit the daycare only once to provide a single dose, you will be responsible for obtaining the second dose of vaccine for your child. You should contact your private health care provider to arrange the second dose for your child. A flyer listing other locations where you may obtain the second dose of H1N1 vaccine will also be posted on the CCDPH website at www.cookcountypublichealth.org.

If you have any questions about the vaccination program at your child's school, the VIS, or the consent form, please contact CCDPH at 708-492-2828 between 8:30 AM and 4:30 PM or via e-mail at BeAware@ccdph.net. Your specific information and questions will be kept confidential.

Sincerely,

Stephen A. Martin, Jr. PhD, MPH
Chief Operating Officer

Enclosures

- VIS for Novel H1N1 Vaccination (Live, Intranasal and Inactivated)
- Consent Form for Novel H1N1 Vaccination
- Notice of Privacy Practices

2009 H1N1 INFLUENZA VACCINE

LIVE, ATTENUATED
(the nasal spray vaccine)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (sometimes called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu virus is a new virus strain. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.

- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want protection from seasonal flu.*

Live, attenuated intranasal vaccine (or LAIV) is sprayed into the nose. **This sheet describes the live, attenuated intranasal vaccine.**

An **inactivated** vaccine is also available, which is given as a shot. It is described in a separate sheet.

The 2009 H1N1 LAIV does not contain thimerosal or other preservatives. It is licensed for people from 2 through 49 years of age.

The vaccine virus is attenuated (weakened) so it will not cause illness.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

LAIV is approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions (see number 5 below). Groups recommended to receive 2009 H1N1 LAIV first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and
 - live with or care for infants younger than 6 months of age, or
 - are health care or emergency medical personnel.

As more vaccine becomes available, other healthy 25 through 49 year olds should also be vaccinated.

Note: While certain groups should not get LAIV – for example pregnant women, people with long-term health problems, and children from 6 months to 2 years of age – it is important that they be vaccinated. They should get the flu shot.

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 LAIV if you have a **severe (life-threatening) allergy** to **eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

2009 H1N1 LAIV should not be given to the following groups.

- children younger than 2 and adults 50 years and older
- pregnant women,
- anyone with a weakened immune system,
- anyone with a long-term health problem such as
 - heart disease - kidney or liver disease
 - lung disease - metabolic disease such as diabetes
 - asthma - anemia and other blood disorders
- children younger than 5 years with asthma or one or more episodes of wheezing during the past year,
- anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems,
- anyone in close contact with a person with a *severely* weakened immune system (requiring care in a protected environment, such as a bone marrow transplant unit),
- children or adolescents on long-term aspirin treatment.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barré syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

2009 H1N1 LAIV may be given at the same time as most other vaccines. Tell your doctor if you got any other vaccines within the past month or plan to get any within the next month. H1N1 LAIV and seasonal LAIV should not be given together.

6 What are the risks from 2009 H1N1 LAIV?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The risks from 2009 H1N1 LAIV are expected to be similar to those from seasonal LAIV:

Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- In 1976, an earlier type of inactivated swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). LAIV has not been linked to GBS.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at:

<http://www.hrsa.gov/countermeasurescomp/default.htm>.

9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
 - Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



2009 H1N1 INFLUENZA VACCINE

INACTIVATED (the “flu shot”)

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See <http://www.immunize.org/vis>.

1 What is 2009 H1N1 influenza?

2009 H1N1 influenza (also called Swine Flu) is caused by a new strain of influenza virus. It has spread to many countries.

Like other flu viruses, 2009 H1N1 spreads from person to person through coughing, sneezing, and sometimes through touching objects contaminated with the virus.

Signs of 2009 H1N1 can include:

- Fatigue
- Fever
- Sore Throat
- Muscle Aches
- Chills
- Coughing
- Sneezing

Some people also have diarrhea and vomiting.

Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

2 How is 2009 H1N1 different from regular (seasonal) flu?

Seasonal flu viruses change from year to year, but they are closely related to each other.

People who have had flu infections in the past usually have some immunity to seasonal flu viruses (their bodies have built up some ability to fight off the viruses).

The 2009 H1N1 flu is a new flu virus. It is very different from seasonal flu viruses.

Most people have little or no immunity to 2009 H1N1 flu (their bodies are not prepared to fight off the virus).

3 2009 H1N1 influenza vaccine

Vaccines are available to protect against 2009 H1N1 influenza.

- These vaccines are made just like seasonal flu vaccines.
- They are expected to be as safe and effective as seasonal flu vaccines.
- They will not prevent “influenza-like” illnesses caused by other viruses.
- They will not prevent seasonal flu. *You should also get seasonal influenza vaccine, if you want to be protected against seasonal flu.*

Inactivated vaccine (vaccine that has killed virus in it) is injected into the muscle, like the annual flu shot. **This sheet describes the inactivated vaccine.**

A **live, intranasal** vaccine (the nasal spray vaccine) is also available. It is described in a separate sheet.

Some inactivated 2009 H1N1 vaccine contains a preservative called thimerosal to keep it free from germs. Some people have suggested that thimerosal might be related to autism. In 2004 a group of experts at the Institute of Medicine reviewed many studies looking into this theory, and found no association between thimerosal and autism. Additional studies since then reached the same conclusion.

4 Who should get 2009 H1N1 influenza vaccine and when?

WHO

Groups recommended to receive 2009 H1N1 vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency medical personnel
- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

As more vaccine becomes available, these groups should also be vaccinated:

- Healthy 25 through 64 year olds
- Adults 65 years and older

The Federal government is providing this vaccine for receipt on a voluntary basis. However, state law or employers may require vaccination for certain persons.

WHEN

Get vaccinated as soon as the vaccine is available.

Children through 9 years of age should get **two doses** of vaccine, about a month apart. Older children and adults need only one dose.

5 Some people should not get the vaccine or should wait

You should not get 2009 H1N1 flu vaccine if you have a **severe (life-threatening) allergy to eggs**, or to **any other substance in the vaccine**. *Tell the person giving you the vaccine if you have any severe allergies.*

Also tell them if you have ever had:

- a life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain Barré Syndrome (a severe paralytic illness also called GBS).

These may not be reasons to avoid the vaccine, but the medical staff can help you decide.

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Pregnant or breastfeeding women can get inactivated 2009 H1N1 flu vaccine.

Inactivated 2009 H1N1 vaccine may be given at the same time as other vaccines, including seasonal influenza vaccine.

6 What are the risks from 2009 H1N1 influenza vaccine?

A vaccine, like any medicine, could cause a serious problem, such as a severe allergic reaction. But the risk of any vaccine causing serious harm, or death, is extremely small.

The virus in inactivated 2009 H1N1 vaccine has been killed, so you cannot get influenza from the vaccine.

The risks from inactivated 2009 H1N1 vaccine are similar to those from seasonal inactivated flu vaccine:

Mild problems:

- soreness, redness, tenderness, or swelling where the shot was given
- fainting (mainly adolescents)
- headache, muscle aches
- fever
- nausea

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, an earlier type of swine flu vaccine was associated with cases of Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

8 Vaccine injury compensation

If you or your child has a reaction to the vaccine, your ability to sue is limited by law.

However, a federal program has been created to help pay for the medical care and other specific expenses of certain persons who have a serious reaction to this vaccine. For more information about this program, call **1-888-275-4772** or visit the program's website at: <http://www.hrsa.gov/countermeasurescomp/default.htm>.

9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at <http://www.cdc.gov/h1n1flu> or <http://www.cdc.gov/flu>
- Visit the web at <http://www.flu.gov>



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Cook County Department of Public Health *Influenza A (H1N1) Vaccine Consent*

INFORMATION ABOUT THE PERSON TO RECEIVE VACCINE *(Please print)*

Place Client Identification Label Here

Name _____ Birthdate _____ Age _____ Sex F ___ M ___
 LAST FIRST Middle Initial Mo / Day / Year

Address _____
 STREET CITY COUNTY STATE ZIPCODE

Phone (_____) _____

Race: *(check one)*: ___BLACK ___WHITE ___ASIAN ___OTHER ___UNKNOWN

Ethnicity: *(check one)*: ___MEXICAN ___PUERTO RICAN ___CUBAN ___OTHER HISPANIC ___NON-HISPANIC ___ARABIC ___OTHER

FOR EACH QUESTION place a check mark (✓) in the box that best describes your answer.	Yes	No
1. Has the person to be vaccinated had an Influenza A (H1N1) vaccination in the past 28 days?		
2. Does the person to be vaccinated have a sensitivity/allergy to latex?		
3. Does the person to be vaccinated have a history of Guillain-Barré syndrome?		
4. Does the person to be vaccinated have an illness with fever or other active infection?		
5. Does the person to be vaccinated have a serious allergy to eggs such as hives or difficulty breathing?		
6. Has the person to be vaccinated ever had a serious reaction to an influenza vaccination?		
7. Does the person to be vaccinated have a sensitivity/allergy to thimerosal?		
8. Does the person to be vaccinated live with or provide care to an infant less than 6 months of age?		
9. Is the person to be vaccinated between the ages of 6 months and 24 years of age?		
10. Does the person to be vaccinated have a chronic medical condition such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, kidney, liver or heart disease, etc.?		
11. Is the person to be vaccinated pregnant?		
12. Is the person to be vaccinated younger than 24 months of age (2 years)?		
13. Is the person to be vaccinated 50 years of age or older?		
14. Has the person to be vaccinated received any of the following live virus vaccines: Influenza A (H1N1), FluMist, MMR (measles, mumps, rubella), or Varicella (chicken pox) in the past 28 days?		
15. Does the person to be vaccinated have a weakened immune system (for example: cancer, lymphoma, leukemia, HIV/AIDS, Lupus, etc.) that makes him/her more likely to contract an infection?		
16. Is the person to be vaccinated receiving any aspirin-containing therapy?		
17. Does the person to be vaccinated have an active muscular or neurologic disorder such as cerebral palsy that can lead to breathing or swallowing problems?		
18. Is the person to be vaccinated allergic to gentamicin, gelatin, or arginine?		
19. Will the person to be vaccinated have taken antiviral medications within 48 hours prior to vaccination?		
20. Is the person to be vaccinated in close contact with a person who has a severely weakened immune system requiring care in a protected environment such as a bone marrow transplant unit?		

I have read the Vaccine Information Statements (VIS) for both Live Attenuated Influenza A (H1N1) Vaccine and Inactivated Influenza A (H1N1) Vaccine or have had the information about these vaccines explained to me. I have had a chance to ask questions that were answered to my satisfaction and believe I understand the benefits and risks of Influenza A (H1N1) vaccine. I understand that the vaccinator will determine the type of Influenza A (H1N1) vaccine to be given based on my responses to the above questions. I consent and request that the vaccine be given to me or the person named on this form for whom I am authorized to make this request. I authorize the Cook County Department of Public Health (CCDPH) and the school or daycare center where the vaccine is administered to retain a record of this vaccination and further authorize these entities to release this form to the CCDPH, for use as permitted by applicable law. I acknowledge receipt of a CCDPH Notice of Privacy Practices.

PRINT name _____ Relationship to person vaccinated: *(check one)* ___Self ___Parent/Guardian ___Other

Signature of person to receive vaccine or person authorized to make the request on his/her behalf: _____

X _____ Date: _____

FOR CLINIC USE ONLY

Comments: _____

Date Vaccinated	VIS Date	Manufacturer and Lot #	Site of Administration	Signature of Vaccine Administrator
			<i>IN=Intranasal LD=Left deltoid RD=Right deltoid LT=Left thigh RT = Right thigh</i>	

**COOK COUNTY HEALTH & HOSPITALS SYSTEM
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE TELLS YOU HOW YOUR MEDICAL RECORD MAY BE USED
AND SHARED AND HOW YOU MAY GET THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

OUR OBLIGATIONS. We are required to:

- Maintain the privacy of protected health information (PHI).
- Protect the privacy of your PHI and to give you this Notice.
- Follow the terms of our Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

This document describes the ways we may use and disclose PHI. Except as provided in this Notice, we will use and disclose PHI only with your written authorization. You may revoke such authorization at any time by writing.

TREATMENT. We may use and share your PHI to provide care and services for you. For example, we may disclose PHI to doctors, nurses, or other health care providers, including people outside Cook County Health & Hospitals System (CCHHS), who are involved in your medical care and need the PHI to provide you with medical care.

PAYMENT. We may use and share your PHI so that we or others may receive payment for the care and services we provide to you. For example, we may contact Medicare, Medicaid, your insurance company, or other company or program that arranges for or pays the cost of some or all of your health care.

HEALTH CARE OPERATIONS. We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our health care system's programs. For example, we may use and disclose PHI to make sure you receive quality care. We also may share PHI 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 PHI to contact you and to remind you that you have an appointment with us. We may also use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS

AS REQUIRED BY LAW. We will disclose PHI when required to do so by local, state, federal, or international laws.

FAMILY AND FRIENDS. We may share PHI about you with your family members, friends or any other person you tell us who is involved in your health care or who helps pay for it. If you are in one of our facilities, we may tell your family or friends your condition. We also may share health information about you to a disaster relief agency so that your family can be told of your condition and location. You may decide not to share this information but you must let us know.

HEALTH OR SAFETY THREATS. We may use and disclose PHI when necessary to prevent a 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.

EMERGENCIES. We may use or disclose PHI to provide treatment in an emergency situation.

BUSINESS ASSOCIATES. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the PHI is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose PHI other than as specified in our contract.

ORGAN AND TISSUE DONATION. If you are an organ donor, we may use or release PHI 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.

MILITARY AND VETERANS. If you are a member of the armed forces, we may use PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

WORKERS' COMPENSATION. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

PUBLIC HEALTH RISKS. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report communicable or sexually transmitted diseases; 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; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, investigations, audits, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

**COOK COUNTY HEALTH & HOSPITALS SYSTEM
NOTICE OF PRIVACY PRACTICES**

LAW ENFORCEMENT. We may release PHI if asked by a law enforcement official if the PHI is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness 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.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may release PHI 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 PHI to funeral directors as necessary for their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES. We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose PHI to authorized federal officials so they may provide protections to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

INFORMATION NOT PERSONALLY IDENTIFIABLE. We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

OTHER USES AND DISCLOSURES

We will not use or disclose your PHI for any purpose other than those described in the previous sections without your specific Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose PHI about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose PHI about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In Illinois, a specific written authorization (different than the Authorization and Consent mentioned above) is required to disclose or release records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS treatment information.

We do not use or disclose PHI for marketing purposes or research activities.

YOUR RIGHTS

You have the following rights regarding PHI we have about you:

RIGHT TO REVIEW AND COPY. You have a right to review and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make a request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. If you request a copy of this PHI, we may charge a fee as allowed under the Illinois Law. We may deny your request in certain limited circumstances. You may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome review.

RIGHT TO AMEND. If you feel that PHI we have 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 PHI is kept by our office for our office. To request an amendment, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We may deny your request as permitted by law.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations which are not exceptions from an accounting or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI 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. To request a restriction, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. We are not required to agree to your request. If we agree, we will comply with your request unless PHI is needed to provide you with emergency treatment.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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. To obtain a paper copy of this notice, contact The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612.

CHANGES TO THIS NOTICE. We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page underneath the title of this document.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CCHHS or with the Secretary of the Department of Health and Human Services. To file a complaint with CCHHS, contact The Office of Corporate Compliance, Cook County Health & Hospitals System, 1900 West Polk, Suite 123, Chicago, IL 60612. All complaints must be in writing. You will not be penalized for filing a complaint.