



## Privacy Notice

**This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information.  
Please Review It Carefully.**

**The law requires the Illinois Department of Healthcare and Family Services (HFS) to protect the privacy of your medical information.** This notice explains how HFS can use and share the medical information that HFS has about you or your family. It also explains your rights.

**Effective February 16, 2026, HFS must follow this Notice until it is replaced.** HFS can change the terms of this Notice at any time. If HFS changes this Notice, HFS will send a new Notice to all persons enrolled at that time. HFS can make the new changes apply to all your medical information kept by HFS before and after the date of the new Notice. The Notice is posted on the HFS website.

**HFS may use and share your medical information without your permission for the reasons below.**

- **So you can get medical care.** For example, HFS may share your medical information with your doctor or pharmacy so that they can give you medical care and the right medicine. HFS may also disclose information about you to coordinate your health care.
- **So HFS can pay your medical bills.** For example, HFS may use and share your medical information so your doctor can send a bill to HFS and so HFS can pay your medical bills. HFS may also use or share your medical information to recover payment from other medical insurance or benefits you may have.
- **So HFS can perform its duties.** For example, HFS may use or share your medical information to assess quality of care; to decide who is eligible for medical benefits; to manage your care; to direct and plan HFS programs and budget; to coordinate with another public benefit program; to develop better services for you; or for audits.
- **To tell you about other health services.** For example, HFS may call or write to tell you about treatment options or other health-related services.
- **To comply with the law.** For example, the law requires HFS to allow the U.S. Department of Health and Human Services to audit HFS records. HFS may share your medical information to comply with other laws.
- **For other reasons.** Examples include:
  - To comply with legal proceedings, such as a court or administrative order or subpoena;
  - For workers' compensation claims;
  - To enforce other laws or protect someone's health and safety;
  - So a family member, friend or other person can help you to get or pay for your health care;
  - So a personal representative you appoint or a court appoints for you can help you get health benefits;
  - To support research as long as the information will be protected by the researchers;
  - So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;

- To support an organ procurement organization in limited circumstances;
  - To protect you against a serious threat to your health or safety or the health or safety of others;
  - To support a government agency overseeing health care programs;
  - For lawful national security purposes;
  - To correctional institutions or law enforcement officers if you are an inmate of a correctional institution or if necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; (3) for the safety of the correctional institution;
  - For health research;
  - For public health purposes; and
  - For military purposes, if you are a member of the armed forces.
- **Business Associates.** HFS contracts with other entities and individuals to help HFS provide your health benefits and manage the Medicaid program. These contractors, called Business Associates, may also receive and keep your medical information. They are required to appropriately safeguard and protect your medical information.
- **Specially Protected Information.**
    - **Substance Use Disorder (SUD) Information.** If HFS receives information related to SUD treatment provided by certain SUD providers or facilities subject to 42 CFR Part 2 (a federal law), HFS may not use or share such information for civil, criminal, or legislative investigations or proceedings without either your prior written consent or receipt of a valid court order authorizing the disclosure that is also accompanied by a subpoena or other document which requires the disclosure. Prior to a court ordering the sharing of such SUD information, the law requires that you be provided with notice of the request made to the court and an opportunity to provide objections to the court. Not all SUD information is subject to these restrictions.
    - **HIV/AIDS Information.** HFS uses and discloses HIV and AIDS information only as allowed by Illinois and federal law. HFS works with the Illinois Department of Public Health to stop new HIV cases. The Illinois Department of Public Health is sharing HIV data they have with HFS and the Illinois Medicaid Managed Care Organizations to provide better care for people living with HIV. Name, date of birth, HIV status and other information is being shared safely and securely for the purpose of treatment and care coordination.
    - **Lawful Health Care, Mental Health, and Developmental Disabilities Information.** HFS uses and discloses reproductive health care, gender affirming care, mental health care, and developmental disabilities service recipients' information only as allowed by Illinois and federal law.

**HFS will make the following uses and disclosures only with your written permission:**

- To use and disclose information for marketing purposes;
- To use and disclose information that would be the sale of protected health information;
- To use and disclose psychotherapy notes (should we have such notes); and
- Other uses and disclosures not described in this notice.

**HFS will not use or share your medical information for any other reason unless you give HFS written permission.** If you do give HFS written permission to share your medical information for other purposes, you may later withdraw your permission in writing at any time. You can find forms for these purposes on the HFS website and at Illinois Department of Human Services local offices. Information disclosed with your permission may be redisclosed by the recipient and no longer protected. HFS is not allowed to use your genetic information to decide whether to cover you or set the price of covering your benefits.

**Civil Penalties may be imposed for improper use or disclosure of your medical information.** In accordance with 45 C.F.R. § 160.404, the US Department of Health and Human Services Office of Civil Rights (OCR) may, in certain circumstances, impose civil or criminal penalties on covered entities and business associates, as those

terms are defined at 45 CFR 160.103, for failure to use or disclose health information in accordance with applicable law. Penalties may not exceed a calendar year cap for multiple violations of the same requirement.

**Criminal Penalties may also be imposed for improper use or disclosure.** In accordance with 42 USC 1320d-6, a person who knowingly and improperly obtains or discloses your health information may face a criminal penalty including a fine and a term of imprisonment. The fines and terms of imprisonment increase if the individual obtains the information by misrepresenting a material fact, or if the person intends to sell, transfer, or use your health information for commercial advantage, personal gain or malicious harm. The US Department of Justice is responsible for criminal prosecutions.

HFS employees or contractors who improperly use or disclose your health information are subject to sanctions, including discipline and termination.

**Your rights.** You may ask HFS to do any of the following if you ask in writing. HFS will decide if it can do what you want it to do. HFS will write to tell you what it decides.

- You may ask HFS not to use or share your medical information for treatment, payment and health care operations. HFS does not have to agree.
- You may ask HFS to contact you about your medical information privately in a different way or at a different place than HFS is currently doing. HFS does not always have to agree unless the change is necessary to protect you, and HFS can still pay your medical bills. When you write to ask for this change, you must tell HFS how to contact you in private.
- You may ask to see or get copies of your medical information. You may be charged a small fee for copies.
- You may ask HFS to correct your medical information. HFS does not have to agree to make the change.
- You have the right to be contacted and informed about a breach of your medical information.
- You may ask for a list of ways HFS or its contractors shared your medical information going back 6 years from the date of the request.
- You may ask HFS to send you another copy of this Notice.

If you want any of these things, contact the HFS Privacy Office in writing by mail or e-mail at the address below.

**Complaints.** If you believe HFS has not protected your right to privacy, you have the right to complain to HFS or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with HFS at the address below. HFS will not hold it against you if you file a complaint.

**Privacy Officer.** To get more copies of this Notice or more information about HFS privacy practices or your rights, or to file a complaint, contact the Privacy Officer at the following address:

Privacy Officer  
Office of the General Counsel  
Healthcare and Family Services  
201 S. Grand Ave. East, 3rd Floor  
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-217-524-2397

[HFS.privacy.officer@illinois.gov](mailto:HFS.privacy.officer@illinois.gov)