



STATEMENT OF ILLINOIS LAW ON ADVANCE DIRECTIVES AND DNR ORDERS

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are no longer able to make them for yourself. A do not resuscitate order (DNR order) is a medical treatment order that says cardiopulmonary resuscitation (CPR) will not be used if your heart and/or breathing stops.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. Illinois law allows for the following three types of advance directives: (1) health care power of attorney; (2) living will; and (3) mental health treatment preference declaration. In addition, you can ask your physician to work with you to prepare a DNR order. You may choose to discuss with your health care professional and/or attorney these different types of advance directives as well as a DNR order. After reviewing information regarding advance directives and a DNR order, you may decide to make more than one. For example, you could make a health care power of attorney and a living will.

If you have one or more advance directives and/or a DNR order, tell your health care professional and provide them with a copy. You may also want to provide a copy to family members, and you should provide a copy to those you appoint to make these decisions for you.

State law provides copies of sample advance directives forms. A copy of these forms and of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive can be found on the IDPH website.

Health Care Power of Attorney

The **health care power of attorney** lets you choose someone to make health care decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the "principal" in the power of attorney form and the person you choose to make decisions is called your "agent." Your agent would make health care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may use a standard health care power of attorney form or write your own. You may give your agent specific directions about the health care you do or do not want.

The agent you choose cannot be your health care professional or other health care provider. You should have someone who is not your agent witness your signing of the power of attorney.

The power of your agent to make health care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing.

You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

Living Will

A **living will** tells your health care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness your signing of the living will. Your health care professional cannot be a witness. It is your responsibility to tell your health care professional if you have a living will if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health care decisions unless he or she is unavailable.

Mental Health Treatment Preference Declaration

A **mental health treatment preference declaration** lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal" and the person you choose is called an "attorney-in-fact." Neither your health care professional nor any employee of a health care facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your health care professional; an employee of a health care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

Do-Not-Resuscitate

You may also ask your health care professional about a **do-not-resuscitate order** (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of

the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician's order that requires a physician's signature.

Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, health care power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by one person who is 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you. This webpage provides a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive that may be used by you and your physician. This webpage also provides a link to guidance for individuals, health care professionals and health care providers concerning the IDPH Uniform DNR Advance Directive.

What happens if you don't have an advance directive?

Under Illinois law, a health care "surrogate" may be chosen for you if you cannot make health care decisions for yourself and do not have an advance directive. A health care surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

The surrogate can make all health care decisions for you, with certain exceptions. A health care surrogate cannot tell your health care professional to withdraw or withhold life-sustaining treatment unless you have a "qualifying condition," which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. A "terminal condition" is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. "Permanent unconsciousness" means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An "incurable or irreversible condition" means an illness or injury for which there is no reasonable prospect for cure or recovery that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment. If your health care surrogate decision maker decides to withdraw or withhold life-sustaining treatment, this decision must be witnessed by a person who is 18 years or older. A health care surrogate may consent to a DNR order; however, this consent must be witnessed by one individual 18 years or older.

A health care surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A health care surrogate can petition a court to allow these mental health services.

Final

You should talk with your family, your health care professional, your attorney, and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives or a DNR order. If they know what health care you want, they will find it easier to follow your

wishes. If you cancel or change an advance directive or a DNR order in the future, remember to tell these same people about the change or cancellation.

No health care facility, health care professional or insurer can make you execute an advance directive or DNR Order as a condition of providing treatment or insurance. It is entirely your decision. If a health care facility, health care professional or insurer objects to following your advance directive or DNR order then they must tell you or the individual responsible for making your health care decisions. They must continue to provide care until you or your decision maker can transfer you to another health care provider who will follow your advance directive or DNR order.

Source: <http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives> (Updated 6/22/18)



POLICY ON LIVING WILLS AND HEALTH CARE POWER OF ATTORNEY

Living Will

Chestnut Health Systems will not implement living wills within the facility itself. If you have a living will, and if you should be diagnosed terminally ill or permanently unconscious, you will be transferred to a hospital, hospice, or such other appropriate location for implementation of this advance directive. Any advance directives (living will or health care power of attorney) that you sign will become a permanent part of your clinical record at this facility. These documents will be sent to a general hospital, hospice, or such other appropriate location if conditions exist that would warrant the implementation of a living will.

Health Care Power of Attorney

In the case of a health care power of attorney, if your condition warrants, your designated agent(s) or successor agent(s) will be notified of your physical condition, and his/her right to make health care decisions on your behalf, pursuant to the terms of the health care power of attorney form which you have signed.



DISCLOSURE AUTHORIZATION

Criminal Justice System Referral For Chemical Dependency Services

I, _____ authorize staff of Chestnut Health Systems to obtain from and release information to:
(Name of Client)
_____ Circuit Court of _____ County ordering me to treatment (including Judge and the State's Attorney)
_____ Illinois Department of Corrections
_____ County Department of Probation (PO's name: _____)
_____ County Sheriff's Department and Court Services
_____ Treatment Alternative for Safe Communities ("TASC") (TO's name: _____)
_____ Other legal entity responsible for monitoring treatment compliance, specify: _____

The purpose of and need for the disclosure is to inform the criminal justice agencies listed above of my attendance and progress in chemical dependency treatment, and court testimony.

The extent of information to be disclosed is the diagnosis, assessment and recommendations for treatment, information about the attendance or lack of attendance at treatment sessions, treatment plan, medical and medication management information, my cooperation or lack of cooperation with the treatment program rules, laboratory and breath analysis reports, progress and conduct reports and discharge plans.

Unless you have specifically requested in writing that the disclosure be made in a specific format, we reserve the right to disclose information in any manner that we deem appropriate and consistent with applicable law including, but not limited to, verbally, in paper format or electronically. I understand that Chestnut Health Systems does not use encryption technology for email, and therefore there is a possibility that information transmitted to/from Chestnut Health Systems may be viewed by unauthorized persons during transmission. Further, I understand that it may be impossible to determine whether such unauthorized access to email has taken place. In addition, I understand that email usage may be monitored by Chestnut Health Systems administration for internal security purposes.

Although Chestnut does not condition the provision of treatment on receipt of this authorization, your participation in treatment may be a condition of the disposition of any criminal proceedings against you or your parole or other release from custody. In such cases, you will be required to sign this authorization in order to permit us to share information with the criminal justice system. I understand that Chestnut is providing treatment to me in reliance on this authorization permitting disclosure to criminal justice agencies. Therefore, I understand that this authorization will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding that gave rise to the criminal justice system referral. At that time, I may revoke this authorization by providing written notification to Chestnut Health Systems staff. If not revoked at that time, this authorization will terminate one year after the date of discharge or final disposition of the proceeding giving rise to the criminal justice system referral, whichever is later.

I also understand that any disclosure made is governed by Part 2 of the Title 42 of the Code of Federal Regulations pertaining to the confidentiality of alcohol and drug abuse client records and that recipients of this information may redisclose it only in connection with their official duties.

Signature of Client Date Client's Birth Date

Signature of Parent/Guardian or Personal Representative Date

(If you are signing as a personal representative of an individual, describe your authority to act for this individual, power of attorney, healthcare surrogate, etc.) _____

Client was given a copy of disclosure authorization.

Signature of Witness Attesting to Identity and Authority Date



DISCLOSURE AUTHORIZATION

PATIENT INFORMATION
NAME: DATE OF BIRTH:
ADDRESS: CITY, STATE, ZIP:

I understand that by signing this form, I agree to allow CHESTNUT HEALTH SYSTEMS, INC. ("CHESTNUT") to obtain from and release to the individuals or entities named below the information described below.

THIS FORM MEETS ALL REQUIREMENTS OF THE FEDERAL CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS REGULATIONS (42 C.F.R. PART 2), THE ILLINOIS MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CONFIDENTIALITY ACT (740 ILCS 110/5), AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) (45 C.F.R. PARTS 160 AND 164).

WHO MAY DISCLOSE AND RECEIVE INFORMATION. I authorize CHESTNUT and entities listed below to disclose my health information.

WHAT MAY BE DISCLOSED - to include []Mental Health, []Substance Use, and/or []HIV Information)

Check the types of information you want shared:

- [] my demographic information [] my medications [] my assessment information
[] my financial information [] my medical procedures [] my vital signs
[] my insurance information [] my discharge/transfer summaries [] my psychiatric evaluations
[] my necessary medical equipment [] my provider's progress notes [] my educational information
[] my immunization record [] my treatment plans [] my laboratory results (including urine and other drug screens)
[] my allergies or other alerting data [] my symptoms and diagnosis
[] my presence and participation in treatment [] my health status in an emergency
[] OTHER:

WHO MAY RECEIVE: I authorize CHESTNUT to []Disclose Health Information, and/or []Receive Health Information From:

I. [] INDIVIDUALS - Any individual, include the name of the individual, relationship, and contact information.
a.
b.

II. [] TREATING PROVIDER ENTITIES - []Past []Present [] Future (Check all that apply)
Any entity with a treating provider relationship, include the name of the entity/provider and facility with contact information:
(Select applicable boxes below)
[] Hospital (specify):
[] Federally Qualified Health Center (specify):
[] Primary Care Practice (specify):
[] Other Medical Practice (specify):
[] Community Health Center (specify):
[] Behavioral Health Organization (specify):
[] Substance Use Disorder Program (specify):
[] Other (specify):

III. [] NON-TREATING ENTITIES - Any entity without a treating provider relationship, include the name of the entity/provider and facility and name of individual(s) within the entity and contact information
(Select applicable boxes below)
[] Health Information Exchange (specify):
[] Accountable Care Organization (specify):
[] Court (specify):

- Police (specify): _____
- Probation (specify): _____
- Parole (specify): _____
- Employer (specify): _____
- School (specify): _____
- Law Office (specify): _____
- Government Agency (specify): _____
- Other (specify): _____

IV. THIRD PARTY PAYER (Required for SUD) - Any payer, include the name of the entity.

- a.** _____
- b.** _____

PURPOSES: I authorize the above disclosure of my health information for the following purposes (Check all that apply):

- to help with my treatment
- to improve my provider's operations
- to help coordinate my health care
- to involve family and significant others in my treatment
- to complete evaluations
- for purposes of visitation or communication with me
- for purposes of payment for my care
- Other: _____

EXPIRATION. This authorization will expire on: _____
(Insert exact date, not to exceed 1 year from the date signed)

REVOCAATION. I understand that I may revoke this authorization in full or in part at any time by providing written notification to CHESTNUT. However, my revocation will not cover disclosures of my health information that CHESTNUT already made before my revocation.

INSPECTION. I understand that I have a right to inspect and copy my health information that is disclosed.

FEDERAL LAW. The information that I am permitting to be disclosed may be from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further redisclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

 Signature of Patient Date

 Signature of Parent/Guardian or Personal Representative Date Type of Authority to Act for Patient

 Signature of Witness Date

TO BE COMPLETED BY OFFICE
<input type="checkbox"/> Patient has been given the opportunity to see, review and inspect the signed Disclosure Authorization form.



All charges will be billed to insurance plans as appropriate. If you are unable to pay for services, please speak to your clinician about reduced fees for services.

Fee Schedule

(Effective October 16, 2018)

Outpatient

Substance Abuse

Assessment	\$205 / session
Individual/Family Counseling	\$200 / hour
Group Counseling	\$45 / session
Intensive Outpatient	\$285 / day

Mental Health

Assessment	\$205 / session
Individual/Family Counseling	\$200 / hour
Group Counseling	\$45 / session

Inpatient Sub-Acute/Substance Use

Adult	\$645 / day
Adolescent	\$780 / day

The above charges include therapy, room and board and family group sessions.

Day Treatment/Substance Use

Adult	\$585 / day
Adolescent	\$705 / day

Therapeutic Overnight/Substance Use

Adult	\$60 / day
Adolescent	\$75 / day

Crisis Residential \$900 / day

Medically Monitored Detox \$1,200 / day

Psychiatric Evaluation \$230 / session

All fees listed are for basic services. Ancillary services represent additional charges. For example, during an evaluation a counselor may request a Urine Drug Test resulting in additional costs.

Where you may find additional information:

Illinois Department of Public Health
AIDS/STD Hotline
1-800-243-2437

CDC National HIV/AIDS Hotline
1-800-342-2437
<https://www.cdc.gov/hiv/basics/index.html>

McLean County Health Department
200 W. Front Street
Bloomington, IL 61701
309-888-5450
<https://health.mcleancountyil.gov/>

ABOUT HIV/AIDS

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. Unlike some other viruses, the human body cannot get rid of HIV completely, even with treatment. Once you get HIV, you have it for life.

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

No effective cure currently exists, but with proper medical care, HIV can be controlled. The medicine used to treat HIV is called antiretroviral therapy or ART. If people with HIV take ART as prescribed, their viral load (amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

The Stages of HIV

When people get HIV and do not receive treatment, they will typically progress through three stages of disease. Medicine to treat HIV, known as antiretroviral therapy (ART), helps people at all stages of the disease if taken as prescribed. Treatment can slow or prevent progression from one stage to the next. Also, people with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to an HIV-negative partner through sex.

Stage 1: Acute HIV infection

Within 2 to 4 weeks after infection with HIV, people may experience a flu-like illness, which may last for a few weeks. This is the body's natural response to infection. When people have acute HIV infection, they have a large amount of virus in their blood and are very contagious. But people with acute infection are often unaware that they're infected because they may not feel sick right away or at all. To know whether someone has acute infection, either an antigen/ antibody test or a nucleic acid (NAT) test is necessary. If you think you have been exposed to HIV through sex or drug use and you have flu-like symptoms, seek medical care and ask for a test to diagnose acute infection.

Stage 2: Clinical latency (HIV inactivity or dormancy)

This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active but reproduces at very low levels. People may not have any symptoms or get sick during this time. For people who are not taking medicine to treat HIV, this period can last a decade or longer, but some may progress through this phase faster. People who are taking medicine to treat HIV (ART) as prescribed may be in this stage for several decades. It is important to remember that people can still transmit HIV to others during this phase. However, people who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners. At the end of this phase, a person's viral load starts to go up and the CD4 cell count begins to go down. As this happens, the person may begin to have symptoms as the virus levels increase in the body, and the person moves into Stage 3.

Stage 3: Acquired immunodeficiency syndrome (AIDS)

AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses. Without treatment, people with AIDS typically survive about 3 years. Common symptoms of AIDS include chills, fever, sweats, swollen lymph glands, weakness, and weight loss. People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with AIDS can have a high viral load and be very infectious.

The Importance of Testing

The only way to know for sure whether you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV. The CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. About 1 in 7 people in the United States who have HIV do not know they have it. People at higher risk should get tested more often. Before having sex for the first time with a new partner, you and your partner should talk about your sexual and drug-use history, disclose your HIV status, and consider getting tested for HIV and learning the results.

Some people may experience a flu-like illness within 2 to 4 weeks after infection (Stage 1 HIV infection). But some people may not feel sick during this stage. Flu-like symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, or mouth ulcers. These symptoms can last anywhere from a few days to several weeks. During this time, HIV infection may not show up on an HIV test, but people who have it are highly infectious and can spread the infection to others.

If you have these symptoms, that does not mean you have HIV. Each of these symptoms can be caused by other illnesses. But if you have these symptoms after a potential exposure to HIV, see a health care provider and tell them about your risk. The only way to determine whether you have HIV is to be tested for HIV infection. After you get tested, it's important to find out the result of your test so you can talk to your health

care provider about treatment options if you're HIV-positive or learn ways to prevent getting HIV if you're HIV-negative. Safe, private and confidential HIV testing and counseling services are available at the McLean County Health Department.

No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled. Treatment for HIV is called antiretroviral therapy or ART. If people with HIV take ART as prescribed, their viral load (amount of HIV in their blood) can become undetectable. If it stays undetectable, they can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS (the last stage of HIV infection) in a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live nearly as long as someone who does not have HIV.

Transmission

You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and needle or syringe use.

Only certain body fluids—blood, semen (*cum*), pre-seminal fluid (*pre-cum*), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

In the United States, HIV is spread mainly by:

- Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV.
 - For the HIV-negative partner, receptive anal sex (bottoming) is the highest-risk sexual behavior, but you can also get HIV from insertive anal sex (topping).
 - Either partner can get HIV through vaginal sex, though it is less risky for getting HIV than receptive anal sex.
- Sharing needles or syringes, rinse water, or other equipment (works) used to prepare drugs for injection with someone who has HIV. HIV can live in a used needle up to 42 days depending on temperature and other factors. **Your risk for getting HIV is very high if you use needles or works (such as cookers, cotton, or water) after someone with HIV has used them.**

Less commonly, HIV may be spread:

- From mother to child during pregnancy, birth, or breastfeeding. Although the risk can be high if a mother is living with HIV and not taking medicine, recommendations to test all pregnant women for HIV and start HIV treatment immediately have lowered the number of babies who are born with HIV.

- By being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.

In extremely rare cases, HIV has been transmitted by:

- Oral sex—putting the mouth on the penis (fellatio), vagina (cunnilingus), or anus (rimming). In general, there's little to no risk of getting HIV from oral sex. But transmission of HIV, though extremely rare, is theoretically possible if an HIV-positive man ejaculates in his partner's mouth during oral sex.
- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This was more common in the early years of HIV, but now the risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.
- Eating food that has been pre-chewed by a person with HIV. The contamination occurs when infected blood from a caregiver's mouth mixes with food while chewing. The only known cases are among infants.
- Being bitten by a person with HIV. Each of the very small number of documented cases has involved severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.
- Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.
- Deep, open-mouth kissing if both partners have sores or bleeding gums and blood from the HIV-positive partner gets into the bloodstream of the HIV-negative partner. HIV is not spread through saliva.

HIV does not survive long outside the human body (such as on surfaces), and it cannot reproduce outside a human host. It **is not** spread by:

- Mosquitoes, ticks, or other insects.
- Saliva, tears, or sweat that is not mixed with the blood of an HIV-positive person.
- Hugging, shaking hands, sharing toilets, sharing dishes, or closed-mouth or "social" kissing with someone who is HIV-positive.
- Other sexual activities that do not involve the exchange of body fluids (for example, touching).

Prevention

Today, more tools than ever are available to prevent HIV. You can use strategies such as abstinence (not having sex), limiting your number of sexual partners, never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of newer HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

If you have HIV, there are many actions you can take to prevent transmitting it to others. The most important is taking HIV medicine (called antiretroviral therapy, or ART) as prescribed. If you take HIV medicine as prescribed and get and keep an undetectable

viral load (or stay virally suppressed), you can stay healthy and have effectively no risk of transmitting HIV to an HIV-negative sex partner.

Confidentiality

Illinois law makes special provisions for keeping information regarding HIV status confidential. All information regarding HIV status, including HIV testing and counseling, will be documented in a separate sections of a client's Chestnut Health Systems records or a separate record with restricted access. This information cannot be released to other agencies, no can it be shared among Chestnut Health Systems' staff members, unless the law provides otherwise.

Basic Statistics

In 2017, 38,739 people received an HIV diagnosis in the United States and dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands). The annual number of new diagnoses declined 9% from 2010 to 2016 in the 50 states and the District of Columbia.

An estimated 1.1 million people in the United States had HIV at the end of 2016, the most recent year for which this information is available. Of those people, about 14%, or 1 in 7, did not know they had HIV.

In 2017, gay and bisexual men accounted for 66% of all HIV diagnoses in the United States and 6 dependent areas. In the same year, individuals who got HIV infection through heterosexual sex made up 24% of all HIV diagnoses.

If we look at HIV diagnoses by race and ethnicity, we see that African Americans are most affected by HIV. In 2017, African Americans accounted for 43% of all new HIV diagnoses. Additionally, Hispanic/Latinos are also strongly affected. They accounted for 26% of all new HIV diagnoses.

There are also variations by age. Young people aged 13 to 24 are especially affected by HIV. In 2017, young people accounted for 21% of all new HIV diagnoses. All young people are not equally at risk, however. Young gay and bisexual men accounted for 83% of all new HIV diagnoses in people aged 13 to 24 in 2017 (includes young gay and bisexual men who inject drugs), and young African American gay and bisexual men are even more severely affected.

HIV is largely an urban disease, with most cases occurring in metropolitan areas with 500,000 or more people. The South has the highest *number* of people living with HIV, but if population size is taken into account, the Northeast has the highest rate of people living with HIV.

UNDERSTANDING TUBERCULOSIS

What is TB?

Tuberculosis (TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body. Tuberculosis is spread from person to person through the air. When a person with TB in their lungs or throat coughs, laughs, sneezes, sings, or even talks, the germs that cause TB may spread through the air. If another person breathes in these germs there is a chance that they will become infected with tuberculosis.

It is important to understand that there is a difference between being infected with TB and having TB disease. Someone who is infected with TB has the TB germs, or bacteria, in their body. The body's immune system is protecting them from the germs and they are not sick. That is referred to as latent TB.

Someone with TB disease is sick and can spread the disease to other people. A person with TB disease needs to see a doctor as soon as possible. This is referred to as active TB.

How does someone become infected with TB?

It is not easy to become infected with tuberculosis. Usually a person has to be close to someone with TB disease for a long period of time. TB is usually spread between family members, close friends, and people who work or live together. TB is spread most easily in closed spaces over a long period of time. It is rare, but possible, for TB to be spread in an airplane.

How does TB disease develop?

Even if someone becomes infected with tuberculosis, that does not mean they will get TB disease. Most people who become infected do not develop TB disease because their body's immune system protects them.

Many people who develop TB disease were infected with the TB germ in the past. Then their immune system becomes damaged and can no longer fight the germ so it develops into TB disease. The immune system may be damaged from AIDS or diabetes, drug or alcohol abuse, lack of medical care, or homelessness. In this way, a person may become sick with TB disease months or even years after they first breathed in the TB germs.

The other way TB disease develops happens much more quickly. Sometimes when a person first breathes in the TB germs, the body is unable to protect itself against the disease. The germs then develop into active TB disease within weeks.

How serious is TB?

In some people, TB can cause cough, chest pain and bloody mucus. If it is not treated properly, TB can be fatal.

What is Multi-Drug Resistant TB?

Multi-drug resistant tuberculosis (MDR-TB) is a very dangerous form of tuberculosis. Some TB germs become resistant to the effects of some TB drugs. This happens when TB disease is not properly treated. These resistant germs can then cause TB disease. The TB disease they cause is much harder to treat because the drugs do not kill the germs.

MDR-TB can be spread to others, just like regular TB. If you have TB, it is important to follow your healthcare provider's instructions for taking your TB medicine so that you will not develop MDR-TB.

What are the symptoms of TB?

A person with TB infection will have no symptoms. A person with active TB disease may have any, all or none of the following symptoms:

- A persistent cough
- Constant fatigue
- Weight loss
- Loss of appetite
- Fever
- Coughing up blood
- Night sweats

These symptoms can also occur with other diseases so it is important to see a healthcare provider and to let them find out if you have TB. A person with TB disease may feel perfectly healthy, or may only have a cough from time to time. If you think you have been exposed to TB, get a TB test.

How is TB detected?

TB can be detected through a skin test or a TB blood test.

The skin test is done by injecting a small amount of fluid called tuberculin into the skin in the arm. You will be told to return within 48 to 72 hours to have a healthcare worker check the arm to see if a bump has been developed. The healthcare worker will measure the bump and tell you if your reaction to the test is positive or negative. If it's positive, it usually means you have been infected with the TB germ.

The TB blood test measures how your immune system reacts to the germs that cause TB.

If you have a positive test for TB infection, it only means that you have been infected with TB germs. It does not tell whether you have developed TB disease. You will be given other tests, such as a chest x-ray and a check of your sputum (coughed up mucus), to see whether you have TB disease.

How is TB treated?

Treatment for TB depends on whether a person has active TB disease or only TB infection.

If you have become infected with TB, but do not have active TB disease, you may get *preventative therapy*. This treatment kills germs that are not doing any damage right now, but could do so in the future. The most common preventive therapy is a daily dose of isoniazid (INH) for 6 to 9 months.

If you have active TB disease you will probably be treated with a combination of several drugs for 6 to 12 months. You may only have to stay a short time in the hospital, if at all, and can then continue taking medication at home. After a few weeks you can probably even return to normal activities and not have to worry about infecting others.

The most common treatment for active TB is INH plus two to three other drugs including rifampin pyrazinamide and ethambutol. You will probably begin to feel better only a few weeks after starting to take the drugs.

It is very important that you continue to take the medicine correctly for the full length of treatment. If you take the medicine incorrectly to stop taking it, you may become sick again and will be able to infect others with TB.

If you don't take the medicine correctly and you become sick with TB a second time, the TB may be harder to treat if it has become drug resistant. This means that some drugs used to treat TB cannot fight the TB germs in the body. TB that is resistant to more than one drug, called multi-drug-resistant TB (MDR-TB) is very dangerous.

Preventing Tuberculosis

If you have become infected with TB, but do not have active TB disease, you may get preventative therapy. This treatment kills germs that are not doing any damage right now, but could do so in the future. The most common preventive therapy is a daily dose of isoniazid (INH) for 6 to 9 months.

If you take your medicine as instructed by your healthcare provider, it can keep you from developing active TB disease.

Not everyone who is infected with the TB germ develops TB disease. People who are at high risk for developing TB disease from the TB germ include:

- People infected with HIV
- People who were infected with TB bacteria in the last 2 years
- Babies and young children
- People who inject illegal drugs
- People who have other diseases that weaken the immune system
- Elderly people
- People who were not treated correctly for TB in the past

There is a vaccine against TB called BCG, or bacilli Calmette-Guerin. It is used in many foreign countries where TB is more common. However, it is not used very often in the United States because the chances of being infected with TB in the US is low, there are questions about how much protection it offers, and it can make TB skin tests less accurate.

Living with Tuberculosis

You must finish your medicine and take the drugs exactly as prescribed. If you stop taking the drugs too soon you can become sick again. If you do not take the drugs correctly, the TB germs that are still alive can become resistant to the drugs.

Sometimes the drugs used to treat TB can cause side effects. If you are taking medicine for preventive therapy or for active TB disease let your doctor know if you begin having any unusual symptoms. Side effects of TB drugs can include:

- No appetite
- Nausea
- Vomiting
- Yellowish skin or eyes
- Fever for 3 or more days
- Abdominal pain
- Tingling fingers or toes
- Skin rash
- Easy bleeding
- Aching joints
- Dizziness
- Tingling or numbness around the mouth
- Easy bruising
- Blurred or changed vision
- Ringing in the ears
- Hearing loss

A healthcare worker may make sure you are taking your medicine correctly. This is called Directly Observed Therapy (DOT).

Tips for Taking TB Medicine

If you are taking TB medicine on your own, without DOT, it's important to get into a routine. Here are some ways to help you remember to take your TB medicine:

- Take your medicine at the same time every day. For example, you can take it before breakfast, or after you brush your teeth.
- Ask someone in your family or a friend to remind you to take your medicine.
- Each day when you take your medicine mark it off on a calendar.
- Get a weekly pill dispenser that has a section for each day of the week. Put your pills in it.

Ask your healthcare provider what you should do if you forget to take your pills.

Don't Spread Your TB

If you have TB disease, it will take a few weeks of treatment before you can't spread TB bacteria to others. Until your healthcare provider tells you to go back to your daily routine, here are ways to protect yourself and others near you"

- Take your medicine exactly as the healthcare provider directed.
- When you cough, sneeze, or laugh, cover your mouth with a tissue. Put the tissue in a closed bag and throw it away.
- Do not go to work or school until your healthcare provider says it's okay to go back. Avoid close contact with anyone. Sleep in a bedroom alone.
- Air out your room often so the TB germs don't stay in the room and infect someone who breathes the air.



Chestnut Health Systems' Notice of Privacy Practices

(Chestnut Health Systems and Chestnut Family Health Center)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice of Privacy Practices (this "Notice") describes how Chestnut Health Systems, Inc. and all of its programs, including Chestnut Family Health Center (collectively, "Chestnut" or "we") may use and disclose your protected health information ("PHI"), as well as your rights regarding your PHI. We are required by law to protect your PHI, to comply with this Notice, and to give you a copy of this Notice. We reserve the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI that we maintain at that time. We will make available a revised Notice by posting a copy on our website <http://www.chestnut.org/> or by posting at our facilities. You may request a copy of the Notice at any time.

We must also comply with separate Federal laws that protect the confidentiality of alcohol and drug abuse patient records, as well as State laws that protect the confidentiality of mental health treatment records. Violation of these laws is a crime. You may report a suspected violation to the proper authorities. Additionally, individual Chestnut programs will share PHI with each other, as necessary, to carry out treatment, payment and health care operations.

How We May Use and Disclose Health Information about You

Listed below are some examples of the uses and disclosures that Chestnut may make of your PHI. The disclosure may be made verbally, in writing, or electronically, such as by e-mail or text message.

Treatment. We may use or disclose your PHI to provide, coordinate, or manage your care or any related services, including sharing information with others outside Chestnut that we are consulting with or referring you to for your care, such as a specialist or a laboratory.

Payment. We may use or disclose your PHI for purposes related to payment, such as determining if you have insurance benefits, and if your insurance company will cover the cost of your treatment; processing claims with your insurance company; and reviewing services provided to you to determine medical necessity. We may use your PHI to obtain payment for your health care services without your written authorization.

Health Care Operations. We may use or disclose, as needed, your PHI in order to coordinate our business activities, for patient safety activities, or to share your PHI with third parties that provide services to us, such as billing or typing, who have entered into agreements with Chestnut to maintain the confidentiality of your PHI. This may include reviewing your care, training students and staff, or setting up your appointments. We may use a sign-in sheet at the registration desk or call you by name in the waiting room when it is time to be seen. We may also contact you concerning Chestnut's fundraising activities. If we contact you about fundraising activities, we will only use your name, address, phone number, gender, date of birth, treatment dates, health insurance status, health outcome, and in certain limited cases not involving substance abuse or mental health treatment your treating physician and department of service. You can choose not to receive any communications or only certain communications about fundraising by notifying the Privacy Officer in writing or by telephone. You may choose to opt back into future fundraising communications by notifying the Privacy Officer, as well.

Chestnut also participates with other behavioral health services agencies (each, a "Participating Covered Entity") in the IPA Network established by Illinois Health Practice Alliance, LLC ("Company"). Through Company, 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 HIPAA Privacy Rule. As OHCA participants, all the Participating Covered Entities may share the PHI of their patients for the treatment, payment, and health care operations purposes of all the OHCA participants.

Information That Can Be Disclosed Without Your Authorization

Required by Law. We may use or disclose your PHI if it is required by law. For example, we must make disclosures of your PHI to you upon your request, and we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of determining our compliance with the HIPAA Privacy Rule. We may also disclose your PHI if a court issues a subpoena and appropriate order and follows required procedures. Mental health information may also be disclosed to coordinate services between government agencies that have entered into an interagency agreement.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure, and for accreditation purposes.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency as authorized by law. We only disclose necessary information to make the initial mandated report.

Deceased Patients. We may disclose PHI regarding deceased patients as required by law and certain limited PHI to family members or others who were involved in the deceased patient’s care or payment for care prior to death, but only such PHI as is relevant to the family member’s or other’s involvement in the deceased’s care or payment. In addition, PHI of persons who have been deceased more than 50 years is no longer protected and may be disclosed without an authorization.

Research. If you are in a research study or future research studies, we may disclose PHI to researchers if our Institutional Review Board reviews and approves the research and either (a) you have signed an authorization, or (b) the Institutional Review Board reviews and approves a waiver to the authorization requirement.

Criminal Activity on Program Premises/Against Program Personnel. We may disclose your PHI to law enforcement officials if you have committed a crime on our premises or against our personnel.

Public Safety. We may disclose PHI to avert a serious threat to health or safety, such as physical or mental injury being inflicted on you or someone else. Chestnut is also required by State law to provide information concerning mental health recipients who pose an imminent threat to themselves or others to the Illinois Department of Human Services for the purposes of determining whether the individual holds a Firearm Owner Identification (“FOID”) Card. Any person who holds a FOID card, or who has applied for a FOID card, may have their FOID card revoked if that person is deemed a threat to themselves or others.

Public Health. We may use or disclose your PHI to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. In certain limited circumstances, we may also disclose your PHI to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disclosure is authorized by law. We may disclose proof of immunization to a school where the school must have such information prior to admitting a student. Before doing so, we will obtain verbal or written agreement from you.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. Examples of such situations include the disclosure of psychotherapy notes, marketing communications, or certain situations where your PHI may be transferred to another covered entity.

You may revoke this authorization at any time. Although Chestnut will honor your revocation going forward, Chestnut may have already made a use or disclosure based on your authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights, which we describe below. Please contact our Privacy Officer in writing if you have any questions:

Inspect and Copy Your PHI. You can view and get a copy of your PHI for as long as we maintain the record. If we maintain a copy of your PHI in electronic format then we will provide that PHI to you in the electronic format that is readily producible. Upon your request, we will provide a copy of your PHI to another person. Your request must be in writing and signed by you. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access.

Amend Your PHI. You may request, in writing, that we amend your PHI in our records. We may deny your request in certain cases. If we deny your request, you have the right to file a statement that you disagree with us. We will respond to your statement and will provide you with a copy.

Accounting of PHI Disclosures. You may request an accounting of our disclosures of your PHI for a period of up to six years (excluding disclosures made to you, made for treatment purposes, made with your authorization, and certain other disclosures). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Notice of Breach of Unsecured PHI. You have the right to receive notification from Chestnut in the event of a breach of unsecured PHI that relates to you. A breach generally involves the acquisition, use, or disclosure of PHI in a manner that is not allowed under HIPAA, which compromises the security or privacy of the PHI.

Copy of Notice. You have the right to obtain a copy of this notice from us.

Restrictions on Disclosures and Uses of Your PHI. You have the right to ask us not to use or disclose your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions, unless you paid in full and out of pocket for a health care item or service and you do not want us to tell your health plan. In that case, we must comply with your request for restriction. You can request a restriction by completing a *Request for Confidential Communications* form available from reception staff.

Confidential Communications. You have the right to request that we communicate with you about your PHI or medical care in a certain way or at a certain location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact your clinician if you would like to make this request.

Complaints. If you believe we have violated your privacy rights, you may file a complaint in writing by contacting us at privacy@chestnut.org or by contacting our office and speaking to one of our Privacy Officers. **We will not retaliate against you for filing a complaint.**

You may also file a complaint with the U.S. Secretary of Health and Human Services as follows:

**200 Independence Avenue S.W.
Washington, D.C. 20201
1 (202) 619-0257**

The effective date of this Notice is May 6, 2019.