



SINNISSIPPI CENTERS
Together we inspire wellness

Welcome to Sinnissippi Centers

Information Packet

815-284-6611

This brochure contains the information listed on the separate signature page, as well as important educational material.



Sinnissippi Centers is accredited by The Joint Commission and a recipient of the Gold Seal of Approval from The Joint Commission

www.sinnissippi.org

Sinnissippi Centers, Inc. Is funded, in part, by the Illinois Department of Human Services

Welcome to Sinnissippi Centers

Welcome to Sinnissippi Centers. We are confident that our exceptional staff will provide you with a highly beneficial treatment experience.

On behalf of our entire team at Sinnissippi Centers, we wish you success in the growth or recovery you seek. It is with your help that Sinnissippi Centers remains the provider of choice in Carroll, Lee, Ogle, Stephenson, and Whiteside Counties.

It is a pleasure to have the opportunity to partner with you in this treatment process.



Sinnissippi Centers, Inc.
www.sinnissippi.org

Office Locations

Byron office

212 W Blackhawk Dr, PO Box 1095
Dixon, IL 61021
(815) 284-6611

Dixon office

325 Illinois Route 2, Dixon, IL 61021
(815) 284-6611

Freeport office

524 W Stephenson, Suite 340
Freeport, IL 61032
(815) 516-8898

Mt. Carroll Office

1122 Healthcare Drive, Mt. Carroll, IL 61053
(815) 244-1376

Oregon Office

100 Jefferson Street, Oregon, IL 61061
(815) 732-3157

Rochelle Office

1321 North 7th Street, Rochelle, IL 61068
(815) 562-3801

Sterling Office

2611 Woodlawn Road, Sterling, IL 61081
(815) 625-0013

24-hour Emergency Phone Number
800-242-7642

Sinnissippi Centers, Inc.

We are a community based behavioral health care center that has provided quality care to the Illinois residents of Carroll, Lee, Ogle, and Whiteside Counties since 1966. The Sinnissippi Centers reputation is strong. We have established a base of health care professionals of the highest caliber, ready to serve the needs of our clients. We understand that in today's world, individuals and families may need special assistance with a variety of problems. Sinnissippi staff help provide solutions.

Adult Services

A wide range of services are available to adults who choose to receive treatment from Sinnissippi Centers. Some of these services include:

- Day & evening Intensive Outpatient Program
- DUI evaluation and education
- DUI individual and group services for moderate and significant classifications
- EMDR for trauma
- Individual and group continuing care
- Individual counseling for alcohol or other drug problems
- Counseling for emotional difficulties/life transitions
- Crisis stabilization
- Family counseling
- Life skills development
- Vocational training
- Anger management
- Dialectical Behavior Therapy Group
- Divorcing Parent Education
- Domestic Violence Intervention Program
- Substance Use Recovery Home Services
- Mental Illness/Substance Abuse Group
- Mental Health Supported Apartments
- Wellness Recovery Action Plan Group
- Treatment Services
- Recovery and support services
- Drug Court
- Mental Health Court
- Primary Care Coordination

Child & Adolescent Services

Sinnissippi Centers provides a breadth of services that are tailored to meet the needs of children, adolescents, and their families. Some of those services include:

- Individual and group continuing care
- Individual/family counseling for alcohol and other drug problems
- Attention Deficit Hyperactivity Disorder treatment
- Counseling for behavioral and emotional difficulties
- Counseling for divorced and blended family problems
- Family counseling
- Group counseling
- Early Childhood Mental Health services
- Family support and advocacy programs
- Crisis evaluations
- Court involved youth services
- Parenting programs focused on specific issues
- Alcohol and drug prevention services
- Community education on behavioral health issues
- School-based counseling
- Recovery and support services
- Care Coordination

Psychiatric Services

Psychiatric services are offered in twelve Sinnissippi Centers' locations.

Crisis Services

Everyone who comes to Sinnissippi Centers participates in a thorough clinical assessment to identify if treatment is needed and if so to determine the most appropriate course of treatment. Staff members are also on-call for emergencies seven days a week.

Assessment and screening services.

Emergency after-hour evaluations.

24 hour toll-free and crisis number: 800-242-7642

Referral Information

Sinnissippi Centers is there for thousands of people each year who need assistance with a behavioral health issue. Many individuals seek help on their own. Others are referred by court personnel, family members, physicians, school officials and other social service agencies. If you would like to make a referral, or seek assistance for yourself, please contact our Admissions staff at 800-242-7642.

Sinnissippi Centers Treatment Philosophy

Our Mission: Together we inspire wellness

Our Vision: Through hope and healing, empowering all to live their best lives

Our Values: Compassion, Empathy, Inclusion, Advocacy, Innovation, Humor

1. Our mission and vision statements, agency values and strategic plan drive the manner in which we provide treatment services. Treatment services are a delicate mixture of evidence-based practice and individual clinical skill.
2. Every individual who comes to us for treatment has the capacity to improve and grow. Recovery is a process not a destination. Achieving “full recovery” might not always seem possible, but often is, and continuing on the road to recovery is the goal.
3. Individuals have the right to make choices about their treatment, and to guide the treatment process. Mental illness and substance abuse do impact one’s ability to make the most effective choices. So, self-determination is combined with guidance and professional knowledge to allow us and our clients to be partners in the process. Consumer voice is critical to inform agency policies and procedures, not just individual treatment.
4. Although we know that ultimately the client needs to do the lion’s share of work in the therapeutic process, at times the professionals may have to work harder to get through periods when insight is low or symptoms are very severe. “You should not work harder than the client,” is not an absolute.
5. Setbacks are a natural part of the recovery process. What is perceived as “resistance” is a logical protective mechanism for those with a trauma history. Individuals should never be punished for behaving in a manner that is consistent with their illness. This includes withholding treatment from those who are unable to “comply” due to their symptoms. Challenges in treatment become treatment goals, not barriers.
6. As we work with survivors of trauma, we must demonstrate compassion and acceptance in every interaction so as not to cause the client to experience additional trauma.
7. Humans naturally desire to do the best they can, given the resources at their disposal. No one chooses to be ill, and people inherently want to improve. Every behavior has a reason rooted in thoughts and feelings. Mental illness and addictions are diseases, not choices and not willful behavior.
8. While abstinence is our primary goal, we understand that harm reduction strategies can be effective as dictated by the treatment needs of an individual.
9. Treatment should be collaborative, involving professional partners and natural supports. The most important collaborative partner is the family.
10. There is great value in the services we provide, and engagement is tied to recognizing and honoring this value. Responsibility for treatment costs is a component of engagement and honoring the value of treatment. Ensuring that all parties have met their obligations is an integral part of the clinical process.



Client Rights Statement

This form describes your rights as a client. It is important that you understand them. If you have any questions, please ask for clarification.

1. Clients are entitled to adequate and humane care in the least restrictive environment with an individualized services plan. No client will be denied services on the basis of race, ethnicity, sex, national origin, disability, religion, age, sexual orientation, economic condition, marital status, gender identity, HIV/AIDS status, or criminal record unrelated to current dangerousness.
2. Clients maintain rights guaranteed by federal and state constitutions and laws while they receive mental health or developmental disabilities services, particularly those rights defined by Chapter II of the Mental Health and Developmental Disabilities Code, with the exception that seclusion will not be permitted. Clients have the right to have disabilities accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act, 77 IL Admin Code Part 2060.323, and the Human Rights Act 1775 ILCS 51. Should it be considered necessary to restrict a client's rights, this will be documented in the client service record.
3. Clients have the right to treatment provided according to SCI policies and use that right by signing an Informed Consent statement. All clients have the right to refuse services (including medication) except under certain conditions specified in the Mental Health and Developmental Disabilities Code. Clients also have the right to be informed of the consequences of refusing services.
4. All information pertaining to clients (including records, staff knowledge, and attendance) will be held in strictest confidence by all Sinnissippi Centers' employees unless the client (or parent and/or guardian) give express consent for release of information or the information is mandated by another source in accordance with the Mental Health and Developmental Disabilities Confidentiality Act, the Health Insurance Portability and Accountability Act, and federal statutes. HIV/AIDS status of a client will remain confidential and will not be included in the client service record.
5. Sinnissippi Centers will not disclose any knowledge of the identity of any person that has an HIV test and/or the results of any HIV test.
6. Clients are entitled, upon request, to inspect and copy their client service record in accordance with the Mental Health and Developmental Disabilities Confidentiality Act, Par. 110/4(a).
7. Clients have the right to education about psychotropic medications, side effects, risks, and benefits as well as alternatives and consequences of medication misuse/refusal.
8. Clients have the right to designate a family member or other individual to participate in the formulation and review of the treatment plan.
9. Clients will be free from abuse, neglect or exploitation.
10. Clients or their guardians are permitted to present grievances or to appeal decisions of the agency. This can be done through the client's case manager or other agency representative including the Executive Director. Every attempt will be made to resolve the grievance at the lowest level possible. When resolution does not occur through the employee's supervisor, additional attempts at resolution will occur sequentially through the following: 1) Department Head, and 2) SCI Ethics Committee. A record of such grievances and the response to those grievances will be maintained by Sinnissippi Centers, Inc. the Ethic Committee's decision will constitute a final administrative decision.10. Treatment services offered will be available regardless of the ability to pay, within the limits of public funding. Clients retain the right to purchase services from non-SCI providers.
11. Treatment services offered will be available regardless of the ability to pay, within the limits of public funding. Clients retain the right to purchase services from non-SCI providers.
12. You have the right to not be denied, suspended, or terminated from services or have services reduced for exercising any of your rights.
13. A) You have the right to contact the public payer or their designee and to be informed of the public payer's process for reviewing grievances or to present complaints/grievances (on both payment and services) at the Department of Mental Health level. This can be done by calling the Toll-Free Consumer and Family Care Line at 866-359-7953. This service is provided through the Illinois Mental Health Collaborative for Access and Choice. They also have a website: www.illinoismentalhealthcollaborative.com.

B) If you have a grievance with the Department of Children and Family Services (DCFS), Sinnissippi Centers staff will work with DCFS and you in filing the grievance with DCFS.
14. Clients maintain their right to contact the following agencies or people should they have questions or concerns:
 - a) **Guardianship and Advocacy Commission**
4302 North Main Street, Rockford, IL 61103
Phone: (815) 987-7657
 - b) **Equip for Equality**
1515 Fifth Avenue, Suite 420, Moline, IL 61265
Phone: (309) 786-6868



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Client Rights Statement, continued

15. Clients also have the right to contact HFS or its designee and to be informed by HFS or its designee of your healthcare benefit and the process for reviewing grievances.

a) **Office of Executive Inspector General - (800) 368-1463**

To report a non-emergency violation of law, rule or regulation via telephone, call the toll-free number above.

b) **SCI supervisory or administrative staff**, including Executive Director - **(815) 284-6611**

c) **Department of Human Services - (800) 843-6154**

d) **Substance Use Prevention and Recovery - (888) 494-4032**

e) **Department of Healthcare and Family Services**

e) **The Joint Commission - Mail Only or submit online** <http://jointcommission.org>

Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181

g) **IL Medicaid Managed Care Providers**

Aetna Better Health of IL

Molina Healthcare

Blue Cross/Blue Shield of IL

Humana

YouthCare HealthChoice IL

(866) 329-4701 [TTY 711]

(855) 766-5462 [TTY 711]

(877) 860-2837 [TTY 711]

(800) 787-3311 [TTY 711]

(844) 289-2264 [TTY 711]

For further explanation of client rights, please refer to the following which can be found in each SCI Office:

1. The Illinois Department of Mental Health and Developmental Disabilities Mental Health and Disabilities Code, Rev. January 2002
2. The Illinois Department of Mental Health and Developmental Disabilities Mental Health and Developmental Disabilities Confidentiality Act, Chapter 2, (740 ILCS 110), Rev. July 2002
3. The Illinois Department of Children and Family Services Abused and Neglected Child Reporting Act, Rev. January 2022
4. Adult Protective Services Act (320 ILCS 20) Rev. January, 2022
5. The Health Insurance Portability and Accountability Act (45 CFR 160 and 164) Rev. March 2013
6. SCI Policies and Procedures.

Your Responsibilities	Our Responsibilities
I will complete the necessary forms and screenings as requested, and, if I have questions about them, I will ask staff.	We will clarify the purpose of completing forms and screenings, and we will answer any questions you may have about them.
I will try my best to be prompt and attend all scheduled appointments. If I cannot make an appointment, I will call SCI in advance, understanding that I may be subject to a charge if I don't cancel the appointment ahead of time.	We recognize that sometimes "life gets in the way" of our best intentions, even when making appointments at SCI. We will work with you to resolve the barriers that get in the way of your arriving at scheduled appointments.
I will do my best to participate in all appointments in a positive fashion, appearing at my sessions drug-free.	We also will do our best to participate in your sessions in a positive fashion, and, if you come to a session under the influence of drugs/alcohol, we will discuss it with you in a proactive fashion.
When asked to complete a homework assignment/activity, if I don't understand it or feel able to complete it I will share this with my case manager.	There may be times when we ask you to complete homework or an activity. We will always explain our reason behind the assignment, recognizing that if you are getting better, then it may not be necessary for you to complete the homework.
I understand that I am responsible for charges that I incur at SCI. If I am unable to pay on the day of service, I will speak to my case manager about a payment plan.	We will talk with you about your SCI bill, and, when possible, we will work with you to make it affordable. We will also help you create a payment plan.
I understand that SCI staff will do its best to accommodate my requests for reports, letters, and records in a timely way, recognizing that there may be a charge for the reproduction of certain documents.	We will honor your requests for reports, letters, and records in as timely a way as possible. As much advance notice that you can give us for such documents will assist us in completing them in a timely way.
I understand that I have the right to be treated with respect and dignity, and I will afford these same rights to others.	We will treat you with respect and dignity, and if you find you are not treated as such, we want to hear about it so that we can investigate and remedy it. We hope that you will treat us accordingly.
I understand that SCI facilities are smoke-free and violence-free, and I will not engage in these behaviors.	If you smoke inside SCI's facilities, we will ask you to stop immediately because smoking can be a fire hazard, and it can affect others through secondhand smoke. If you engage in violence on the premises, we will escort you out of the building for the protection of everyone's safety.

Sinnissippi Centers, Inc. 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 Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Treatment, Payment and Health Care Operations purposes of all of the OHCA participants.

Financial Responsibilities

Fees for professional service are necessary for Sinnissippi Centers to continue providing quality services. Sinnissippi has a fee adjustment application process which may assist in paying a certain percentage toward the cost of services for those individuals who meet specific eligibility requirements. I understand this documentation is required every 6 months.

If I choose to not pay full fee, I will provide Sinnissippi with documentation to verify family gross income and insurance eligibility for the purpose of reducing the full fee charges. I understand this information is required every 6 months.

- I agree to notify Sinnissippi of any changes in this information during the course of services.
- I agree to pay my sliding fee scale (or full fee if applicable) at the time services are provided. If I cannot pay at the time services are provided, I will speak to my case manager about a payment plan.
- I agree to pay my sliding fee (or full fee if applicable) for services not covered by my third party coverage (if I have third party coverage).
- I agree to notify Sinnissippi staff that I have a medical card (if applicable)
- I understand that I may be billed for services other than face-to-face contact, including but not limited to consultation, case management and telephone contacts.
- I understand that current fees are subject to change without prior notice.

Insurance Coverage

- I understand that if I have insurance and I choose not to use it, I will be subject to paying the full fee for services that I receive. Additionally, if my insurance doesn't cover the full cost of my services, I understand that I am responsible for the difference up to the level of my payment responsibility.
- I understand that if my insurance requires pre-certification/re-certification or pre-authorization/re-authorization, I will do my part in this process prior to services starting or continuing, understanding that if I haven't completed my part, I will be responsible for standard charges for the services I incur.
- I understand that insurance coverage for behavioral health services is not necessarily the same as medical services coverage.

Medicare Coverage

- I understand that Medicare Part B will only cover face-to-face services provided by a Psychiatric Provider and/or licensed clinical social worker.
- I understand that Medicare does not cover behavioral health services the same as it covers medical services. I agree to pay my portion of the fee for services not covered by Medicare.

Answers to Questions about Medications

GENERAL QUESTIONS ABOUT PRESCRIPTION MEDICATIONS

Question: My medication was called in and it can't be filled right away. Why?

Answer: Some medications require what is called '**prior authorization**'. The Psychiatric provider must give information to the payer (insurance, medical card or Medicare Part D) about why you need this medication. Usually, a form needs to be completed and signed by the Psychiatric provider which may take a few days. To check on the status after a few days, you may call and ask for your case manager to get an update.

Question: What if the Psychiatric provider gives me different directions on how to take a medication I have been taking?

Answer: If the Psychiatric Provider gives you different directions (increase or decrease of the number of pills per day) on how to take the medication, your pharmacy needs to be informed. If the Psychiatric provider writes the new instructions on a prescription, you can take it to the pharmacist or nurses can phone this information to the pharmacist. Your case manager can fax a note from a Sinnissippi Psychiatric Provider to your pharmacy.

Question: What if I have questions about how I am feeling after taking the medication or am concerned about potential side effects?

Answer: You should receive a medication information sheet for every medication prescribed by Sinnissippi. **If you believe you are having an allergic reaction** to a medication, such as breathing problems, hives, a full feeling in your throat, choking sensation, or difficulty swallowing, **go to the nearest emergency room for immediate treatment**. Please take your medication bottles with you to the emergency room! If you have questions about other possible side effects, call your case manager and speak with them. If they are not available, please leave a voice mail message that explains your concerns as well as your telephone number and they will return your call. If you are not comfortable waiting for your case manager, ask to speak with a supervisor.

QUESTIONS ABOUT MEDICATIONS RECEIVED VIA SAMPLES OR PATIENT ASSISTANCE PROGRAMS

Question: Why am I not able to get my medications on the same day that the Psychiatric provider ordered them?

Answer: Sinnissippi Centers receives a limited supply of sample medications that we use until we can obtain your medications from the various pharmaceutical company's Patient Assistance Programs (PAP). The **sample supply we receive is limited**. The application forms are all different and require different information. We try to give people a two-week supply of medication to begin with and we want to send in the PAP forms as quickly as possible. This means we need the necessary information from you as quickly as possible. If you don't bring in the information we need to apply to the pharmaceutical company, we won't be able to apply to the PAP immediately and those medications may be delayed. This could mean you would temporarily need an alternate way of getting those medications. We are not able to provide samples for all medications prescribed which means you would need to wait until you received PAP approval before beginning your medication.

Question: How do I get refills once my PAP medications have been received?

Answer: We like to have a **5-7 day notice** of medications you need. You can leave a voice mail with our med room letting us know what medication specifically you are requesting (**please leave your phone number and a good time to reach you**). We will contact you to let you know when and where you can pick up your medications.

Question: What do I need to do if I want someone else to pick up my medications?

Answer: There is a specific form that you need to sign giving Sinnissippi permission to release your medication to another person (**this needs to be kept current**). This is a very serious issue for us since we don't want to give your medications to someone not authorized by you.

QUESTIONS ABOUT YOUR CHILDREN'S MEDICATIONS AND ABOUT ALLERGIC REACTIONS

Question: What do I need to do if one of my children is being seen and they are on medication?

Answer: **The Legal Guardian of the Child MUST be present** at the child's appointments with the Psychiatric provider or the Psychiatric provider will not see the child. If there are circumstances when the legal guardian can not be present, then we have to make special arrangements for completing a form naming the specific person that has been given permission to make medical decisions in place of the legal guardian.

Question: My child takes a stimulant medication. Why might I need to get a new prescription every month?

Answer: There are laws that more strictly regulate this particular type of medication. **They can only be prescribed for 30 days at a time**. Please call your pharmacy 5-7 days prior to running out and they will send a refill request to the Med Room. These prescriptions cannot be faxed or phoned to pharmacies. An original Psychiatric provider's signature is required for each month's supply of these medications.

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Answers to Questions about Medications cont'd

OTHER QUESTIONS ABOUT YOUR MEDICATIONS

Question: The medication I take is very expensive. I don't think I can afford the medicine. What should I do?

Answer: Please discuss this situation with your case manager. There may be ways we can assist in you obtaining your medications.

NOTE: Sinnissippi Center's funding bodies require that clients see their SCI Psychiatric provider every 90 days. It is crucial that you keep these appointments or we may not be able to prescribe your medications.

Genoa On Site Pharmacy

Sinnissippi Centers has partnered with Genoa Healthcare to provide on-site pharmacy services as well as mail order pharmacy services for clients.

Genoa Healthcare Pharmacy Location

Located within Sinnissippi Centers
325 Illinois Route 2
Dixon, IL 61021



5 Genoa Healthcare pharmacy services

- **Fill and synchronize all your medications** (behavioral and primary care)
- **Mail prescriptions to you at no cost**, reducing the need to visit a pharmacy
- **Call you** to make sure you get and stay on your medications
- **Assist with prior authorizations**, even as payers change or reinstate requirements that were waived due to COVID-19

Have questions or want to learn more? Call the pharmacy today at (779) 251-1002

Hours: Monday- Friday 8:00 am - 4:30 PM (closed for lunch 12:30-1:00 pm)

Visit Genoa Healthcare online at www.genoahealthcare.com

Sinnissippi Centers Attendance Expectations

Investing in your treatment

Treatment is a shared partnership. We hope you will invest in your treatment by being honest with us about your thoughts, feelings, and behaviors, and by keeping your appointments. We will strive to create an open dialogue with you, one that is forthcoming and positive, in hopes of creating an environment in which you are comfortable sharing.

If you know you will not be able to make your appointment, call us as early as possible.

Please make that call at least 24 hours prior to your scheduled appointment time whenever possible. A list of phone numbers for Sinnissippi's offices is included in this brochure.

Calling to cancel your appointment will allow us to schedule somebody else in to that time slot.

What if I need to take a break from treatment?

Part of being open and honest is recognizing that you may not be ready for treatment at this time. Please have a conversation with your case manager.

It may be suggested that you "take a break" from treatment and return for services in the future.

Notice of Privacy Practices

EFFECTIVE DATE - April 14, 2013 - as modified September 22, 2013

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

In the course of your admission and treatment at Sinnissippi Centers, we will be collecting the following information: name; social security number; name of guardian, if appropriate; phone number; address including zip code; birth date; gender; ethnicity; payor source, including insurance companies or Medicaid or Medicare information; admission, discharge and service dates; diagnoses; health history and aspects of your personal history that relate to your condition, including your past and current use of substances; any prescribed medications you are taking, or may be prescribed. When you meet with your case worker, counselor or therapist, that professional will collect the following information: date of the meeting; the time of the meeting; the duration of the meeting; the place of the meeting; as well as the type of service provided you. Your case worker will document the content of your discussions and service as appropriate. Sinnissippi Centers will maintain the privacy of this information as outlined in this notice. You will be notified should any changes to these practices occur.

HOW YOUR INFORMATION IS USED

The information is used to provide appropriate treatment services to you. Financial information is used to set your fees, send bills to insurance or other third party payors, and send bills to you. You have the right to restrict certain Protected Health Information (PHI) from disclosure to health plans where you paid out-of-pocket, in full for that service. You must request such a restriction in writing. Information may be used to mail you an appointment reminder, or to call you to remind you of appointments. We may leave appointment information on your telephone's voice mail or we may send an e-mail or text message reminder unless you request that we not do so. Your PHI may also be included in copies of reports or letters sent to you by your case worker. Your PHI will not be sold to any organization. It will not be used for fund-raising or marketing purposes unless you sign a specific consent requesting and allowing this.

PRIVACY AND CONFIDENTIALITY

The information you provide to us is confidential and private within the requirements of various state and federal laws. Release of this information for purposes other than conducting business or providing treatment within this agency requires that you sign an authorization for the disclosure/release of specified information. We cannot and will not release any information without such an authorization. Psychotherapy notes will only be used and disclosed with your authorization unless otherwise required or authorized by law. Children over the age of 12 require an authorization signed by the minor for the release of information before a case worker can discuss their case with their parents. In some instances, children over the age of 12 can seek counseling without their parents' knowledge or consent. You will be notified if we become aware of a breach of your PHI.

WHEN AN AUTHORIZATION IS NOT REQUIRED

Under certain circumstances an authorization is not required. These include but are not necessarily limited to: danger of harm to yourself or others; abuse or neglect of a child; criminal activity committed on our property or against our staff; threats to the President of the United States; and, under certain conditions, subpoenas.

YOUR RIGHTS

- You have the right to restrict to whom your information is disclosed, as allowed by law (164.512). This request must be in writing and signed and dated by you.
- You have a right to read and to request copies of your personal health information that has been generated by us. A written notice of request is required. Copies may require a copying fee. Copies will be made available to you within 30 days of your written request and subsequent to payment of fees, if applicable. Reading your client service record while on site at our agency may require the presence of a case worker. Payment may be required for the case worker's presence.
- You have the right to request and obtain electronic copies of your records that we have kept electronically.
- You have the right to request that information in your record be amended or corrected. This request must be in writing. The request to amend or correct will be considered by our agency, but in certain instances we may deny your request. If it is allowed, the amendment will be placed with the original information, but will not replace the original information. If your request is denied, you have the right to file a statement that you disagree with us. Our response and your statement will be filed in your client service record.
- You have the right to request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or healthcare operations purposes or that we shared with you or your family, or information for which you gave specific consent to release. It also excludes information we were required to release.
- Such a request for accounting of disclosures must be made in writing and will apply to information released following April 14, 2003. Disclosure records will be kept for a period of six years. This accounting will be delivered to you within 60 days of your request.
- You have the right to receive a paper copy of this notice if you have requested and received an electronic copy of the notice.

NOTIFICATION OF BREACH OF INFORMATION

You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your PHI may be compromised.

QUESTIONS AND COMPLAINTS

If you have questions or wish to receive a copy of our Notice of Privacy Practices, or if you have any complaints, you may contact and/or submit your written request to our Privacy Officer. You may also contact our office for further information.

Complaints about any of the above processes will follow the agency's grievance process. Concerns may initially be addressed to your case worker. If they are not settled with your case worker, they may then be addressed to the supervisor or program director. You may file a formal grievance form in writing at any time.

For your concerns regarding this Notice of Privacy Practices, you may contact: Privacy Officer, Sinnissippi Centers, Inc, 325 IL Rt 2, Dixon, IL 61021; or by telephoning 815-284-6611 or 800-242-7642; or by email at www.sinnissippi.org.

If you believe that our agency has violated your privacy rights, you may also contact the Secretary of U.S. Department of Health and Human Services. Sinnissippi Centers will not retaliate against you for filing a complaint.

CHANGES IN POLICIES

The agency reserves the right to change its Privacy Policy based on the needs of the agency and changes in State and Federal law.

Tuberculosis: The Connection between TB and HIV (the AIDS virus)

SOURCE: Centers for Disease Control Center for Prevention Services Division of Tuberculosis Control

People infected with HIV (the virus that causes AIDS) are more likely to get other infections and diseases, as well. Tuberculosis (TB) is one of these diseases.

WHAT IS TUBERCULOSIS (TB)?

TB is an infectious disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lungs coughs, sneezes, laughs or sings. TB can also affect other parts of the body, such as the brain or the spine.

GENERAL SYMPTOMS OF TB MAY INCLUDE:

- weakness
- feeling sick
- weight loss
- fever
- night sweats

COMMON SYMPTOMS OF TB OF THE LUNGS MAY INCLUDE:

- long term cough
- chest pain
- coughing up blood

OTHER SYMPTOMS DEPEND ON THE PARTICULAR PART OF THE BODY THAT IS AFFECTED

TB infection may be spread to other people who share the same breathing space (such as family members, friends, co-workers, roommates) with someone who has TB disease.

WHY IS IT IMPORTANT TO KNOW IF I HAVE TB AND HIV INFECTIONS?

People who get TB disease get TB infection first. A person can have TB infection for years without any signs of disease. But if that person's immune system gets weak, the infection can activate and become TB disease. Because HIV infection weakens the immune system, someone with TB infection and HIV infection has a very high risk of getting TB disease. Without treatment, these two infections can work together to shorten the life of the person infected with both. The good news is that people with TB infection can be prevented from developing TB disease and people with TB disease can be cured. The first step is to find out if you are infected with the TB germ. You can do this by getting a TB skin test.

WHAT IS A TB SKIN TEST?

A small needle is used to put some testing material, called tuberculin, into the upper layers of the skin. This is usually done on the inside of the forearm. The person getting the test must return in 48 to 72 hours to have the test read by a nurse or doctor. If there is a reaction on the arm, the size of the reaction is measured. A positive reaction means you probably have TB infection. Some people who are infected with both HIV and TB germs will not react to the TB skin test. This is because the immune system is not working properly. Anyone who is HIV infected and has a negative skin test should also have other medical tests, if they have symptoms of TB disease.

WHAT MUST I DO IF I HAVE TB INFECTION?

Get required follow-up tests. This will include a chest x-ray and maybe some other tests as well. If these tests show that you have active TB disease, the doctor will give you medicine that can cure TB. If the germs are still in the infection stage, you will probably be given medicine to prevent you from coming down with TB disease. Follow your doctor's advice and take medication as prescribed. It is especially important for people with both TB and HIV Infections to take their TB medication. The HIV-weakened immune system makes it more likely for them to develop TB disease than people who are not HIV infected. TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.

To get a TB skin test contact your doctor or local health department. **FIND OUT IF YOU ARE INFECTED!** For further information on HIV: Call 1-800-CDC-INFO or 1-800-232-4636.

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Tuberculosis Infection Information

Tuberculosis (TB) infection is on the rise in the United States. Alcohol and drug abusers are at higher risk for contracting the illness because their immune systems may be compromised. A person with HIV or AIDS infection is also at greater risk because their immune system may be weakened.

TB germs become airborne when a person with an active case of tuberculosis sneezes, coughs, speaks, laughs, or sings. Incidental exposure is not sufficient to trigger the disease. Persons with regular contact with an infected person are at higher risk to contract the illness. Persons with symptoms such as coughing, chest pains, fever, and appetite loss for two weeks or more should see a doctor.

If you are concerned about your TB risk, you can:

1. Talk with your Sinnissippi Centers' counselor;
2. Contact your personal physician;
3. Contact your county health department or TB testing center.

You may receive a skin test by appointment from the following resources for a nominal charge:

Carroll County Health Department

822 South Mill Street
Mt. Carroll, IL 61053
(815) 244-8855

Lee County Health Department

309 South Galena, Suite 100
Dixon, IL 61021
(815) 284-3371

Ogle County TB Testing Office

907 West Pines Road
Oregon, IL 61061
(815) 732-7330

Whiteside County Health Department

18929 Lincoln Road
Morrison, IL 61270
(815) 772-7411

- OR -

Whiteside County Health Department/FQHC

1300 West 2nd Street
Rock Falls, IL 61071
(815) 626-2230



AIDS: Answers to the 10 Most Frequently Asked Questions about AIDS

SOURCE: Illinois Department of Public Health

HOW DOES SOMEONE GET HIV?

HIV is hard to get. However, both men and women can become infected with HIV and can give the virus to someone else. HIV is found in the blood, semen and vaginal secretions of infected persons and can be spread in the following ways:

- Having sex--vaginal, anal or oral-- with an HIV-infected person (male or female).
- Any blood contact, including: sharing needles or injection equipment with an HIV- infected person to inject or "shoot" drugs.
- From an HIV-infected woman to her baby during pregnancy or during birth. An infected mother also can pass HIV to her baby when breast-feeding.

HIV CANNOT BE ACQUIRED BY:

Hugging, shaking hands, coughs or sneezes, eating food prepared or handled by an HIV-infected person, donating blood, mosquitoes, toilet seats, sweat or tears, simple kissing, or everyday contact with HIV-infected persons at school, work, home or anywhere else.

WHAT ARE THE SIGNS OF HIV INFECTION?

Some persons infected with HIV may feel healthy. Others may have symptoms that include: unexplained tiredness, swollen glands or lymph nodes, dry cough or shortness of breath (not from a cold), fever, chills or night sweats, unexplained weight loss, persistent diarrhea or unusual spots on the skin or in the mouth. Remember, these symptoms are common in other illnesses as well. If these symptoms don't go away, you should see a doctor.

HOW LONG DOES IT TAKE TO DEVELOP SIGNS OF HIV?

Persons with HIV can develop signs of infection anywhere from months to years after being infected. About half of the people with HIV develop AIDS within 10 years, but the time between infection with HIV and the onset of AIDS can vary greatly.

CAN YOU TELL IF SOMEONE IS INFECTED WITH HIV?

No. Many persons with HIV do not show any sign of infection. However, being infected means HIV is in the body for the rest of their lives and they can infect others if they engage in behaviors that can transmit HIV.

WHAT CAN I DO TO PROTECT MYSELF FROM HIV INFECTION?

To avoid infection through sex, the only sure way is not to have sexual intercourse or to have sex only with someone who is not infected and who has sex only with you. Using latex condoms correctly every time you have vaginal, anal or oral sex, though not completely safe, can greatly lower your risk of infection. Don't do drugs. If you do, never share needles or syringes. Sharing needles or syringes to inject drugs or steroids, even once, can transmit HIV. HIV in blood from an infected person can remain in a needle or syringe, then be injected directly into the bloodstream of the next person who uses it. .

IS THERE TREATMENT FOR AIDS?

There is no cure for AIDS and once you have HIV you are infected for life. If you are infected with HIV, the virus slowly weakens your ability to fight illness. There are, however, treatments and medicines that can help your body resist the virus. They slow the growth of HIV and delay or prevent certain life-threatening conditions.

SHOULD I SEEK HIV COUNSELING AND TESTING?

If you have engaged in behavior that can transmit HIV, it is very important that you consider counseling and testing. The only way to tell if you've been infected with HIV is by taking an HIV antibody test. This test can be done using either a blood or an oral specimen. It may be done at a doctor's office, a public health department, a community agency, or an outreach testing site. Regardless of where you test, it is important that you discuss what the test may mean with a trained counselor both before and after the test is done. Call the Illinois AIDS/HIV & STD Hotline for a testing site near you.

When the virus enters your body, your immune system makes proteins called antibodies. It takes time for the body to develop HIV antibodies after infection. Almost all persons develop antibodies within 2 to 12 weeks, but it can take up to 6 months after infection. A positive result means antibodies to HIV were found in your body. This means you have HIV infection. You are infected for life and can spread HIV to others. A positive test result does not mean you have AIDS. A negative result means that no HIV antibodies were found. This usually means you are not infected. However, if you engaged in behavior that can transmit the virus within 6 months prior to the test, you may be infected but test negative because your body has not yet made enough antibodies. To be sure, you should test again. The HIV antibody test should always include before-test and after-test counseling. This counseling is to help you understand the results, how to protect your own health and, if you are infected, how to keep from infecting other persons.

WHERE CAN I GET MORE INFORMATION ON AIDS AND HIV TESTING?

Talk with your doctor or local health department. You also can call the Illinois Department of Public Health toll-free AIDS/HIV & STD Hotline at 1-800-243-2437 or TTY (Information for the Hearing Impaired only) 1-800-782-0423.

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Answers to the 10 Most Frequently Asked Questions about AIDS, cont.

WHAT IS AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is a disease that causes the body to lose its natural protection against infection. A person with AIDS is more likely to become ill from infections and unusual types of pneumonia and cancer that healthy people normally can fight off.

WHAT CAUSES AIDS?

AIDS is a disease caused by HIV or Human Immunodeficiency Virus, which attacks certain white blood cells that protect the body against illness.

AIDS FACTS FOR LIFE

- AIDS is a disease caused by HIV (Human Immunodeficiency Virus).
- A person infected with HIV may have no symptoms but can still infect others.
- HIV is spread through sex with an infected person. Both men and women can spread HIV.
- To avoid HIV infection through sex, don't have sex, or have sex only with a partner who isn't infected and has sex only with you.
- Using condoms correctly every time you have sex reduces the risk of HIV infection.
- An infected woman can pass HIV to her baby during pregnancy or when the baby is being born.
- HIV is spread by sharing needles and injection equipment.
- Donating blood is safe.
- HIV is not spread by hugs, handshakes or kisses. HIV is not spread by mosquitoes.
- There is no cure or vaccine for HIV.

Are You Concerned About Your HIV Risk Factors?

If you are concerned about your HIV risk factors, you can receive further information/education/counseling from:

1. Carroll County Health Department, 822 South Mill Street, Mt. Carroll, IL (815) 244-8855
2. Lee County Health Department, 309 South Galena, Suite 100, Dixon, IL (815) 284-3371
3. Ogle County Health Department, 907 West Pines Road, Oregon, IL (815) 732-7330
4. Whiteside County Health Department, 18929 Lincoln Rd., Morrison, IL (815) 772-7411 OR
Whiteside County Health Department, 1300 West Second Street, Rock Falls, IL 61071 (815) 626-2230

You may also receive an anonymous HIV test from:

CARROLL COUNTY HEALTH DEPARTMENT

822 South Mill Street
Mt. Carroll, IL 61053
(815) 244-8855

LEE COUNTY HEALTH DEPARTMENT

309 South Galena, Suite 100
Dixon, IL 61021
(815) 284-3371
(High risk Lee County residents only)

WHITESIDE COUNTY HEALTH DEPARTMENT

1300 West Second Street
Rock Falls, IL 61071
(815) 626-2230

WINNEBAGO COUNTY HEALTH DEPARTMENT

401 Division Street
Rockford, IL 61104
(815) 962-5092



Sinnissippi Centers' Offices, Mental Health Supported Apartments, & Recovery Homes



Dixon Office
325 Illinois Route 2
Dixon, IL 61021
815-284-6611

Fairview Apartments
555 Fairview Drive
Rochelle, IL 61068
815-561-9003



Byron Office
212 W. Blackhawk Dr
PO Box 1095
Byron, IL 61010
815-209-0998

Parks Place Apartments
322 Depot Avenue
Dixon, IL 61021
815-288-6057



Freeport Office
524 W. Stephenson
Suite 340
Freeport, IL 61032
815-516-8898

Sterling Apartments
2104 East 23rd Street
Sterling, IL 61081
815-622-0938



Mt. Carroll Office
1122 Healthcare Drive
Mt. Carroll, IL 61053
815-244-1376

Sullivan Apartments
1126 Healthcare Drive
Mt. Carroll, IL 61053
815-244-4200



Oregon Office
100 Jefferson Street
Oregon, IL 61061
815-732-3157

Men's Recovery Home
922 Washington Ave.
Dixon, IL 61021
815-994-4129



Rochelle Office
1321 North 7th Street
Rochelle, IL 61068
815-562-3801

Women's Recovery Home
200 W Hawley St
Amboy, IL 61310
815-246-3730



Sterling Office
2611 Woodlawn Road
Sterling, IL 61081
815-625-0013

