

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.

If you have any questions about this notice, please contact our Privacy Contact, **Mary Mundo**.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office (847-310-4730) and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next delivery.

### **Understanding Your Health Record/Information**

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Contact, Mary Mundo at (847-310-4730) for further information about the complaint process.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

#### We will use your health information for treatment.

For example: Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

#### We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

#### We will use your health information for regular health operations.

For example: Members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include our billing service and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors, coroners, medical examiners: We may disclose health information to these individuals, consistent with applicable law, to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Patient communication: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

This notice was published and becomes effective on April 14, 2003.

## MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

## RESPONSIBILITIES OF THE CUSTOMER

You and Prism Health Care Services, Inc. (Prism) are partnered in your health care plan. To insure the finest care possible, you must understand your role in your health care program. As our customer, you are responsible for the following:

1. To provide complete and accurate information concerning your present health, when appropriate to your services
2. To inform a staff member, as appropriate, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself, as needed and as able, in developing, carrying out, and modifying your homecare service plan, such as properly cleaning and storing your equipment and supplies.
4. To review all safety materials given to you and actively participate in maintaining a safe environment in your home.
5. To request additional assistance or information on any phase of your healthcare plan you do not fully understand.
6. To notify your attending physician when you feel ill, encounter any unusual physical or mental stress, or sensations.
7. To notify Prism when you will not be home at the time of a scheduled delivery
8. To notify Prism prior to changing your place of residence, your telephone number, or your medical insurance provider.
9. To notify Prism when encountering any problem with equipment or service.
10. To notify Prism if you are to be hospitalized or if your physician changes or discontinues your homecare prescription.
11. To make a conscious effort to properly care for equipment supplied and to comply with all other aspects of the home healthcare plan developed for you.

## CUSTOMER BILL OF RIGHTS

As individual receiving home medical equipment from our organization, let it be known and understood that you have the following rights:

1. To be fully informed in advance about services to be provided and of any modifications to the service plan
2. To participate in the development and periodic revision of the plan of service.
3. To refuse services after the consequences of refusing treatment are fully presented
4. To be informed in advance of the charges for equipment, including payment expected from third parties and any charges for which there would be liability
5. To have one's property and person treated with respect, consideration, and recognition of client dignity and individuality
6. To be able to identify visiting staff members through proper organizational identification
7. To voice grievances, complaints or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal
8. To have grievances or complaints regarding equipment, that was or was not furnished, or a lack of respect for your property investigated
9. To choose a health care provider and be informed of that provider's service limitations
10. To expect that all information received shall be kept confidential and shall not be released without written authorization
11. To receive appropriate and professional services without discrimination in accordance with physician orders
12. To be informed of any financial benefits when referred to another organization
13. To request restrictions on releasing medical information.
14. To revoke any previous consent or authorization for release of medical information
15. To examine and obtain a copy of your health records and request corrections
16. To request any disclosures of your health record
17. To be informed of your responsibilities
18. To receive information about the scope of services that the organization will provide and specific limitations on those services.
19. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.



**24-hour Emergency Service:** Special emergency assistance is available for our customers. Please call 800-493-7200 anytime.

**Reimbursement Assistance:** Prism Health Care will bill Medicare, Medicaid, and other third party payers on your behalf.

**Discharge Assistance:** We work directly with physicians and discharge planners to insure smooth transitions from hospital care to home care.

**Patient Instruction and Training:** Our trained staff of home health care professionals makes sure that each patient is fully trained on the operation and care of equipment. Our in-home instruction ensures convenience and comfort.

**Patient Assessment:** Trained staff meets and assesses the needs of our customers with respect to services and equipment provided.

**Delivery Service:** Our trained delivery service technicians provide setup and instruction on the use and maintenance of the equipment.

**Geographic area:** Prism Health Care provides services to a wide area including Cook, DuPage, Lake, McHenry, Kane, Boone, and parts of Winnebago, DeKalb, Kendall, and Will counties.

**Business Hours: Monday through Friday 8:30am to 5:00pm**

Prism Health Care's staff of specialists, who are dedicated professionals, take exceptional pride in the care and service they provide.

#### **CUSTOMER CONCERN PROCESS**

Our goal is to provide nothing but the highest quality of services, this is why your concerns are important to us. If you have any concerns about the services you are receiving from our organization, please call our Customer Service Department at 847-310-4730 option 3, or email us at [info@prismhc.com](mailto:info@prismhc.com).

You may contact our customer service representatives at 847-310-4730 \* 3. If they are not able to resolve your concern, the concern will be forwarded to the manager, who will contact you within 3 business days to resolve your concern or compliant.

We have also provided Hotline numbers if you have a concern regarding fraud and abuse or any treatment or services provided by our organization.

Office of Inspector General-Health & Humans Services Hotline	800-447-8477
Illinois State Police Medicaid Fraud	888-557-9503
Accreditation Commission for Health Care	919-785-1214
IL Dept of Public Health - Office of Health Regulations	800-252-4343 (24 Hr Hotline)

***For more information, please visit our website: [www.prismhc.com](http://www.prismhc.com)***



Prism Health Care Services, Inc. (Prism) is a home medical equipment organization dedicated to providing comprehensive home services to referred customers with the utmost quality and professionalism.

Prism pledges to respect the needs of our customers by providing the highest quality medical equipment and services, and maintaining the highest standards of conduct.

Prism accepts only patients whose home health care needs, as identified by the referring source, can be met by the treatment and/or services offered by this organization.

## **Prism Health Care Products and Services**

Oxygen Therapy Products \* Durable Medical Equipment \* Repair Services

A partial listing of products:

### **Oxygen Therapy**

- Oxygen Concentrators
- Lightweight Portable Systems
- Conserving Devices
- Nocturnal Oximetry

### **Respiratory**

- CPAP, BIPAP, AND APAP
- Nebulizers

### **Specialty Equipment**

- Intermittent Suction Units
- Compression Therapy Units
- Enteral Pumps, Formula and
- Supplies
- CPM Machines

### **Pressure Relief**

- Low Air Loss Mattresses
- Alternating Pressure Pads
- Air Mattresses with Cushions
- Overlay Mattresses
- Wheelchair Cushions of all types

### **Mobility Aids**

- Standard, Lightweight, Heavy Duty and
- Hemi Wheelchairs
- Walkers and Rollators
- Canes and Crutches

### **Medical Equipment**

- Hospital Beds
- Over the Bed Tables
- Trapeze Bars
- Patient Lifts

### **Bathroom Safety**

- Transfer Benches
- Bath Benches
- Commodes
- Raised Toilet Seats
- Safety Rails
- Grab Bars

### **Incontinence Supplies**

**At Prism Health Care, we genuinely care for the people we serve.**

**1337 Basswood Road Schaumburg, IL 60173-4536**

**Ph. 847-310-4730 Fax 872-469-1673**

***For more information, please visit our website: [www.prismhc.com](http://www.prismhc.com)***

### HAND WASHING

Keeping hands clean through improved hand hygiene is one the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands. This practice is to be used on hands and any potentially contaminated skin. Please refer to the CDC Website if you would like further information: <http://www.cdc.gov/handwashing>.

#### When to Wash or Decontaminate Hands:

1. When hands are visibly dirty or contaminated.
2. Before having direct contact with client/patient.
3. After contact with client/patient's intact skin.
4. After contact with body fluids or excretions, mucous membranes, skin abrasion, (i.e. blowing nose, coughing, sneezing, or cut on skin).
5. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the client/patient.
6. After the handling of any dirty equipment.
7. After removing gloves.
8. Before, during, and after preparing food.
9. Before eating food.
10. Before and after caring for someone who is sick.
11. Before and after treating a cut or wound.
12. After using the toilet.
13. After touching an animal, animal feed, or animal waste.
14. After handling pet food or pet treats.
15. After touching garbage.

### Cleaning Equipment

Keeping equipment clean and changing the disposable supplies will also help avoid infections and getting sick. Please review the information below.

#### Oxygen Equipment

Clean the cabinet of the oxygen concentrator, oxygen tank regulator, and tank cart weekly with a non-oil based mild household cleaner and non-abrasive cloth or sponge. Clean the concentrator filters at least once a week or as needed. Use a vacuum cleaner or wash in warm soapy water and rinse thoroughly. Dry the filter before placing on the concentrator. Replace your nasal cannula every 2 weeks, and replace the long tubing every month. If you are using a humidifier bottle, wash daily with soapy water and rinse with solution of 3 parts water to 1 part white distilled vinegar. Rinse thoroughly with hot water. Use the same method to clean the nasal cannula or mask weekly or as needed. Wash the nasal prongs of the cannula on a daily basis with warm soapy water, hold open side down and run under the faucet. If you have a cold or respiratory infection, please change or clean your supplies more frequently.

#### Wheelchairs, Patient Lifts, Walkers, Hospital Beds, Trapeze, Geri Chairs, Over the Bed Tables, and Commodes

Clean daily or as needed with a mild household cleaner and non-abrasive cloth or sponge. Allow to dry before using.

#### Slings for the Patient Lifts

Machine wash weekly or as needed. Remove chains before washing. **Do Not Bleach or exceed water temperatures of 180° F (82°C)**. Air dry or dry at low temperatures.

#### Nebulizers

Clean the case of the unit weekly or as needed with a mild household cleaner and non-abrasive cloth or sponge. Wash the medicine cup, mouthpiece or mask after each use with warm soapy water, rinse thoroughly. Clean weekly with a 3 parts water to 1 part white distilled vinegar solution, soak for 20 minutes. Allow to air dry. Follow manufacturer instructions for replacement.

#### Air Compressor

Clean the cabinet weekly or as needed with a mild household cleaner and non-abrasive cloth or sponge. Clean the nebulizer bottle daily using soapy water and rinse with a solution of 3 parts water to 1 part white distilled vinegar. Rinse thoroughly with hot water.

#### CPAP and BiPAP

Clean the cabinet weekly or as needed with a mild household cleaner and non-abrasive cloth or sponge. Please refer to the instructions provided by the Respiratory Therapist for cleaning and changing of the disposable supplies.

#### Suction

Clean the case of the unit weekly or as needed with a mild household cleaner and a non-abrasive cloth or sponge. Dispose of contents from the suction cannister in the toilet daily or as needed. After emptying, wash the cannister with warm soapy water, rinse with warm water. Clean tubing using 1 part white distilled vinegar and 3 parts water, allow to soak for 20 minutes. Suck the cleaning solution through the tubing into the cannister. Rinse the tubing with clean water. Allow to air dry. Change the catheter as prescribed by your physician. Change the tubing and cannister every 2 weeks.

#### Low Air Loss Mattress

Clean the cabinet of the pump weekly or as needed with a mild household cleaner and non-abrasive cloth or sponge. Clean the filter weekly with warm soapy water and rinse thoroughly. Allow the filter to dry before placing it back on the unit. The cover for the mattress may be cleaned with a mild disinfectant solution or a mild detergent and damp cloth. Allow to dry completely before using the mattress.

## ILLINOIS PREMISE ALERT PROGRAM



**WHEN EVERY  
SECOND COUNTS!**



The state of Illinois has implemented a program called the Illinois Premise Alert Program. The program, signed into law in August 2009, has been designed to provide first responders with vital information for people with special needs. It provides the framework for a 911 call center to accept information about people with disabilities and share that information with police, firefighters and paramedics in an emergency.

### **HOW DOES IT WORK?**

The program is a voluntary self-reporting program. The information provided by you will be kept confidential and used only to provide police, fire and emergency responders with information needed to deal with situations or emergencies involving a special needs person.

### **WHO BENEFITS?**

Providing emergency responders with critical information prior to arriving on the scene enables the responders to formulate a safe plan thus saving valuable time when every second counts. The program also provides families peace of mind while caring for loved ones with special needs.

**It is very important to report that you have oxygen and oxygen tanks in your home to your local Fire Department. To ensure the safety of all involved, you will want to let them know where the oxygen tanks are stored in your home.**

### **HOW DO I PARTICIPATE?**

The program is completely voluntary. All information will be kept confidential and used only to provide police, fire and emergency responders with information needed to deal with emergency situations. For more information on how to enroll, contact your local township and ask for information on how to enroll for the Illinois Premise Alert Program and /or contact the State Fire Marshall at 217-785-0969.





## **Disaster Preparedness**

Disasters can happen anytime, anywhere, and sometimes without warning. Being ready for a disaster is a part of maintaining your independence. Our goal is to assist you in being prepared ahead of time. Should you have any concerns, please call us at 847-310-4730 or toll free, 800-493-7200.

### **Oxygen Customers**

The oxygen cylinders you have are to be used in the event of a power outage. Please advise Prism when you have used these cylinders or are getting low, so that they can be replaced. In the event electricity is out for an extended period of time, we may advise that you move to another location that has electrical service. Should you evacuate your residence, please contact us with your temporary address.

### **Nutritional Support Customers**

We have provided you an enteral pump with battery backup. We expect the battery to provide about 8-12 hours of continual service. When the power returns, the battery will start recharging itself automatically. Recharging takes from 4-12 hours depending upon its remaining stored power and your pump rate. Should you be concerned regarding an extended power outage, please contact us. Alternative feeding delivery methods can be considered.

### **CPAP, BIPAP, and VPAP Customers**

These devices do not include battery backup capability. In the event you believe that electricity may be out overnight, we advise that you move to another location that has electrical service. Should you evacuate your residence please contact us with your temporary address. For a list of the nearest shelters with electrical service, please contact your local authorities.

### **Suction Equipment Customers**

These devices do not include battery backup capability. In the event electricity is out for an extended period, please contact your local authorities.

### **Resuscitation**

If we should find you or your loved one unconscious or in physical distress, our Delivery Technicians are instructed to call 911 immediately.



## Community Resource Guide

### Access Living of Metropolitan Chicago

115 West Chicago Avenue  
Chicago, IL 60654  
312-640-2100 - Voice  
800-613-8549 - Toll Free  
888-253-7003 - Toll Free TTY  
312-640-2101 - Fax  
[www.accessliving.org](http://www.accessliving.org)

### Legal Council for Health Justice

180 N. Michigan Avenue Suite 2110  
Chicago, IL 60601  
312-427-8990 - Voice  
[www.legalcouncil.org](http://www.legalcouncil.org)

### Attorney General's Office-Disability Rights Hotline

312-814-5684 - Voice

### AIM Center for Independent Living

DuPage, Kane, and Kendall Counties  
3130 Finley Road Suite 500  
Downers Grove, IL 60515  
630-469-2300 - Voice/TTY  
630-984-4251 - Video Phone  
630-469-2606 - Fax  
<http://www.aim-cil.org>

### Lake County Center for Independent Living

McHenry Cty. 5400 W. Elm Street Suite 106  
McHenry, IL 60050  
855-246-8531 - Voice  
847-388-0775 - Video Phone  
815-322-2776 - Fax

Lake Cty. 377 N. Seymour Ave.  
Mundelein, IL 60060  
847-949-4440-Phone  
847-388-0776 - Video Phone  
<http://www.lccil.org>

### Illinois ADA Project

20 N. Michigan Avenue Suite 300  
Chicago, IL 60602  
877-232-3601 - Voice  
[www.ada-il.org](http://www.ada-il.org)

### Designs for Change Chicago

17 E. Monroe Street  
Chicago, IL 60603  
312-236-7252 - Voice  
[www.designsforchange.org](http://www.designsforchange.org)

### RAMP Center for Independent Living

Boone, DeKalb, Stephenson, and Winnebago Counties  
202 Market Street  
Rockford, IL 60117  
815-968-7467- Voice (TTY user dial relay 711)  
815-977-7172 - Video Phone  
815-968-7612 - Fax  
<http://www.rampcil.org>

### Center for Disability and Elder Law

205 W. Randolph Suite 1610  
Chicago, IL 60606  
312-376-1880 - Voice  
312-376-1885 - Fax  
[www.cdelaw.org](http://www.cdelaw.org)

### Center for Independent Living - Suburban Cook County

Progress Center for Independent Living  
7521 Madison Street  
Forest Park, IL 60130  
708-209-1500 - Voice  
708-209-1826 - TTY  
708-209-1735 - Fax  
<http://www.progresscil.org>

### Illinois Network Independent Living

Kane, Kendall, and McHenry Counties  
828 S. 2nd Street Suite 301  
Elgin, IL 60123  
847-695-5818 - Voice  
847-695-5892 - Fax  
<http://www.incil.org>

### DuPage Center for Independent Living

739 Roosevelt Rd. Building 8 Suite 109  
Glen Ellyn IL 60137  
(630) 469-2300 VOICE  
(630) 469-2606 TDD  
<http://www.dupagecil.org>

### Illinois Office of Rehabilitation Services

800-843-6154 - Voice  
800-447-6404 - TTY  
<https://www.dhs.state.il.us/>

### Will-Grundy Center for Independent Living

Will and Grundy Counties  
77 N. 129th Infantry Drive West Jefferson Street  
Joliet, IL 60435  
815-729-0162 - Voice  
815-729-2085 - TTY  
815-768-2582 - Video Phone  
815-729-3697 - Fax  
<http://www.will-grundycil.org>

### Illinois Department of Human Rights

312-814-6200 - Voice  
866-740-3953 - TTY  
312-814-1436 - Fax  
<http://www.illinois.gov/dhr>