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## NOTICE OF OUR PRIVACY PRACTICES

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### 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***

Our notice describes how and under what conditions your health information may be used by physicians and other staff within our facility or passed on to parties outside our facility.

#### **1. YOUR HEALTH INFORMATION**

We are required by law to keep the information and records we have about your health, health status, and health services you receive at our office private and to provide you with this notice about our privacy practices.

We are required to follow the terms of this notice. This notice will tell you about the ways in which we may use and pass on your health information and describe what your rights and our obligations are regarding the use and disclosure of your health information.

#### **2. HOW WE MAY USE AND PASS ON YOUR HEALTH INFORMATION**

Your health information may be used and passed on by our staff and others outside of our office who are involved in providing health care services to you. Your health information may be used and passed on by us for the following purposes:

**For Treatment.** We may use and pass on your health information in order to provide, coordinate, or manage your health care and any related services. We may give information about you to physicians, nurses, technicians, office staff members or other personnel who are involved in taking care of you and your health. Our staff may share your information and pass it on to people who do not work in our office in order to coordinate your care, for example, your health information may be given to physicians who are involved in treating you or in providing assistance with your diagnosis and care.

**For Payment.** We may use and pass on your health information to obtain payment for your health care services. Payment may be collected from you, an insurance company or a third party. For instance, we may give information to your health plan about a service you are going to receive in order to obtain their approval, or to find out if your plan will pay for the treatment.



18 S. Michigan Ave. 6<sup>th</sup> Floor Chicago, IL 60603  
312.592.6800

**For Healthcare Operations.** We may use and pass on your health information in order to run our office and to make sure that you and all of our patients receive adequate health care. For instance, we may use your health information to evaluate the performance of our staff in caring for you and to help us decide how we can better serve you.

**Appointment Reminders.** We may contact you to remind you that you have an appointment for laboratory work or medical care at our office.

**Lab Results.** We may contact you regarding the results of your laboratory tests. We will make sure that only the minimum information necessary to convey the message is left on your answering machine.

**Treatment Alternatives.** We may also tell you about or recommend treatment options or alternatives that we think may be of interest to you.

**Health-Related Products and Services.** We may advise you about health-related products or services that we think may be of interest to you.

*Please let us know if you do not wish to be contacted about appointment reminders or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.*

**Business Associates.** We may share your health information with parties who perform various activities on our behalf and who are not our employees, referred to as "business associates." We have written contracts with every business associate to protect the privacy of your health information.

### **3. AUTHORIZATION**

We will not use or pass on your health information for any purpose other than for treatment, payment or a health care operation without your specific, written **Authorization**. If you give us Authorization to use or pass on your health information, you may cancel that Authorization, in writing, at any time. If you cancel your Authorization, we will no longer use or pass on information about you for the reasons covered by your Authorization, but we cannot take back any uses or disclosures that we already made with your permission as stated in your Authorization.

#### **4. SPECIAL SITUATIONS**

We may use or pass on your health information **without your permission** for the following purposes, subject to all applicable legal requirements and limitations.

**To Prevent a Serious Threat to Health or Safety.** We may use and pass on your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law.** We will pass on your health information when required to do so by federal, state or local law.

**Research.** We may use and pass on your health information for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Public Health Risks.** We may pass on your health information for public health activities and reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities.** We may pass on your health information for purposes of monitoring the healthcare systems, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may pass on your health information in response to a court or administrative order.

**Law Enforcement.** We may release your health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Communicable Diseases.** We may release your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Information Not Personally Identifiable.** We may use or pass on your health information in a way that does not personally identify you or reveal who you are.

## **5. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we keep about you:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or pass on. You also have the right to request a limit on the health information we pass on about you to someone who is involved in your care or the payment for it, like a family member or friend. However, we are not required to agree to a requested restriction.

**Right to Inspect and Copy.** You have the right to look at and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Director of Quality and Risk Management in order to look at and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to look at and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial.

**Right to Request Corrections.** If you believe health information we have about you is incorrect or incomplete, you may ask us to correct or complete the information. You have the right to request a correction as long as the information is kept by this office.

To request a correction, complete and submit a correction form to the Director of Quality and Risk Management. We will provide you with such form upon request. We may deny your request for a correction if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to correct information that:

- (a) we did not create, unless the person or entity that created the information is no longer available to make the correction;
- (b) is not part of the health information that we keep.
- (c) you would not be permitted to look at and copy.
- (d) is accurate and complete.

**Right to a List of Disclosures.** You have the right to request a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the Director of Quality and Risk Management. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your

request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**We are Not Required to Agree to Your Request.** If we agree, we will grant your request unless the information is needed in order to provide emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You may request confidential communications from the health center staff. We will not ask you the reason for your request. We will cooperate with all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Director of Quality and Risk Management.

## **6. CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this notice at any time. The new notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are also entitled to a copy of the revised notice upon request. You can either call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next visit.

## **7. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Director of Quality and Risk Management, at (312) 592-6800. You will not be penalized nor will we retaliate against you for filing a complaint.

If you have any questions about this notice, please contact the Director of Quality and Risk Management at:  
18 S. Michigan Ave., 6<sup>th</sup> Floor, Chicago, IL 60603, (312) 592-6800.