

NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

This notice describes how health information about you (as a patient of this practice) may be used disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your written authorization in several situations, but beyond those situations, we ask for your written authorization before using or disclosing any identifiable health information about you.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI) In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by the State of Illinois and Federal law to maintain the privacy of your protected health information. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning you PHI. We are also required to seek your acknowledgement of receipt of this notice. By law, we must follow the terms of the Notice of Privacy Practices that we have in effect at this time.

We realize that these laws are complicated, but we must provide you with the following important information.

- How we may use and disclose your PHI;
- Your privacy rights in you PHI;
- Our obligations concerning the use and disclosure of you PHI;

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions regarding this notice contact:

Privacy Officer
DuPage Family Medicine
2272 West 95th St., Ste. 325
Naperville, IL 60564
(T) 630-778-4700

C. Examples of how we may use and disclose your PHI related to treatment, payment, or healthcare operations:

The following categories describe the different ways in which we may use and disclose your PHI. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

1. Treatment

Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests or x-rays), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purpose related to your treatment.

2. Payment

Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

3. Healthcare Operations

Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Business Associates

We may share your protected health information with a third party with a third party “business associate” that performs various activities (e.g. billing transcription services). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected information.

5. Appointment Reminders

Our practice may call, e-mail, or send appointment reminders to your home as part of our healthcare operations

6. Release of Information to Family/Friends

Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician’s office for treatment of a cold. In this example, the baby sitter may have access to this child’s medical information.

7. Disclosures Required by Law

Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of you PHI in certain special circumstances:

1. Public Health Ricks

Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;

- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance;

2. Health Oversight Activities

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings

In general, our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute.

4. Law Enforcement

We may release PHI for law enforcement purposes to law enforcement officials.

5. Deceased Patients

Our practice may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation

Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donations banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research

Our practice may use disclose your PHI for research purposes when the research has been approved by an Institutional Research and Review Board or Privacy Board.

8. Serious Threats to Health or Safety

Our practice may use and disclosure your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Specialized Government Functions

Our practice may disclose your PHI for military and veteran's activities, for national security and intelligence activities and other activities authorized or required by law.

10. Inmates

Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

11. Emergency Situations

Our practice may use or disclose PHI as appropriate to provide treatment in emergency situations.

12. Workers' Compensation

Our practice may release your PHI for workers' compensation and similar programs.

E. Your Rights Regarding Your PHI

1. Confidential Communications

You have the right to request confidential communications. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** request. The reasonableness of the request is determined solely on the basis of the administrative difficulty of complying with the request. You do not need to give a reason for your request.

2. Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. The practice accepts all requests for restrictions of disclosures of PHI; however, the practice does not agree to any restrictions in the use or disclosure of protected health information. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564.

3. Inspections and Copies

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.

Also, we may deny your request if you ask us to amend information that is in our opinion:

- Accurate and complete;
- Not part of the PHI kept by or for the practice;
- Not part of the PHI which you would be permitted to inspect and copy; or

- Not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures

All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for our practice is not required to be documented – for example, the doctor sharing information with the nurse’ or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564.

7. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Privacy Officer, DuPage Family Medicine 2272 West 95th St., Ste. 325 Naperville, IL 60564. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Others Uses and Disclosures

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclosure your PHI for the reasons described in the authorization.

Please note: we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

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