

## **NOTICE OF PRIVACY PRACTICES (FOR YOUR RECORDS)**

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.

Effective Date: May 18, 2012.

I respect patient confidentiality and only release medical information about you in accordance with the Illinois and federal law. This notice describes my policies related to the use of the records of your care generated by this practice.

Privacy Contact: If you have any questions about this policy or your rights contact me.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide you care, there are times when I will need to share your medical information with others beyond my practice. This includes for:

Treatment: With your consent, I may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside my practice that I am consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations: I may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

**Information Disclosed Without Your Consent.** Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care: I may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law: This would include situations where I have a subpoena, court order, or are mandated to report suspected abuse and neglect such as child abuse or an elder.

## PATIENT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record: You are entitled to inspect you the medical record my practice has generated about you. I may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record: You may ask me not to use or disclose part of the medical information. This request must be in writing. The Practice is not required to agree to your request if I believe it is in your best interest to permit use and disclosure of the information. The request should be given to the **Privacy Contact**.

Contacting You: You may request that I send information to another address or by alternative means. I will honor such request as long as it is reasonable and are assured it is correct. I have a right to verify that the payment information you are providing is correct. I also will be glad to provide you information by email if you request it.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request I amend it. To do this, contact me. If I deny your request for an amendment you have a right to file a statement you disagree with me which will become part of your record.

Accounting for Disclosures: You may request an accounting of any disclosures I have made related to your medical information, except for information I used for treatment, payment, or health care operations purposes or that I shared with you or your family, or information that you gave me specific consent to release. It also excludes information I was required to release.

Questions and Complaints: If you have any questions, or wish a copy of this Policy or have any complaints you may contact me. You also may complain to the Secretary of Health and Human Services if you believe my Practice has violated your privacy rights. I will not retaliate against you for filing a complaint.

Changes in Policy: The Practice reserves the right to change its Privacy Policy based on the needs of the Practice and changes in state and federal law.