

NOTICE OF PRIVACY PRACTICES

Effective Date: 1/1/2017

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.**

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your records, you may contact our Privacy Office at **3340 S. Oak Park Ave, Suite 204 Berwyn, IL 60402** or by calling **708-749-3070**.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint with either us or the U.S. Department of Health and Human Services.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Future Communications

We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may also disclose your medical information to a business associate to assist us in these activities.

Organized Health Care Arrangements

We participate in certain organized health care arrangements with other health care providers, including provider organizations such as Rush University Medical Center, Rush-Copley Medical Center, Rush Oak Park Hospital and Riverside Medical Center, their medical staff members, and other independent physicians. As a participant in these organized health care arrangements, we share information with other participants for certain joint activities, including utilization review, quality assessment and assurance and payment.

Group Health Plan/Plan Sponsors:

We may permit a health insurance issuer or HMO that services us to disclose summary health information to a Plan Sponsor to obtain premium bids or modify, amend, or terminate the Group Health Plan as well as to perform plan administration functions.

Compliance with Other Applicable Laws to Protect Your Medical Information:

We will not use or disclose your medical information if that disclosure is prohibited or significantly limited by other applicable law, including but not limited to: the Illinois Nursing Home Care Act; the Illinois Medical Practice Act; the Illinois Mental Health and Developmental Disabilities Code; the Illinois AIDS Confidentiality Act; the Illinois Genetic Information Privacy Act; the Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the federal Drug Abuse, Prevention, Treatment Act and the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

RUSH HEALTH CONNECT:

We participate in the health information exchange operated by Rush Health (Rush Health Connect). As a participant, we make patient medical information available electronically to other participating hospitals, physicians and other authorized users for treatment, payment and healthcare operations purposes. We may also receive information about patients from other participants in Rush Health Connect. Rush Health Connect may participate in other health information exchanges (HIEs) on our behalf. In the future, we may also participate in additional regional, state or federal HIEs. Our participation in Rush Health Connect and other HIEs has been designed to comply with federal and state privacy and security laws. Access to your medical information through Rush Health Connect is limited to authorized users who confirm that they will comply with these laws. You may elect to opt-

out and not allow your health or medical information to be available electronically to other providers through Rush Health Connect for treatment. If you do not want your health or medical information to be shared with other providers through Rush Health Connect for treatment, please contact our Privacy Office at **3340 S. Oak Park Ave, Suite 204 Berwyn, IL 60402** or by calling 708-749-3070 to receive an Opt-Out Form and return it to us. Please note that if you choose to opt-out after your information has been shared through Rush Health Connect, information that was previously shared will likely still be available to other participants, although no new information will be shared. Making your information available for treatment through Rush Health Connect is not a condition of receiving care. For more information regarding Rush Health Connect visit <https://www.rush-health.com>.

CARE EVERYWHERE:

We use an electronic medical record program called EpicCare EMR. CareEverywhere[®], a feature of EpicCare EMR, allows us to exchange medical information with other providers that use CareEverywhere[®]. CareEverywhere[®] facilitates the electronic sharing and exchange of medical and other individually identifiable health information among health care providers. Through CareEverywhere[®], we may electronically disclose demographic, medical, billing, and other health-related information about you to other health care providers and electronically request such information from them for purposes including but not limited to facilitating or providing treatment, arranging for payment for health care services, or otherwise conducting or administering health care operations.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

I, the undersigned, hereby acknowledge that I have received and reviewed the Medical Practice's Notice of Privacy Practices.

Signature: _____

Date: _____