

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: September 17, 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

“Protected Health Information” (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice explaining our legal duties and privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI. This Notice explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice. Described below are ways we may use and disclose PHI. We will use and disclose PHI only with your written authorization, except as outlined in this Notice. You may revoke such authorization at any time by providing written notification to our Privacy Officer.

**WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING CIRCUMSTANCES:**

**TREATMENT:** We may use and disclose PHI for your medical treatment or services and to manage and coordinate your medical care. This means that your PHI may be disclosed to doctors, nurses, technicians, or other personnel, both inside and outside of our office, who are involved in your care. For example, your PHI may be provided to a physician or other health care provider to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you.

**PAYMENT:** We may use and disclose PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

**HEALTH CARE OPERATIONS:** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you.

**APPOINTMENTS AND SERVICES:** We may use and disclose PHI to contact you and to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

**BUSINESS ASSOCIATES:** We may use and disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

**MINORS:** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**RESEARCH:** We may use and disclose PHI for research purposes, but we will only do that if the research has been specifically approved by an authorized institutional review board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into an agreement with the recipient who must agree to use the data set only for the purposes for which it was provided, ensure the confidentiality and security of the data, and not identify the information or use it to contact any individual.

**AS REQUIRED BY LAW:** We will disclose PHI when required to do so by international, federal, state, or local laws.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health and safety of others. We will only disclose the information to someone who may be able to prevent the threat.

**ORGAN & TISSUE DONATION:** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

**MILITARY & VETERANS:** If you are a member of the armed forces, we may use and disclose PHI as required by military command authorities.

**WORKERS' COMPENSATION:** We may release PHI for workers' compensation or similar programs that provide benefits for work-related injury or illness.

**PUBLIC HEALTH RISKS:** We may disclose PHI for public health activities. This includes disclosures to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products that they may be using; and a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

**ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required to make that disclosure.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to investigations, audits, inspections, licensure and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LEGAL MATTERS:** If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may also disclose your PHI to defend ourselves in the event of a lawsuit.

**LAW ENFORCEMENT:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**INFORMATION NOT PERSONALLY IDENTIFIABLE:** We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

**USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION:** We may use or disclose your protected health information for purposes not described in this Notice, or otherwise permitted by law, only with your written authorization. Other uses or disclosures of PHI not covered by this notice or the laws that apply to us, such as disclosures of PHI for marketing purposes, for the sale of your PHI, or for uses and disclosures of psychotherapy notes, mental health treatment, HIV/AIDS treatment, and alcohol or substance abuse treatment (except those associated with treatment, payment, and health care operations) will be made only with your written authorization. You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**RIGHT TO INSPECT & COPY:** You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care or payment for your care. To inspect and receive a copy of this PHI you must send a written request to the address at the end of this notice. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**RIGHT TO A SUMMARY OR EXPLANATION:** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**RIGHT TO ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS:** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such a format. If the PHI is not readily producible in the form that you requested your record will be provided in our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**RIGHT TO RECEIVE NOTICE OF A BREACH:** You have the right to be notified upon a breach of any of your unsecured PHI.

**RIGHT TO REQUEST AMENDMENTS:** If you feel that the PHI we have is incorrect or incomplete, you have the right to ask us to amend the information. To request an amendment, please submit your request in writing to the address listed at the end of this notice. Your request must include the reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosures" which is a list of the disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It also excludes disclosures that we may have made to you, to family members or friends involved in your care, or for notification purposes. To request an accounting of disclosures, please submit your request in writing to the address listed at the end of this notice. We may charge a reasonable, cost-based fee for the labor associated with providing you this list. We will notify you of the costs involved and you may choose to withdraw or modify your request before costs are incurred.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction, please submit your request in writing to the address listed at the end of this notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have requested we not bill to your health plan and you have paid us "out of pocket" in full. If we agree to the requested restriction, we may not use or disclose your PHI in violation of the restriction unless it is needed to provide emergency treatment.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** You have the right to request that we communicate with you in only certain ways to preserve your privacy. For example, you may request that we contact you via secure portal communication or only call you on your cell number. You must make any such request in writing and you must be specific how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice at any time, even if you have received this notice electronically.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the changed notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current notice is posted in our office and on our website.

**COMPLAINTS:** You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, contact our Privacy Officer at the address listed at the end of this notice. All complaints must be made in writing and should be submitted within 180 days of when you first knew of a suspected violation. To file a complaint with the Secretary, mail to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (877) 696-6775 or go to the website for the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). There will be no retaliation against you for filing a complaint.

**CONTACT INFORMATION:** Women's Healthcare of Illinois  
Attention: Privacy Officer  
9730 S. Western Ave., Suite 100  
Evergreen Park, IL 60805.