

## NOTICE OF PRIVACY PRACTICE

### 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 are required by law to maintain the privacy of your health information. We are also required by law to give you this notice of our duties and privacy practices and your rights. This notice describes the uses and disclosures we may make with your protected health information, as well as your rights to access and control your protected health information including, demographic information that may identify you that relates to your past, present, future physical or mental health condition and related health care services.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make and maintain records 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 the ability 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.

If you have any questions about this Notice, please contact our Privacy Officer listed in Section E.

#### **A. How We May Use or Disclose Your Health Information**

We collect health information about you and store it electronically. This information comprises your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

**1. Treatment.** We use medical information about you to provide and coordinate your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or with other health care providers who will provide services that we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

**2. Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we may contact your insurer to verify benefits for which you are eligible, to obtain prior authorization, or to give them details they need regarding your treatment to ensure insurance coverage. We will also use or disclose your medical information

to bill directly and to obtain payment from third parties that may be responsible for payment, such as family members.

3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or to improve the competence and qualifications of our professional staff. We may use and disclose this information to aid your health plan in authorizing services or referrals. We may also use and disclose this information as necessary, for medical reviews, legal services and audits; including fraud and abuse detection, compliance programs, and business planning and management. We may also share your medical information with our independent contractors, known as “business associates,” that perform administrative services for us. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you. They may request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification and/or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may also call out your name when we are ready to see you.

4. Notification and Communication with Family. We may disclose medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all your care. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any, or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgement to decide whether it is in your best interest to release relevant information to someone who is involved in your care, or to an entity assisting in disaster relief efforts.

5. Marketing. “Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value such as pens or key chains stamped with our name or name of a health care product manufacturer. Communications

made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

6. Required by Law. We will use and disclose your health information when we are required to do so by law, but we will limit our use or disclosure to the relevant requirements of the law. The law requires us to report abuse, neglect, and/or domestic violence. It also requires use to respond to judicial or administrative proceedings, and to law enforcement officials. We will further comply with the requirements set forth below, concerning these activities.

7. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgement, we believe the notification would place you at risk of serious harm or would require us to inform a personal representative we believe is responsible for the abuse or harm.

8. Health Oversight Activities. We may, and are sometime required by law, to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings subject to the limitations imposed by law.

9. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process, we will do so if reasonable efforts have been made to notify you of the request, you have not objected, or if your objections have been resolved by a court or administrative order.

10. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person. We are also required to disclose when complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

11. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

12. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

13. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it, before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

15. Specialized Government Functions. We may disclose your health information for military or national security purposes, to correctional institutions, or law enforcement officers that have you in their lawful custody.

16. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

17. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner. You will maintain the right to request that copies of your health information be transferred to another physician or medical group.

18. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances, our business associate may provide the notification. We also provide notification by other methods as appropriate.

19. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

## **B. When We May Not Use or Disclose Your Health Information.**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by submitting a written request, specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it. If you want a copy, we will also need your preferred form and format. We will provide copies in the requested format you find acceptable. If we cannot agree and we maintain the record in an electronic format, your choice is a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing, because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with the decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend the record will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice. With the exception, that this medical practice does not have to account for the disclosures provided to your, or pursuant to your written authorization when disclosing as described in the paragraphs regarding treatment, payment, health care operations, notifications with family and specialized government functions. Also included, are disclosures for purposes of research for public health, which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, the disclosure to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing information from this account would be reasonably likely to impeded their activities.

would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our Privacy Officer listed below. This Notice of Privacy Practices is also available at our website:  
<http://www.plainfieldsurgerycenter.com>.

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

#### **E. Contact and Complaints**

To exercise any of the rights described above, or if you have any questions about this Notice, please contact our Privacy Officer at 815.436.0911 or mail questions to us at Plainfield Surgery Center, 24600 W 127<sup>th</sup> Street, Building C, Plainfield, IL 60585 Attention: Privacy Officer.

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer. If you are not satisfied with the manner in which we handle your complaints, you may submit a formal complaint to: the Secretary of the Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D. C. 20201. There will be no retaliation for filing a complaint.

#### **F. Effective Date**

The effective date of this Notice of Privacy Practice is September 23, 2013