

**HIPAA Notice of Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

**Please review it carefully.**

If you have any questions about this notice, please contact our privacy officer (division locations listed at end of notice.)

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. The terms of this notice apply to all records that we have created or maintained in the past and for any records that we may create or maintain in the future.

We are required by law to abide by the terms of this Notice of Privacy Practices and provide you with a copy of this notice. We have the right to change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

**Uses and Disclosures of PHI**

Your PHI may be used and disclosed by our physicians, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to obtain payment for services provided to you and to support the operation of our practice.

The following are examples of the types of uses and disclosures of your PHI that our office is permitted to make under HIPAA. These examples are not meant to be exhaustive, but describe some of the types of uses and disclosures that may be made by our office for treatment, payment and health care operations.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. For example, we would disclose your PHI to a physician by whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician or to others assisting in your care, such as your spouse, children or parents.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services from you, your family members or your health insurance provider. This 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 for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your PHI be disclosed to the health plan to obtain approval for the hospital admission. You have the right to place restrictions on our disclosure or to direct us not to disclose your PHI to a health plan if you have already paid all of your charges out of pocket in full. This request for restriction must be made in writing.

Health Care Operations: We may use and disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff and conducting or arranging for other business activities. We may also disclose your PHI to contact you or a relative that you have designated to remind you of an appointment.

We may use or disclose your medical information for research projects (e.g. studying the effectiveness of a treatment that you received). These research projects must go through a special process that protects the confidentiality of your medical information.

We may share your PHI with third party "Business Associates" that perform various activities (e.g. billing, consulting work, accounting) for the practice. Whenever an arrangement between our office and a Business Associate involves the use or disclosure of your PHI, we will have a written agreement with that Business Associate that contains terms that will protect the privacy of your information.

Minimum Necessary: All disclosures of your PHI will be limited to the minimum necessary or that which is contained in a limited data set (e.g. PHI that excludes certain identifiers including demographic information, photographs, etc.).

We will not sell your PHI without your specific, individual authorization.

**Uses and Disclosures of PHI That May be Made With Your Opportunity to Agree, Prohibit or Restrict**

We may use and disclose your information in the instances described below. You will have the opportunity to agree, object or request restrictions to the use or disclosure of all or part of your PHI in these circumstances. If you are not present, or unable to agree, object or request restrictions to the use or disclosure of this information, then your physician may, using professional judgment, determine whether the use or disclosure is in your best interest. In this case, only the minimum necessary PHI will be used or disclosed.

**Others Involved in your Health Care:** Unless you object, we may disclose to a family member, relative or close friend your PHI that directly relates to that person's involvement in your care. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Disaster Relief Purposes:** We may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

### **Uses and Disclosures of PHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such authorization at any time, in writing, except to the extent that we have already taken an action to use or disclose your PHI in reliance on the use and disclosure indicated in that authorization.

### **Special Situations**

We may use or disclose your PHI in the following situations without your authorization, subject to all applicable legal requirements and limitations:

**Required By Law:** We may use or disclose your PHI as required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such use or disclosure.

**Public Benefit:** We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration oversight purposes with respect to an FDA regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws;
- to report adult abuse, neglect or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other legal processes including lawsuits or similar proceedings;
- to law enforcement official pursuant to subpoenas and other legal processes concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to avert a serious threat to health or safety or in connection with public health risks;
- to the military and to federal officials for lawful intelligence, counterintelligence and national security activities;
- to correctional institutions regarding inmates;
- as authorized by and to the extent necessary to comply with state workers' compensation laws;
- to coroners, medical examiners and funeral directors as needed to perform their duties as required by law;
- to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation; and
- in connection with certain research activities.

### **Your Rights**

The following is a statement of your rights with respect to PHI and a brief description of how you may exercise these rights.

**The Right to Access:** You have the right, with some limited exceptions, to inspect and copy your PHI within a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records as well as any other records that the practice uses for making decisions about you. Any request for your PHI must be made in writing to our Privacy Officer. We may deny your request and will provide you a written explanation for that denial. We will also let you know if the reasons for the denial can be reviewed and how to request such a review.

Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and other protected information access to which is restricted by law.

You have the right to access your PHI in an electronic format, upon request, and to direct that it be sent to another designated person or entity, where it is available.

**The Right to Disclosure Accounting:** You have the right to receive an accounting of disclosures made by us in the past six years. This accounting excludes any disclosures made for treatment, payment or healthcare operations unless they were made through an

electronic health record. You have the right to receive an accounting of any electronic disclosures, including those for treatment, payment or healthcare operations made by us during the past three years, even those made to Business Associates. This accounting excludes any disclosures made to you personally or to family members or friend involved in your care, disclosures authorized by you, and disclosure made for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for these additional requests.

The Right to Restrict: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we are required to abide by these restrictions (except in emergency situations). A request to restrict must be made in writing to our Privacy Officer and must specifically identify the requested restrictions. We will not accept any restriction request that is not in writing.

The Right to Confidential Communications: You have the right to request that we communicate with you about your PHI by alternate means or at alternate locations. Your request must be submitted, in writing, to our Privacy Officer. We will not ask for a reason for your request. We will accommodate most reasonable requests. We may condition this accommodation by asking for information as to how payment will be handled. We do not have to agree to your requested restriction.

The Right to Request Amendments: You have the right to request an amendment of your PHI within a designated record set for as long as we maintain this information. Your request must be in writing with an explanation of what information is to be amended and why. We may deny this request, and if denied, we will provide you a written explanation. You may respond to this denial with a statement of disagreement to be attached to the information you want amended. If we do accept your request, we will make reasonable efforts to inform others who we are aware of that also have this information of this amendment and to include it in any future disclosures.

The Right to a Copy of this Notice: You may request a copy of this Notice at any time by contacting our Privacy Officer.

This notice became effective April 14, 2003.

### **Questions and Complaints**

If you want more information about our privacy practices or have any questions or concerns, please contact the Company Privacy Officer or the specific Privacy Officer for your physician's office:

**IBJI Company**  
**Phone: 847-324-3060**

**IBJI Arlington Heights**  
**Phone: 847-870-6100**

**IBJI Bannockburn**  
**Phone: 847-914-9096**

**IBJI Broadway/150**  
**Phone: 312-444-1145**

**IBJI Glenview**  
**Phone: 847-998-5680**

**IBJI Lincolnwood**  
**Phone: 847-676-5979**

**IBJI Gurnee**  
**Phone: 847-336-3335**

**IBJI Morton Grove**  
**Phone: 847-375-3000**

**IBJI Libertyville**  
**Phone: 847-247-4000**

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed above. You may also submit a written complaint to the US Department of Health and Human Services; see information at its website: [www.hhs.gov](http://www.hhs.gov). If you request, we will provide you with the address to file your complaint.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.