

## **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical and/or related health care services.

Each time you visit our office, we document information about you and your visit. Typically, this record is referred to as your medical record and contains your name, symptoms, health history and exam, test results, diagnoses, treatment given and a plan for future care of treatment.

This practice considers your record information confidential and is required to abide by the terms of this Notice of Privacy Practices.

### **Uses and Disclosures of Protected Health Information**

#### **1. TREATMENT**

- A. Our physicians and nurses will document and use this information to medically treat you.
- B. The physicians will disclose your protected health information to other physicians who may be treating you when we have the necessary permission from you.

#### **2. PAYMENT**

Your protected health information will be used, as needed, by our billing department to obtain payment for your health care services. Your healthcare provider is bound by the same privacy laws and should not disclose your health status to any other party without your permission.

#### **3. HEALTHCARE OPERATIONS**

Our office will use your protected health information for internal purposes such as quality improvement and to send you information.

#### **4. AUTHORIZATION TO RELEASE RECORDS**

Our office will disclose your health information to those persons or companies for which you give us your written authorization or permission to do so. If you authorize us to use or disclose your information, you must complete our Release of Health Information Form. You may revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information as you previously authorized.

#### **5. OTHER DISCLOSURES**

Our physicians may disclose protected health information in the event of emergencies, for public health issues, abuse or neglect, legal proceedings (in response to a court order or subpoena) and law enforcement issues.

## **Your Rights**

The following is a statement of your rights with respect to your protected health information:

1. You have the right to inspect and copy your protected health information.
2. You have the right to request a restriction, in writing, of your protected health information.
3. You have a right to confidential communication.
4. You have the right to amend the records. If you disagree with the content, you can request an amendment in writing. The physician can draw a line through an entry, initial and date it and write an addendum and he can also note "this is the patient's opinion of this situation". A Request for an Amendment to the Record Form is available if required.
5. You have a right for an accounting of "other disclosures" for purposes other than treatment or healthcare operations.
6. You have the right to obtain a paper copy of this notice from us.
7. You may complain to our Privacy Compliance Officer at 847-304-0044 or to the office of Civil Rights (OCR) or the U.S. Secretary of Health and Human Services if you believe your rights have been violated by us.

If you would like to report a Privacy Problem or want further information please contact our Privacy Officer at 847-304-0044.