

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. PLEASE REVIEW IT CAREFULLY.

Effective Date: January 1, 2022. We respect client confidentiality and only release medical information about you in accordance with the Illinois and Federal laws. This notice describes our policies related to the use of records of your care generated by this practice.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our practice. This includes for: **Treatment:** We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our practice that we are consulting with or referring you to. Please note that under Illinois law we cannot release your clinical records without your specific consent. **Payment:** With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval if needed for billing purposes. **Healthcare Operations:** We may use information about you to coordinate our business activities. Such as, setting up appointments, reviewing your care, and training staff. **Information Disclosed Without Your Consent:** Under Illinois and Federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing. **Follow up Appointments/Care:** We may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you ask us not to.

As Required By Law: This would include situations where we have a subpoena, court order, or are mandated by law to provide public health information, such as communicable diseases or suspected abuse or neglect like child abuse, elder abuse, or institutional abuse. **Coroners:** We are required by law to disclose information about the circumstances of your death to a coroner who is investigating it.

Criminal Activities or Danger to Others: If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the

criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

PATIENT RIGHTS You have the following rights under Illinois and Federal law. **Copy of Records:** You are entitled to inspect your patient record. We may charge you a reasonable fee for copying and mailing your record. **Release of Records:** You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Records: You may ask us not to use or disclose part of the clinical information. This request must be in writing. We are not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.

Contacting You: You may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct.

Amending Records: If you believe that something in your record is incorrect or incomplete, you may request that we amend it. In certain cases, I may deny your request. If so, you have the right to file a statement that you disagree with us. We will then file our response with your statement in your record.

Accounting of Disclosures: You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment or healthcare operations, or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after January 1, 2022 please submit your request in writing.

Questions and Complaints: If you have any questions or complaints you may contact our office for further information. You also may complain to the Secretary of the Department of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy: We reserve the right to change this Privacy Policy based on the needs of our practice and changes in state and federal law.

PATIENTS RIGHTS STATEMENT As a patient of this practice, you have the following rights: 1. To not be denied services on the basis of ages, sex, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record. 2. To services provided in the least restrictive environment available pursuant to the Americans with Disabilities Act. 3. Confidentiality of your records, including HIV status and testing as provided for under Illinois law. 4. No patient shall be presumed legally disabled unless declared so by a court. 5. You have the right to give informed consent to treatment. You also have the right to refuse treatment and be told the consequences of such refusal. 6. If you believe your rights have been violated you have a right to contact any of the following groups: Guardianship & Advocacy Commission: 312-793-5900 Human Rights Commission: 312-814-6269 Department of Human Rights: 312-814-6200