

# 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.**

If you have any questions about this notice, please contact:

Chicago Foot & Ankle, P.C./Compliance Officer, 5700 S. Kedzie Ave., Chicago, IL 60629

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes our office's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All employees, staff, volunteers and other office personnel.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our office.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **DISCLOSURE AT YOUR REQUEST**

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

### **FOR TREATMENT**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you. We also may disclose medical information about you to people outside the office who may be involved in your medical care, such as skilled nursing facilities, home health agencies, and physicians or other practitioners.

### **FOR PAYMENT**

We may use and disclose medical information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside our office who are involved in your care, to assist them in obtaining payment for services they provide to you.

## **FOR HEALTH CARE OPERATIONS**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

### ***Appointment Reminders***

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

### ***Treatment Alternatives***

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### ***Health-Related Products and Services***

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

### ***Individuals Involved in Your Care or Payment for Your Care***

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition.

### ***Research***

Under certain circumstances, we may use and disclose medical information about you for research purposes.

### ***As Required By Law***

We will disclose medical information about you when required to do so by federal, state or local law.

### ***To Avert a Serious Threat to Health or Safety***

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

### ***Military and Veterans***

If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

### ***Workers' Compensation***

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### ***Public Health Activities***

We may disclose medical information about you for public health activities.

### ***Health Oversight Activities***

We may disclose medical information to a health oversight agency for activities authorized by law.

### ***Lawsuits and Disputes***

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 (which may include written notice to you) or to obtain an order protecting the information requested.

### ***Law Enforcement***

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### ***National Security and Intelligence Activities***

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### ***Special Categories of Information***

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you.

### ***Right to Inspect and Copy***

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to:

Chicago Foot & Ankle, P.C./Medical Records  
5700 S. Kedzie Ave.  
Chicago, IL 60629

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances.

### ***Right to Amend***

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to:

Chicago Foot & Ankle, P.C./Medical Records  
5700 S. Kedzie Ave.  
Chicago, IL 60629

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

***Right to an Accounting of Disclosures***

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to:

Chicago Foot & Ankle, P.C./Medical Records  
5700 S. Kedzie Ave.  
Chicago, IL 60629

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

***Right to Request Restrictions***

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Chicago Foot & Ankle, P.C./Medical Records  
5700 S. Kedzie Ave.  
Chicago, IL 60629

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

***Right to Request Confidential Communications***

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

Chicago Foot & Ankle, P.C./Medical Records  
5700 S. Kedzie Ave.  
Chicago, IL 60629

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

***Right to a Paper Copy of This Notice***

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice:

Chicago Foot & Ankle, P.C./Compliance Officer  
5700 S. Kedzie Ave.  
Chicago, IL 60629

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact Chicago Foot & Ankle, P.C./Compliance Officer, 5700 S. Kedzie Ave., Chicago, IL 60629. All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.