

## **SOUTHWEST GASTROENTEROLOGY & OAK LAWN ENDOSCOPY NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Original Effective Date: April 14, 2003

Last Revised: \_\_\_\_\_

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

### **1. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this Notice, we describe the ways that we may use or disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our obligations regarding the use or disclosure of PHI. We are required by law to:

- \*Maintain the privacy of PHI about you;
- \*Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- \*Comply with the terms of Privacy Practices that is currently in effect.

**As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy of the revised Notice upon request made to our Privacy Officer.**

**You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.**

### **2. HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

#### **USES OR DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The practice reasonable ensures that the protected health information (PHI) it requests, uses, or discloses for any purpose is the minimum amount of PHI necessary for that purpose.

The practice treats all qualified individuals as personal representatives of patients. The practice generally allows individuals to act as personal representatives of patients. The two general exceptions to allowing individuals to act as personal representatives relate to unemancipated minors and abuse, neglect, or endangerment situations.

The practice makes reasonable efforts to ensure that protected health information is only used by or disclosed to individuals that have a right to the protected health information. Towards that end, the

practice makes reasonable efforts to verify the identity of those using or receiving protected health information.

The following categories describe the different way we may use or disclose PHI for treatment, payment, or health care operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within this category.

**Treatment:** We may use or disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use or disclose PHI when you need a prescription, lab work, an X-ray, or other health care services. In addition we may disclose PHI about you to help you obtain drugs using a drug assistance program.

**Payment:** We may use or disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. We may use or disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use or disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**Health Care Operations:** We may use or disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use or disclose PHI about you in the following health care operations:

\*Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.

\*Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.

\*Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.

\*Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.

\*Cooperating with outside organizations that assess the quality of care that we provide.

\*Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.

\*Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.

- \*Assisting us in making plans for our practice's future operations.
- \*Resolving grievances within our practice.
- \*Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- \*Business planning and development, such as cost-management analyses.
- \*Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- \*Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- \*Creating a "limited data set" of information that does not contain information directly identifying as patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see the patients at the hospital.

**Communications from Our Office:** We may contact you to remind you of appointments, schedule procedures, obtain insurance information, make a follow-up phone call, and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

## **OTHER USES OR DISCLOSURES WE CAN MAKE WITH YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT**

**Individuals Involved In Your Care or Payment for Your Care:** We may use or disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses or disclosures of PHI about you. If you do *NOT* object, we may make these types of uses or disclosures of PHI.

- We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
- If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.
- If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend who brought you in for treatment.
- We may also use or disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-Rays, or other things that contain PHI about you.

## **OTHER USES OR DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPURTUNITY TO AGREE OR OBJECT**

We may use or disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

**Required By Law:** We may use or disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate or notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease;
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance;
- To report sexually transmitted diseases;
- To report lead poisoning;
- To report Reyes syndrome;
- To report mandated reports of injury;
- To report medical conditions or procedures; or
- To report food-borne illness including but not limited to adverse reactions to immunizations, cancer, or death.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities. This includes victims of abuse, neglect, or domestic violence. The practice discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonably believes to be a victim of abuse or neglect to the appropriate authorities as required by law or, if not required by law, the individual agrees to the disclosure. This includes child abuse or neglect, elder abuse and exploitation, abused and neglected nursing home residents, or disabled adults abuse.

The practice informs the individual of the reporting unless the practice, in the exercise of professional judgment, believes that informing the individual would place the individual at risk of serious harm or the practice would be informing a personal representative, and the practice believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interest of the individual as determined by the professional judgment of the practice.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary

activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain law.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas; discover requests, or other required legal process.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's protected health information.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

**Research:** The practice does engage in research. We may use or disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use or disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPPA Privacy Rule to ensure the privacy of PHI.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

**Specialized Government Functions:** Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others; or

- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

**Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

**Marketing Purposes:** The practice does not use or disclose protected health information for marketing purposes. The practice *does* engage in communications about products and services that encourage recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or setting of care to the individual. These activities are not considered marketing.

**Disclosures Required by HIPAA Privacy rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosure of PHI about you (these request are described in Section III of this Notice).

**Incidental Disclosures:** We may use or disclose PHI incident to; a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses or disclosures and have limited them to the minimum necessary information.

**Limited Data Set Disclosures:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of public health care operations. This information may only be disclosed for public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

## **OTHER USES OR DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION**

The practice obtains a written authorization from a patient or the patient's representative for the use or disclosure of protected health information for other than treatment, payment, or health care operations. The practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to request by the patient) and signed by the patient.

If an individual wants the practice to release his or her protected health information to employers of health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, then he or she can contact the practice and complete an appropriate written authorization. All other uses or disclosure of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on your authorization.

## **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that

otherwise are permitted by the Privacy Rule. *We are not required to agree to your request and we will NOT agree to your request.*

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing, must specify an alternative address or other method of contact, and you must provide information about how payment will be handled. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only reasonable requests. The reasonableness of a request is determined solely on the basis of the administrative difficulty of complying with a verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing; or if the requestor has not provided information as to how payment will be handled.

The practice will not refuse a request: if the requestor indicates that the communication will cause endangerment; or based on any perception of the merits of the requestor's request.

**Request to Inspect or Copy:** You have the right to request the opportunity to inspect and receive a copy of the PHI about you in certain records that we maintain. The practice documents all requests, responds to those requests in a timely fashion, informs individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for copying of records. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Officer.

The practice reviews the request in a timely fashion and acts on a request for access generally within 30 days. The practice may have a single extension of 30 days, if needed to act on the request. Each request will be accepted or denied and requestor notified in writing. If a request is denied, the requestor is informed if the denial is "reviewable" or not.

The requestor has the right to have any denial reviewed by a licensed health care professional who is designated by the practice as a reviewing official and who did not participate in the original decision to deny. The practice informs the requestor of the decision of the reviewing official and adheres to the decision.

The practice charges reasonable fees based on actual cost of fulfilling the request. The practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines that the charge is burdensome to the requestor.

Illinois law prohibits charges that exceed the following: \$20.48 handling fee plus 77 cents each for pages 1-25, 51 cents each for pages 26-50, and 26 cents each for pages 51 to end; plus actual expenses related to the copying of x-rays, CAT scans, and similar. The practice limits charges for records to the amounts allowed under Illinois law.

**Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your

request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Generally the practice will act on a request for amendment no later than 60 days after receipt of such a request. If the practice cannot act on the amendment within 60 days, the practice extends the time for such action by 30 days and, within the 60-day time limit, provides the requestor with a written statement of the reasons for the delay and date by which the practice will complete action on the request. Only one such extension is allowed.

If the practice denies the request, in whole or in part, the practice provides the requestor with a written denial in a timely fashion. The practice allows a requester to submit a written statement disagreeing with the denial of all or part of the initial request. The statement must include the basis of the disagreement. The practice limits the length of a statement of disagreement to one page.

**Right to Receive an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosure that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosure made: for treatment, payment and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and before April 14 2003. If you wish to make such a request, please contact our Privacy Officer identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred. The practice responds to all requests for an accounting of disclosures within 60 day of receipt of the request. If the practice intends to provide the accounting for disclosures and cannot do so within 60 days, the practice informs the requestor of such and provides a reason for the delay and the date the request is expected to fulfilled. Only one 30-day extension is permitted.

**Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer listed in this Notice.

#### **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. The Secretary of the United States Department of Health and Human Services: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601, Voice Phone (312)886-2359, FAX (312)886-1807, TDD (312)353-5693. To file a complaint with our office, please contact our Privacy Officer at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

#### **V. QUESTIONS**

If you have any questions about this Notice, please contact our Privacy officer at the address and telephone number listed below.



## VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Officer at the following address and phone number.

Privacy Official	<u>Privacy Officer</u>
Address	<u>9921 Southwest Highway</u>
Telephone	<u>708-425-1406</u>