

Chicago Lake Shore Medical Associates

Notice of Privacy Practices

Introduction

This Notice of Privacy Practices is being provided to you by Chicago Lake Shore Medical Associates (CLSMA) with respect to the medical services provided by the practice. 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.

We understand your medical information is private and confidential. Further, we are required by law to maintain the privacy of **protected health information**. Protected health information includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received or payment for your health care.

Your Rights

Although your health record is the physical property of Chicago Lake Shore Medical Associates, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by applicable law. You must make this request in writing. We are not required to agree to requested restrictions, except as otherwise indicated in this notice.
- If you pay out of pocket, in full, you can request that we refrain from disclosing your protected health information to your health plan. You must make this request in writing using our Out of Pocket Restriction Request Form.
- Request an amendment of your protected health information, if you provide your request in writing and provide a reason that supports your request.
- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for by applicable law. To the extent we keep records in an electronic health record, we may be required to provide your information to you in electronic format.
- Obtain an accounting of certain disclosures of your health information as provided by applicable law.
- Request confidential communications of your health information by alternative means or at alternative locations (telephone, fax, P.O. Box, for example).
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- File a complaint with us and/or with the U.S. Department of Health and Human Services Office of Civil Rights if you are concerned that your privacy rights may have been violated. You will not be retaliated against for making a complaint.

Our Responsibilities

Chicago Lake Shore Medical Associates is required to:

- Maintain the privacy and security of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the new notice prominently in our offices and provide you with an updated copy of the notice upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

As of 2011, CLSMA will begin using an electronic health record information system in coordination with Northwestern Memorial Hospital (NMH) and its affiliates. The collection and use of all information through the EHR system is primarily for the purpose of the treatment of patients by CLSMA, the hospital and other medical practices in a clinically integrated care setting.

Permitted Uses and Disclosures

We will use your health information for treatment. Information, including medication history, obtained electronically or otherwise by a physician or other member of our office will be recorded in your record and used to determine a course of treatment. We will provide other physicians or health care providers assigned to your care, including information relative to prescription medicine, with copies of your protected health information as necessary for treatment purposes.

We will use your health information for payment. We will use and disclose your protected health information to obtain reimbursement for services provided to you. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for our internal health care operations. We may use and disclose your health information for our own internal operations. For example: members of our staff may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures of Protected Health Information

Business Associates: There are some services provided at Chicago Lake Shore Medical Associates through contacts with business associates. Examples include: laboratories, billing services, and medical transcription providers. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do, and bill you or your third party payer for the services rendered. So that your health information is protected, we require the business associate to appropriately safeguard your information.

Notification to You: We may use your health information to remind you of an appointment, to schedule tests, or to contact you in case of emergency. We may leave a message at your home or at an alternative number you provide.

Communication with Spouse/Family: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. In addition, health professionals, using their best judgment, may disclose to your spouse, family member, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You have the right to object to these disclosures, and we will not make these disclosures if you object.

Treatment Alternatives: We may contact you to tell you about or recommend possible treatment alternatives or settings of care, or health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose health information relative to adverse events with respect to food, supplements, or product and product defects to enable product recalls, repairs or replacement to the FDA.

Public Health and Safety: As required by law, we may disclose your health information to public health or legal authorities in charge of preventing or controlling disease, injury or disability. We may disclose your health information to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may use or disclosure your information related to disease prevention or control, vital records, child abuse and neglect reporting, or communicable disease reporting.

Law Enforcement and National Security: We may disclose health information for law enforcement purposes or as otherwise required by law, or in response to a valid subpoena. We may also use or disclose your information to federal officials for intelligence and national security activities authorized bylaw, to protect the President, other officials or foreign heads of state, or to conduct an investigation. If you are a member of the armed forces, your health information may be disclosed to appropriate military command authorities to assure proper execution of a military mission.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official as necessary for the institution to provide you with health care, protect your health and safety or that of others or the institution.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs in order for you to obtain benefits for work related injuries or illnesses.

Coroners, Medical Examiners and Funeral Directors: Your health information may be disclosed to facilitate the duties of coroners, medical examiners and funeral directors.

For More Information or to Report a Problem/Complaint:

If you have any questions or would like further information about this notice, or if you believe your rights to privacy have been violated, please immediately contact our Human Resources Manager/ HIPAA Privacy Officer at (312) 926-8344.

This notice is effective February 1, 2011
and updated as of May, 2011

CHICAGO LAKE SHORE MEDICAL ASSOCIATES, LTD.

NOTICE OF PRIVACY PRACTICES

By printing and signing below, I acknowledge that I have received a copy of, read, and understand Chicago Lake Shore Medical Associates' **Notice of Privacy Practices**.

PATIENT NAME:
(Please print)

PATIENT SIGNATURE:

DATE:
