

Chicago Orthopaedics & Sports Medicine, SC	NOTICE OF PRIVACY PRACTICES FORM
EFFECTIVE DATE: April 14, 2003	REFERENCED POLICY: 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**

Every visit to a physician or other healthcare provider creates a record that is kept electronically or in paper form. This record typically includes symptoms, examination notes, diagnoses, test results, and plans of treatment. This Notice of Privacy Practices is applicable to all of the records of your protected health information produced or maintained by this Medical Practice. This Medical Practice is required by law to maintain the privacy of protected health information, give each patient our Notice of Privacy Practices, and follow the practices listed below. Additionally, this medical practice is required to revise this Notice of Privacy Practices following the Federal Privacy Standards and provide an internal complaint process for privacy issues. **This Notice of Privacy Practices relates to the organizations listed below and the locations they maintain for providing health care services and products.**

Chicago Orthopaedics & Sports Medicine, S.C., including its physical therapy center  
DBA Lincoln Park Physical Therapy

**REVISIONS TO THE NOTICES OF PRIVACY PRACTICES**

The language of the Notice of Privacy Practices applies to all medical records containing your protected health information that is produced or maintained by or on behalf of this Medical Practice. We reserve the right to change our policies at any time. Changes will apply to medical information about you that we already have as well as any new information after the change takes place. Before we implement significant changes in our policies or privacy practices we will post our new notice. You are entitled to our Notice at any time upon request. You will be asked to acknowledge in writing your receipt of this Notice.

**QUESTIONS and COMPLAINTS**

If you have any questions about this Notice of Privacy Practices, please contact us using the information listed below. If you believe the privacy rights related to your protected health information have been violated you have the right to file a complaint with the individual listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer will provide you the address upon request. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Name: FRAN HUSPEN Fax: (773) 433-3125

Phone: (773) 433-3130

Address: Chicago Orthopaedics & Sports Medicine, S.C., 3000 N. Halsted, Suite 525, Chicago, IL 60657

**USES and DISCLOSURES OF HEALTH INFORMATION**

This Medical Practice may use and disclose medical information about you for several different purposes. Below find an example of each possible use or disclosure of your protected health information.

**Appointment Reminders:** This Medical Practice may use or disclose your protected health information to remind you that you have an appointment for healthcare services. Reminders may include written notifications distributed via the US Postal system, verbal telephone communications and/or messages, or electronic mail messages.

**Treatment:** This Medical Practice may use or disclose your protected health information to treat your medical condition. For example, we may ask you to submit yourself to a laboratory test and we may use the results to obtain a diagnosis. Additionally, this Medical Practice may disclose your medical information to other individuals that may assist in your medical care, such as hospitals, physicians, children, guardians, healthcare surrogates, parents, or a spouse. This practice may also use a sign-in sheet and call patient names in the office waiting room.

**Payment:** This Medical Practice may use and disclose your protected health information in order to bill and collect payment for the healthcare services provided to you from this office. We may disclose your medical information to another covered entity or health care provider for the payment activities of the entity that receives the information. For example, we may make contact with your health plan to verify your enrollment and your eligibility for benefits. A disclosure of certain information may also be required for any payments made by credit or debit card or any other electronic means.

**Healthcare Operations:** This Medical Practice may use and disclose your protected health information in connection to the business of healthcare, including performance improvement, quality of care assessment, and cost management. We may disclose your medical information to another covered entity for health care operations of the entity that receives the information in limited circumstances, if each entity either has or had a relationship to you.

## **FURTHER SITUATIONS WHICH HEALTH INFORMATION MAY BE USED and DISCLOSED**

**Required by Law.** This Medical Practice may use or disclose medical information about you when required by law. This office is required by Federal law to disclose your protected health information to the U.S. Department of Health and Human Service upon request for purpose of determining whether this medical practice is in compliance with the Federal Privacy Standards. We may disclose your health information when authorized by worker's compensation or comparable laws.

**This Medical Practice will not use or disclose or protected health information in any manner that would violate the following laws:**

- Illinois Nursing Home Care Act
- Illinois Mental Health and Development Disabilities Confidentiality Act
- Illinois Mental Health and Development Disabilities Code
- Illinois Medical Practice Act
- Illinois Aids Confidentiality Act
- Illinois Medical Patient Rights Act
- Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970

**Law Enforcement:** This Medical Practice may disclose health information if a request is made by law enforcement officials. For example:

- In connection to criminal conduct at this office
- In an emergency situation, to report a crime, victims of a crime, and the description, location, or identity of the perpetrator
- To identify a suspect, material witness, fugitive or missing person
- Concerning a death believed to be the result of criminal activity; and
- Regarding a crime victim in certain situations
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**Public Health Activities:** This Medical Practice may disclose your health information for public health activities, including:

- To alert a government agency regarding abuse or neglect of an adult patient. However, this office will only disclose this health information if the patient consents or if this office is required or authorized by law to disclose this information.
- For the prevention or control disease, injury or disability,
- To report child abuse or neglect;
- To maintain vital records, such as births and deaths;
- To report side-effects to drugs or defects with products or devices;
- To advise a person regarding possible contact to a communicable disease;
- To inform an individual regarding possible risk for spread or contracting a disease or condition;
- To alert individuals if a product or device they have has been recalled;
- To advise your employer under narrow circumstances associated principally to workplace injury, illness, or medical surveillance.

**Abuse, Neglect, and Domestic Violence:** This Medical Practice may disclose your protected health information to a government agency if we believe you are a victim of abuse, neglect, or domestic violence. If this office makes such a disclosure, we will inform you, except if there is a belief that informing you places you at further risk of additional harm.

**Serious Threats to Health or Safety:** This Medical Practice may use or disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others. Under this situation, this office will only disclose health information to an agency or authority able to help prevent the threat.

**Specialized Government Functions:** This Medical Practice may disclose your protected health information if you are a member of the U.S. or foreign military and if required by the appropriate military command authorities. Furthermore, this office may disclose your health information to federal officials for intelligence and national security activities required by law. Additionally, this office may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials.

## **PATIENT RIGHTS REGARDING HEALTH INFORMATION**

**Right to Request Restrictions:** You have the right to request a restriction on the use and disclosure of your protected health information for purposes of treatment, payment, and health care operations. We are not required to grant any such request for restriction, but if the restrictions are granted they will be legally binding, except in certain circumstances. You must fill out a [Health Information Restriction Request Form](#) in order to make the restriction valid.

**Right to Provide an Authorization for Uses and Disclosures:** You have the right to give authorization for uses and disclosures that are not identified by this Notice of Privacy Practices or are not permitted by applicable law. The authorization will be obtained by you completing the [Authorization for Other Uses and Disclosures Form](#). Any authorization may be revoked at any time in writing. Once an authorization has been revoked, this Medical Practice may not use or disclose your health information for the purposes detailed in the authorization.

**Right to Confidential Communications:** You have the right to request that this Medical Practice communicate with you by an alternate means or at an alternate location. For example, you may ask this medical practice to contact you by e-mail rather than by phone or traditional mail. This medical practice will accommodate reasonable requests. In order for the request for confidential communications to be valid you have to complete a [Confidential Communication Request Form](#).

**Right to Access Information:** You have the right to see and copy your protected health information. This Medical Practice is not required to provide access for all editions and versions of your health information that this office holds, such as psychotherapy notes or records prepared in anticipation of a civil, criminal or administrative hearing. This Medical Practice is required to give you access to health information held in designated record sets for as long as the records are maintained by this office or our business associates. In order to gain access to your health information you must complete the [Request to Access Health Information Form](#).

**Right to a Paper Copy of the Notice of Privacy Practices:** You have the right to a paper copy of the Notice of Privacy Practices. You may ask this Medical Practice to give you a copy at any time. If you first obtain the Notice of Privacy Practices electronically, you may still request this office send you a paper copy.

**Right to Request Amendments to Health Information:** You have the right to request an amendment to your protected health information if you believe it is incorrect or incomplete. A request for an amendment to your health information may be made for as long as the information is kept by this medical practice. This Medical Practice may deny your request for an amendment to your health information if this office did not create the information or if a determination is made that the disputed health information is accurate and complete. To obtain an amendment you must complete an [Amendment of Health Information Request Form](#). If this Medical Practice accepts the amendment request, you will be informed and you must agree to have the amended health information shared with others. If this medical practice denies the requested amendment, you are allowed to submit a written statement disagreeing with the denial to which this office may prepare a rebuttal. All statements will be maintained with your medical record on file.

**Right to Receive an Accounting of Disclosures:** You have a right to an accounting of disclosures of your protected health information made for purposes other than for treatment, payment and healthcare operations and those disclosures you have authorized. If your health information is disclosed for multiple research purposes this medical practice will provide you with a description of the research for which your health information may have been disclosed and the researchers names and contact information. This Medical Practice may charge you for reasonable retrieval, report preparation and mailing costs incurred in responding to accounting requests in excess of the one free accounting report required by the Federal Privacy Standards. You will be advised in advance of the associated fees and given a chance to withdraw or amend a disclosure request.

**Place this form in the medical record**

**Revised April 2007**