

## CHILDREN & TEENS MEDICAL CENTER

### NOTICE OF PRIVACY PRACTICES – EFFECTIVE ON 04/14/2003–Revised 12/2014

This notice describes how medical information about you may be used and disclosed, and how you can get access to this individually identifiable information. Please review it carefully.

#### I. INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

During the course of your treatment here at Children & Teens Medical Center (CTMC) we will create electronic medical records regarding you and your families' individually identifiable health information (IIHI). As required by law, privacy regulations have been established as a result of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that govern how we maintain the confidentiality of the health information that identifies you. In order to comply with this law we must provide you with this notice of our legal responsibilities and the policies that we maintain in our practice concerning your IIHI. The legal standards set forth by HIPAA may seem complicated, but we must provide you with the following information:

- a. How we may use and disclose your IIHI
- b. Your privacy rights in regards to your IIHI
- c. Our obligations concerning the use and disclosure of your IIHI

#### II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

- a. **Treatment.** CTMC may use your IIHI during the course of your treatment. We may ask you to have tests either in our office or at another health care facility so we may use the results to determine a diagnosis and plan of action. We might need to disclose a diagnosis or systems to this facility to order a test for you. We may write or send electronic prescriptions for you and we may need to disclose IIHI to the pharmacy. At some point in time you may see other healthcare providers not in our practice for which we would need to disclose your IIHI in order to coordinate your care and may be done so through electronic means called Electronic Health Information Exchange or EHX. Additionally, we may disclose your IIHI to others who may assist in your care such as a spouse, child, and parents.
- b. **Payment.** CTMC may use and disclose your IIHI in order to bill and collect payment for the services and times you may receive from us. We may contact your health insurer to verify benefits or to qualify you for a test or procedure. We may use your IIHI in order to obtain payment for our services from third parties such as family members.
- c. **Health Care Operations.** CTMC may use and disclose your IIHI to operate our business. We may do this by using your information to evaluate the quality of our care or to conduct cost management and business planning activities for our practice.
- d. **Telephone correspondence.** CTMC may use and disclose your IIHI when we contact you to remind you of or reschedule an appointment, to set up a test or to coordinate your care with other health care providers. With your permission we may coordinate test results or information regarding insurance and billing issues via telephone.
- e. **Release of information to family/friends.** CTMC may release IIHI to a family member or caretaker who assists in your care, such as baby-sitter or nanny. With parental consent we will release IIHI to the caretaker.

#### III. SPECIAL SITUATIONS OR CIRCUMSTANCES

- a. **Required disclosures.** CTMC will disclose your IIHI in cases where we are required to do so by federal, state or local laws. We may disclose your IIHI to the military if you are a member of the armed forces and we are required to do so in cases of National Security. We may disclose your IIHI in response to a court order or a subpoena. In cases where you may be involved in a lawsuit we may disclose your IIHI for purposes of discovery or legal purposes, with your permission. We may release IIHI to law enforcement officials under the following circumstances:

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- i. Regarding a crime victim (if we are unable to obtain the person's agreement)
  - ii. A death resulting from a criminal act
  - iii. In response to a warrant, subpoena, court order or other legal process
  - iv. To help locate or identify a potential witness, suspect, fugitive or missing person
  - v. In an emergency to report a crime or to report criminal conduct in our offices
  - vi. In cases where child abuse may be suspected
- b. **Public health risk.** CTMC may disclose your IIHI to public health authorities that are authorized by law to collect information for the purposes of:
- i. Maintaining vital records
  - ii. Reporting child abuse or neglect
  - iii. Preventing or controlling disease, injury, disability
  - iv. Notification regarding exposure to a communicable disease
  - v. Notification of a potential risk for spreading or contacting a disease
  - vi. Reporting drug reactions or problems with products or devices
  - vii. Notification of a product or device that has been recalled
  - viii. Notifying an employer in the case of a workplace injury, illness or medical surveillance
- c. **Health Oversight Agencies.** CTMC may disclose IIHI to health oversight agency for the purposes of investigations, inspections, surveys, audits, licensure, disciplinary actions; civil, criminal and/or administrative. We may disclose IIHI to assist in compliance with civil rights laws and to monitor government programs.

#### IV. YOUR RIGHTS REGARDING YOUR IIHI

- a. **The right to consent to or authorize the use and disclose of PHI (protected health information).** CTMC will obtain your written authorization and consent for uses and disclosures as they are deemed necessary by law and for those not identifies on this notice. Any written authorization or consent may be revoked at any time in writing. After revocation we will no longer use your IIHI, for the reasons described in the revocation, except where required to do so.
- b. **The right to receive a copy of the Notice of Privacy Practices.** You have the right to receive a copy of the Notices of Privacy Practices at any time. You may request a copy at the front desk in any of our offices. You may also download a copy of the notice from our website at [www.childrenandteens.com](http://www.childrenandteens.com).
- c. **The right to request restrictions on certain uses and disclosures of PHI.** You have the right to request a restriction on uses and discloses of your IIHI for the purposes of treatment, payment and health care operations. We are not required to allow your request in cases where it is in violation of a law or legal requirement or in cases where we feel the request is unreasonable. In order to request a restriction you may fill out a "Request for limitations and restrictions of PHI" form or you may make your request in writing. To make your request please contact our Privacy Officer.
- d. **The right to receive confidential communications of PHI.** You have the right to request that CTMC communicate with you about your treatment, payment options and health care issues in a particular manner or at a specific location. An example of this would be to contact you by mail rather than by telephone. CTMC will attempt to accommodate reasonable requests. In order to request a type of confidential communication you may make a written request to our Privacy Officer.

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- e. **The right to inspect and copy PHI.** The federal law gives the patient the right to inspect and obtain a copy of the IHI that we maintain about you including billing records and medical records. However, in the state of Illinois, the law is far stricter and as a result the Illinois law regarding the right to inspect and copy IHI will pre-empt the federal law. In Illinois, the patient cannot have direct copy of the medical record. The record may be copied for a physician, practitioner or authorized attorney. Proper consent must be given for the release of PHI. Inspection of PHI will be allowed in our office as long as it is done with the accompaniment of a CTMC provider. This state law allows protection for the lay misinterpretation of the record and maintains the security of the record against manipulation. To request that your PHI be copied for another professional you may request a “Medical Records Release” from the front desk at any of our offices. To request an appointment to inspect the medical record you may fill out a “Request to Inspect” form also available at the front desk in any of our offices.
- f. **The right to request an amendment of PHI.** You have the right to request that we amend your medical record in cases where health information is incorrect or incomplete. We have the right to deny you’re your request under the following circumstances:
  - i. In our opinion the information is accurate and complete,
  - ii. Not part of the IHI that is kept by or for CTMC,
  - iii. Not part of the IHI which you would be permitted to inspect or copy,
  - iv. Not created by CTMC.

To request an amendment to the medical record you may submit your request in

writing to our Privacy Officer or you may request our standard “Amendment” forms

at the front desk in any of our offices.

- g. **The right to an accounting of disclosures of PHI made by CTMC for purposes other than TPO.** You have the right to request an accounting of the disclosures of your PHI that are used for purposes other than treatment, payment and health care operations. In order to obtain an accounting of disclosures you may request a “Disclosure Accounting” form at the front desk of our offices or you make your request in writing and it must state a time period, not longer that 6 years from the date of disclosure and prior to April 14, 2003. Your written request may be submitted to our Privacy Officer. The first list you request in a 12 month period will be free. We may require a charge thereafter.

#### V. CHANGES TO THIS NOTICE

- a. We reserve the right to change this notice and the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our offices and on our website at [www.childrenandteens.com](http://www.childrenandteens.com). The notice will contain the beginning effective date and current revision on the front page of this notice.
- b. If you have any questions, concerns or for written requests you may contact the privacy officer.

#### VI. COMPLAINTS

If you believe your right to privacy has been violated you may file a complaint with CTMC. You may do so by requesting a standard “Complaint” form available at the front desk in any of our offices. You may also submit your written complaint to our Privacy

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Officer. You also have the right to file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.