

NOTICE OF PRIVACY PRACTICES

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

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. This notice will take effect on 04/14/2003 and will remain in effect until it is amended or replaced by us.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Violet Hernandez. Information on contacting Ms. Hernandez can be found at the end of this notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION.

We will keep your health information confidential using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health care information with other healthcare professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons that you choose to involve in your care, only if you agree and direct that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office stamp and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving you care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-ray or similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, and disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders and Test Results: We may use or disclose your health information to provide you with appointment reminders and/or test results, including, but not limited to, voicemail messages, postcards or letters. This level of contact will only be executed upon receiving your permission to do so and to only a location and/or phone number that you have previously provided to us.

YOUR PRIVACY RIGHTS AS A PATIENT

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There are limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form, contact our Privacy Officer for a request form. You may also request access by sending us a letter to the address at the end of this notice. Once approved, an appointment can be made to review your records. Copies if requested, will be charged as agreed, for each page and staff time will also be charged as agreed, per hour including the time required to locate and copy your health information. Postage will also be charged if you wish the copies to be mailed to you. If you prefer a summary, or an explanation of your health information, we will provide it for a fee. Please contact our privacy officer for an explanation of our fee structure.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended, under certain circumstances, your request may be denied.

Non-Routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment or healthcare operations. You can request non-routine disclosures going back 6 years beginning on April 14, 2003. Information prior to that date would not be required to be released.

Restrictions: You have the right to request that we place additional restrictions on our disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in emergencies.) Please contact our Privacy Officer if you wish to impose further restrictions on your health care information. This request must be made in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you may file a complaint with us in writing. Request a complaint form from our Privacy Officer. We support your right to the privacy of your information and 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.

HOW TO CONTACT US

Practice Name: Dupage Internal Medicine of IL, LLC
Address: 534 W Chestnut Suite 210 Hinsdale, IL 60521
Telephone: 630-323-7833 Fax: 630-323-7410
Privacy Officer: Violet Hernandez

HIPPA NOTICE OF PRIVACY PRACTICES

This form does not constitute legal advice and governs only federal, not state, law.