

NOTICE OF PRIVACY PRACTICES

Chicago Foot Health Centers

PATIENT PRIVACY NOTICE

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.

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

WHO WILL FOLLOW THIS NOTICE

This notice describes our practice's patient privacy policies involving any health care professional, employee, staff and/or authorized individual in this practice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice. It will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- . Make sure that medical information that identifies you is kept private;
- . Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- . Follow the terms of the notice that is currently in effect.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are involved in taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive in our practice may be billed to and payment may be collected from you, an insurance company, or a third party.

For General Practice Operations: We may use and disclose your medical information about you for the general practice operations necessary to make sure all of our patients receive quality care. For example, we may use medical information to review our treatment, evaluate the performance of our staff in caring for you and getting the accreditation, certificates, licenses and credentials we need to serve you.

NOTICE OF PRIVACY PRACTICES

Chicago Foot Health Centers

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may release medical information to tell you about health-related benefits or services that may be of interest to you.

YOUR INDIVIDUAL RIGHTS

You Have a Right to:

- Inspect and obtain photocopies of your medical information that may be used to make decisions about your care. Usually this includes medical and billing records.

To inspect or get photocopies of your medical information we will use the format you request, unless, it is not practical for us to do so. Your request must be submitted in writing. If you request photocopies of information, we may charge a fee for the costs of copying, postage or supplies associated with your request. If you want copies mailed to you or require a full explanation of our fee structure, you must contact our "Practice Privacy Officer".

- Request in writing a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you have the right to ask that we do not use or disclose information about a surgery you had.

We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in the case of an emergency).

To request restrictions, you must make your request in writing. In your request, you must tell us

1. What information you want to limit
2. Whether you want to limit our use, disclosure or both
3. To whom you want the limits to apply, for example disclosures to spouse.

To request confidential communication, you must make your request in writing if related to payment or billing information. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Send the request to "Practice Privacy Officer".

- Request that we amend your medical information. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request if we did not create the information you want amended or for certain other reasons. To request an amendment, your request must be in writing. In addition, you must provide a reason that supports your request.
- Request an accounting of disclosures. Your request must be in writing. This is a list of all the times we or our business associates shared medical information for purposes other than treatment, payment, and health care operations. Request a copy of this notice at any time.

NOTICE OF PRIVACY PRACTICES

Chicago Foot Health Centers

QUESTIONS AND COMPLAINTS

- If you have any questions about this notice or if you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Human Services. To file a complaint with our practice, you may find out the procedure by asking any practice doctor or staff member. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

NOTICE OF CHANGE TO PRIVACY PRACTICE

- We reserve the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request. We will post a copy of the current notice in the office. The notice will display the effective date on the first page.

OTHER USES AND MEDICAL INFORMATION

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

You may submit complaints about the Chicago Foot Health Centers in writing or call our contact person listed below:

Melanie Coats
Chicago Foot Health Centers
3000 N. Halsted – Suite 501
Chicago, Illinois 60657
(773) 296-7160

Chicago Foot Health Centers Privacy Officer
Dr. Charles H. Reilly, D.P.M.

You may also submit a written complaint to the address below or call 800- 547-0466.
Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 W. Jefferson Street
Springfield, Illinois 62761-0001

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this notice form, you acknowledge that **Chicago Foot Health Centers** has given you a copy of its Privacy Notice, which describes how medical information about you may be used and disclosed and how you can get access to this information. I also acknowledge that there are additional privacy disclosures that I may request in writing at anytime.

PLEASE REVIEW IT CAREFULLY

Check all that are true:

- I have received Chicago Foot Health Centers Privacy Notice.
- Chicago Foot Health Centers has given me the chance to discuss my concerns and questions about the privacy of my health information.

Signature of Patient

Date

Print Name

Date of Birth Of the Patient

Signature of Parent/Legal Representative
Legal Guardian

Relationship to Patient

Witness

Date

This Notice applies to all of the following Chicago Foot Health Centers Sites:

Chicago Foot Health Centers @ Illinois Masonic
Chicago Foot Health Centers @ Tinley Park
Chicago Foot Health Centers @ Hyde Park

Chicago Foot Health Centers staff should complete if Acknowledgement Form is not signed:

1. Does the patient have a copy of the Privacy Notice? Yes No
2. Please explain why the patient was unable to sign an acknowledgement form and Chicago Foot Health Centers efforts in trying to obtain the patient's signature.

