

Chicago Pediatric Clinic

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information.

Please review it carefully.

OUR RESPONSIBILITIES

Each time your child visits a hospital, physician, or other healthcare provider, they document information about your child and the visit. Typically, this record is referred to as the medical record and contains your child's name, symptoms, health history and exam, test results, diagnoses, treatment given and a plan for future care or treatment ("Health Information"). This medical record is used to plan your child's care and treatment and be a source of health information.

We are required by law to maintain the privacy of your child's health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your child's health information. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and to use a new Notice of Privacy Practices for all health information we maintain about your child. If we change our practices, a new Notice of Privacy Practices will be available upon your request, by mail or in person at this location

YOUR CHILD'S HEALTH INFORMATION RIGHTS

Your child's medical record is the physical property of the Chicago Pediatric Clinic, however the information within your child's medical record belongs to you. Federal and Illinois Laws provide you with the following rights regarding your child's health information that is contained in the medical record that the clinic keeps about him/her.

- Right to obtain a copy of this Notice of Privacy Practices.
- Right to request certain restrictions on the uses and disclosures of your child's health information.
- Right to inspect or receive a copy of your child's health record.
- Right to request an amendment to your child's health record if you believe it contains an error.
- Right to obtain a list of all the people and companies to which the Chicago Pediatric Clinic has released your child's health information (an "accounting" of disclosures).
- Right to request that we communicate with you about your child's health care at a confidential phone number or address.
- Right to revoke your written consent/authorization to use or disclose your child's health information except when the use or disclosure has already happened.

Federal and Illinois laws also provide you with the right to be informed about and give your written authorization before any health information, including Highly Confidential Information, is disclosed, unless such disclosure is allowed or required by law. Examples of Highly Confidential Information are mental health treatment information, substance abuse prevention, treatment or referral; developmental disability services; HIV/AIDS testing and treatment, venereal disease treatment, sexual assault treatment, and testing and treatment for genetic disorders.

THE RESPONSIBILITIES OF THE CHICAGO PEDIATRIC CLINIC ARE TO

Maintain the privacy of your child's health information as required by law.

Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child.

Do what is required by this Notice or a Notice that is in effect at the time the clinic uses or discloses your child's health information.

Notify you if we are unable to agree to your requested restriction on disclosure of your child's health information.

- Agree to reasonable requests to communicate your child's health information by an alternative method or at an alternative location.

USE AND DISCLOSURE OF YOUR CHILD'S HEALTH INFORMATION

We use and disclose your child's health information for treatment, payment and health care operations. Following are examples of the types of uses and disclosures that we are permitted to make.

We will use your child's health information for treatment.

For example: Your child's physician, nurse or other members of your child's healthcare team will collect and document information about your child in his/her medical record. We may disclose information to a physician or other health care provider who will be assuming your child's care, for immediate continuity of care. This health information will be used to choose the treatment they believe is best for your child. Nurses and other members of the team will document in your child's medical record the actions they took and their observations made of him/her. Your child's physician will then know how he/she is responding to the chosen treatment.

We will use your child's health information for payment.

For example: We will send a bill that includes some of your child's health information to you, to the person responsible for the bill and your third party payer (such as your health insurance company or Medicare). In some instances, we may need to send a copy of part or all of your child's medical record to your third party payer. The type of health information we will send includes your child's name, other identifying information, diagnosis, treatment, procedures performed and supplies provided during your treatment.

We will use your child's health information for our routine operations.

For example: Physicians, nurses and quality improvement professionals will use your child's health information to review the treatment he/she received and its outcomes. They may also compare your child's treatment and outcomes to those of other patients like him/her. We compare cases to help us continually improve the quality and effectiveness of our healthcare services.

OTHER USES OR DISCLOSURES OF YOUR CHILD'S HEALTH INFORMATION

Upon receipt of your written authorization to use and/or disclose your child's health information.

We will use and/or disclose your child's health information to those persons or companies for which you give us your written authorization or permission to do so. If you authorize us to use or disclose your child's information, you must complete our Release of Health Information Form. You may revoke your authorization in writing at any time except to the extent that we have already used or disclosed your health information as you previously authorized. If your child's health information includes Highly Confidential Information, we may only use and disclose such information for treatment, payment and operations as described above. Otherwise, unless a disclosure is allowed or required by federal or Illinois law, you must give us your written authorization to disclose your Highly Confidential Information. A person who can verify your identity must witness and co-sign an Authorization to Release Health Information form about treatment for a mental illness or developmental disability.

The Chicago Pediatric Clinic may without your written authorization release your child's health information for the purposes described below.

Business Associates: We provide some services through other persons or companies that need access to your child's health information to carry out these services. The law refers to these persons or companies as our Business Associates. Examples of these Business Associates include billing and record copying companies that assist us with billing for our services or copying medical records. Other types of business associates are organizations that collect information about patients who have been treated with similar problems such as cancer or trauma. These organizations list the information in registry directories that help physicians throughout Illinois to improve the quality of care for other patients

with these same problems. We may disclose your child's health information to our Business Associates so that they can do the job we have contracted with them to do.

We require that they use appropriate safeguards to ensure the privacy of your child's health information.

Health Oversight Activities and Specialized Government Functions. We may disclose your health information to an agency that oversees healthcare systems and ensures compliance with the rules of government health programs such as Medicare or Medicaid; under certain circumstances to the U.S. Military or U.S. Department of State.

Law Enforcement Officials, Medical Examiners and Coroners and Court or Administrative Orders. We may disclose your health information to the police, other law enforcement officials, medical examiners and coroners, and to the courts or administrative proceedings as allowed or required by law, or required by a court order or other legal process.

Notification and Other Communications with Your Relatives, Close Friends or Caregivers. You or your legal representative must tell your child's physician, nurse or other healthcare team members which of your relatives or other persons may receive information about your child. After learning who these persons are, we may, in our best judgment, use and disclose your child's health information, except for your Highly Confidential Information, to notify these person(s) of what they need to know to care for your child. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about your child, we may exercise our professional judgment to determine whether such a disclosure is in your child's best interest, who is the appropriate person(s) and what health information is relevant to their involvement with your child's healthcare.

Funeral Directors and Organ, Eye and Tissue Organizations We may disclose your child's health information to funeral directors as necessary to carry out their duties and as allowed by law; or to organ, eye and tissue organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Public Health Activities We may report your child's identity and other health information to: public health authorities for the purpose of controlling disease, injury or disability; to the U.S. Food and Drug Administration for regulating certain products or activities; to governmental authorities about suspected or known child abuse and neglect, elder adult abuse and neglect, or domestic violence; to a person exposed to a contagious disease or has the risk of contracting or spreading a disease; to your employer and governmental agencies as required by federal and state laws regarding work-related illness or injury; to prevent or lessen a serious or imminent threat to a person's or the public's health or safety; or, to a public or private entity that is authorized to assist in disaster relief efforts.

Research We may use or disclose your child's health information to identify him/her as a potential candidate for a research study that has been approved by an Institutional Review Board or for governmental research studies in which your child's identifiable information will not be released.

Other Communications with You: We may contact you to remind you of appointments with your child's physician and to follow up on the services he/she received. We may leave messages about appointments or other reminders on your telephone or with a person who answers the phone. Unless you notify your child's physician or registration coordinator that you object, we may also contact you about other health care services we offer that may benefit your child.

RIGHT TO FILE A COMPLAINT.

If you would like to report a Privacy Problem or want further information, PLEASE CONTACT: Darlene Egues, M.D.

If you believe your privacy rights have been violated, you may file a complaint with Dr. Darlene Egues, the Director of the office of Civil Rights (OCR) or the U.S. Secretary of Health and Human Services (HHS). We will not retaliate against you if you file a complaint with Dr. Egues or with the Directors of OCR or HHS.

DISCLAIMER:

THIS NOTICE OF PRIVACY PRACTICES HAS BEEN ADOPTED AS THE ONLY APPROVED NOTICE FORM FOR USE AT THE CHICAGO PEDIATRIC CLINIC. ANY CHANGES ARE UNAUTHORIZED AND INVALID

