

**HEART OF ILLINOIS OBSTETRICS & GYNECOLOGY**  
**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**UNDERSTANDING YOUR MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. Each time you visit a hospital, physician, or other health care provider, they document information about you and your visit. Typically, this record contains, among other information, your name, symptoms, health history, examination and test results, diagnoses, current and future treatment, and billing-related information (“Medical Information”). This Medical Information is used to provide you with quality care and to comply with certain legal requirements.

This Notice will tell you how we may use and disclose Medical Information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your Medical Information.

We are required by law to:

- Maintain the privacy of your Medical Information.
- Notify you following a breach of unsecured Medical Information.
- Provide you with this Notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Follow the terms of this Notice or a Notice that is in effect at the time Heart of Illinois Obstetrics & Gynecology uses or discloses your Medical Information.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

The following categories describe different ways in which we may use and disclose your Medical Information. With respect to use and disclosure of your Medical Information for Treatment, Payment and Health Care Operations, we may share your Medical Information with any of the entities referenced in this Notice, or any physician or other health care provider as allowed by law.

***For Treatment.*** We may use your Medical Information to provide, coordinate or manage your medical treatment and related services. Your Medical Information can be shared with physicians, nurses, technicians and others involved in your care and these individuals will collect and document information about you in your medical record. To assure immediate continuity of care, we may disclose information to another physician or other health care provider who will be assuming your care. For example, our office may share your Medical Information to coordinate the different services you may need such as prescriptions, lab work, x-rays or other diagnostic tests.

***For Payment.*** In most cases, we may use and disclose your Medical Information so that the treatments and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about the surgery you received to your health plan, so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

***Individuals Involved in Your Care or Payment for Your Care.*** We may disclose the minimum necessary Medical Information about you to a family member, other relative, close friend or any other person you identify who is

involved in your medical care. We also may disclose the minimum necessary information to someone who helps pay for your care. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person(s) and what Medical Information is relevant to their involvement with your health care.

**Prayer.** Our practice mission is to “*Minister the Love of Christ through Healthcare*” this includes not only attending to the physical and mental needs of a patient but the spiritual needs as well. Our practice conducts daily prayer and intercession on behalf of our patients. This information is not shared outside of our practice.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your Medical Information to prevent or lessen a serious and imminent threat to a person or the public’s health or safety.

**Business Associates.** We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our Business Associates. We may disclose, as allowed by law, your health information to our Business Associates, so that they can do the job we have contracted with them to do. Examples of Business Associates include companies that assist with billing services or storing medical records. We may send other business associates called registries (such as a Cancer Registry) summarized information about patients who have been treated with similar problems such as cancer or trauma, to help physicians improve the quality of care for other patients with similar problems. We require through a written contract that our Business Associates use appropriate safeguards to ensure the privacy of your Medical Information.

**Other Communications with You.** We may use and disclose your Medical Information to contact you at the address and telephone numbers you give us about scheduled or canceled appointments with your physicians or other health care team members, registration or insurance updates, billing and/or payment matters, information about patient care issues, treatment choices and follow-up care instruction, and other health-related benefits and services that may be of interest to you. *Unless you tell us otherwise, we may leave messages about appointments or other reminders on your telephone or with a person who answers the phone.*

#### **SPECIAL SITUATIONS**

**Lawsuits and Disputes.** We may disclose your Medical Information in the course of a judicial and administrative proceeding, in response to an order of a court or other tribunal to the extent that such disclosure is authorized and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement.** We may disclose your Medical Information to the police or other law enforcement officials as part of law enforcement activities, in investigations of criminal conduct, in response to a court order, emergency circumstances, or when otherwise *required* to do so by law.

**Coroners, Medical Examiners, and Funeral Directors.** We may release Medical Information about you to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We may also release your Medical Information to funeral directors as necessary for them to carry out their duties.

**Organ and Tissue Donation.** If you are an organ donor, we may release your Medical Information to organizations that obtain organs or handle organ, eye, or tissue transplantation. We may also release your Medical Information to an organ bank to arrange for organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the military or a veteran, we may release your Medical Information to the proper authorities, so they may carry out their duties under the law.

**Inmates.** If you are an inmate in a correctional institution or in the custody of a law enforcement official, we may disclose Medical Information about you to the correctional institution or law enforcement official as necessary, so that their duties can be carried out under the law.

**Workers' Compensation.** We may disclose your Medical Information as allowed or required by state law, relating to workers' compensation benefits for work-related injuries or illness or to other similar programs.

**Public Health Activities.** We may disclose your Medical Information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance. The appropriate government authorities may also be notified if we reasonably believe a patient has been the victim of elder abuse, neglect or domestic violence.

**Health Oversight Activities and Specialized Government Functions.** We may disclose your Medical Information to local, state or federal government authorities or agencies that oversee health care systems and ensure compliance with the rules of government health programs, such as Medicare or Medicaid and, under certain circumstances, to the U.S. Military or U.S. Department of State.

**Uses and Disclosures Not Covered in this Notice.** Other uses and disclosures of your Medical Information will be made only with your written permission unless otherwise permitted or required by law. If you provide us with 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 disclose Medical Information about you for the reasons covered by your written permission. Please understand that we are unable to take back any disclosures already made with your permission and that we are required to retain the records of the care provided to you.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding the Medical Information we maintain about you:

**Request a Copy of your Medical Information.** If you request a copy of your Medical Information, we may charge you a cost-based fee, consistent with Illinois law, that includes labor for copying the Medical Information; supplies for creating the paper copy or electronic media if you request an electronic copy on portable media; our postage costs, if you request that we mail the copies to you; and if you agree in advance, the cost of preparing an explanation or summary of the Medical Information. If you are denied access to your Medical Information, you may request that the denial be reviewed. A licensed health care professional in our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision that is the outcome of the review.

**Right to Amend.** If you feel that the Medical Information we have on record is inaccurate or incomplete, you have the right to request an amendment, as long as the information is generated by Heart of Illinois Obstetrics & Gynecology. If the Medical Information is generated by another hospital or provider, we cannot act on your request. You must contact them directly. Your request for an amendment must be in writing and must state the reasons for the request. The written request can be made on the *Request for Amendment to the Record* form available from the Privacy Officer of Heart of Illinois Obstetrics & Gynecology, available upon request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not obligated to make all requested amendments but will give each request careful consideration. If your request is denied, you have the right to send a letter of objection that will then be attached to your permanent medical record. Please note that even if we accept your request, we may not delete any information already documented in your medical record.

**Right to an Accounting of Disclosures.** You have the right to ask us for an “accounting of disclosures.” This is a listing of those individuals or entities that have received your Medical Information from our practice.

The listing will not cover Medical Information that was given to you or your personal representative or to others with your permission. In addition, it will not cover Medical Information that was given in order to:

- Provide or arrange care for you;
- Facilitate payment for your healthcare services; and/or
- Assist Heart of Illinois Obstetrics & Gynecology in its operations.

Your request for an accounting of disclosures must be made on the *Request for Accounting of Disclosures* form available from the Privacy Officer of Heart of Illinois Obstetrics & Gynecology. The list will include only the disclosures made for the period indicated in your request but may not exceed a six-year period prior to the date of your request. The first list you request within a 12-month period will be free. For additional list, we may charge you for the reasonable costs associated with providing the list. We will notify you of costs involved. You may choose to withdraw or modify your request at any time before costs are incurred.

**Right to Request Restrictions.** You have the right to ask us to restrict or limit the Medical Information we use or disclose about you for treatment, payment or healthcare operations. In addition, if you pay for a service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related Medical Information to your health plan for payment or health care operations purposes. Unless required by law, we are not required to agree to all requests. If we do agree, we will comply unless the information is needed to provide emergency treatment.

**Right to Request Confidential Communications.** You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only be sending material to a P.O. Box instead of your home address. We will not ask the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You will be required to complete a form *Right to Request Confidential Communications* from our Privacy Officer.

**Right to a Paper Copy of this Notice.** Upon your request, you may obtain a copy of this Notice, either by email or in paper format. You may also access a copy of this Notice on our web site at [www.hoiobgyn.com](http://www.hoiobgyn.com).

**EFFECTIVE DATE AND DURATION OF THIS NOTICE**

This Notice is effective on September 23, 2013 through present.

We reserve the right to change our privacy practices, policies and procedures and our Notice of Privacy Practices at any time. We also reserve the right to make the revised privacy policies, procedures and Notice effective for Medical Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our practice and on our web site. You may also obtain any new notice by contacting the Privacy Officer. *In addition, each time you check in to our office, a copy of the current Notice will be available upon request.*

**RIGHT TO FILE A COMPLAINT**

If you would like more information about your privacy rights, if you are concerned that we may have violated your privacy rights, or if you disagree with a decision that we made about access to your Medical Information, you may contact our Privacy Officer. Also, you may make a complaint by calling our Privacy Officer at 309.454.3456. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

**PRIVACY OFFICER**

You may contact the Privacy Officer at:

Privacy Officer

Heart of Illinois Obstetrics & Gynecology

1302 Franklin Ave. Suite 2800

Normal, Illinois 61761

Phone: 309.454.3456