



ELMHURST ORTHOPAEDICS

DIAGNOSTICS • TREATMENT • REHABILITATION

NOTICE OF PRIVACY PRACTICES

ELMHURST ORTHOPAEDICS, SC

ELMHURST OPEN MRI

300 West Butterfield Road, Elmhurst, IL 60126

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.

We are dedicated to protecting your privacy, including the protected health information about you that we generate and maintain. This Notice describes how we may use and share protected health information, our legal obligations related to the use and sharing of this information, and your rights related to the protected health information we maintain about you. As required by law, we must maintain the privacy of your health information, provide you with this Notice of our legal duties and privacy practices with respect to such information, and abide by the terms of this Notice.

I. Uses and Disclosures

In accordance with applicable law, we may use and disclose your health information for the following purposes:

A. Treatment, Payment, and Health Care Operations. We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records, may be entitled to special confidentiality protections under applicable state or federal law. We will abide by the applicable laws.

Treatment. We may use and disclose your health information to provide you with treatment and other health care services. For example, we may use and disclose health information about you to diagnose and treat your injury or illness. In addition, we may disclose health information about you to other providers involved in your treatment. We may also share this information about you with other agencies or facilities in order to provide the different things you need, such as prescriptions, lab work, and/or continuing medical care after you leave our practice.

Payment. We may use and disclose your health information to obtain payment for services that we provide to you or from another entity involved with your care, such as lab services provider to whom we send blood or tissue samples. Payment activities include billing, collections, claims management, and determinations of eligibility to obtain payment from you, an insurance company, or program that arranges or pays the cost of some or all of your health care. For example, we may send an invoice disclosing your health information to your insurance company or to a benefit payer that is responsible for all or part of your medical bill. If you pay upfront prior to services being rendered and ask us not to disclose your health information about such service to an insurer, we will abide by that request. If federal or state law requires us to obtain a written release from you prior to disclosing health information for payment purposes, we will ask you to sign a release.

Health Care Operations. We may use and disclose your health information for our health care operations. For example, your health information may be used by Elmhurst Orthopaedics to evaluate the quality and competence of our health care professionals, assess quality of care and case outcomes, and seek areas of improvement within our practice. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

B. Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a personal representative. If a person has the authority by law to make health care decisions for you, we will treat that personal representative the same way we would treat you with respect to your health information.

C. Public Health Activities and Abuse Reporting. We may disclose your health information for public health activities, including disclosures to prevent or control disease, report reactions to medications or problems with products or devices, notify a person of a recall or replacement of a product or device, and to report births and deaths. We may also disclose health information to report child or domestic abuse or neglect.

D. Health Oversight Activities. We may disclose your health information to a health oversight agency that oversees our activities, including licensing, auditing, and accrediting agencies.

E. Health and Safety. As permitted by applicable law and standards of ethical conduct, we may use and disclose your health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

F. Disaster-Relief Efforts. When permitted by law, we may coordinate our uses and disclosures of health information with public or private entities assisting in a disaster-relief effort. If you do not want us to disclose your health information for this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.

G. Coroners, Medical Examiners, and Funeral Directors. We may disclose your health information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

H. Organ and Tissue Procurement. We may disclose health information to assist an organ procurement organization or organ bank, as necessary to facilitate organ or tissue donation or transplantation.

I. Research. We may use or disclose your health information for research purposes, subject to the requirements of applicable law. When required, we will obtain written authorization from you prior to using your health information for research.

J. Workers' Compensation. We may disclose your health information for programs relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses, in accordance with applicable law.

K. Specialized Government Functions. We may disclose your health information for specialized government functions, including activities related to national security activities, protective services for the President or other authorized persons or foreign heads of state, special investigations, and military and veterans activities.

L. Law Enforcement and Judicial and Administrative Proceedings. We may disclose your health information in order to assist with the duties of law enforcement officials or in the course of a judicial or administrative proceeding.

Examples include responding to a court order, subpoena, warrant, summons, or similar process; identifying or locating a suspect, fugitive, or missing person; and reporting criminal conduct on our premises.

M. As Required by Law. We may use and disclose your health information when required to do so by law. For example, we may disclose your health information for mandated patient registries and communicable disease reporting. We may also disclose your health information in the course of a judicial or administrative proceeding.

D. Right to Request Additional Restrictions. You have the right to request that we limit certain additional uses and disclosures of your health information. We are not required to grant your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or a person on your behalf, has paid us in full. A request for restriction must be submitted in writing to *Elmhurst Orthopaedics, SC, Attn: HIPAA Compliance Officer*.

E. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your health information made by us to individuals or entities other than you, in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, please submit a written request to *Elmhurst Orthopaedics, SC, Attn: HIPAA Compliance Officer*. Your request must state a specific time period for the accounting (e.g. the past three months). The first accounting you request within a twelve (12) month period will be free.

F. Right to Notification of a Breach: You will receive notification of any breach of your unsecured protected health information as required by law.

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

H. For Further Information; Complaints. If you desire further information about this Notice, or are concerned that your privacy rights have been violated, you may contact *Debbie Verdone, HIPAA Compliance Officer*. You also may file written complaints with the Secretary of Health and Human Services. We will not retaliate against you if you file a complaint with the Secretary or us.

II. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For purposes other than the ones described in this Notice, with some exceptions we may use or disclose your health information only when you grant us your written authorization [including certain marketing activities, sale of health information, and disclosure of psychotherapy notes]. You have the right to revoke your authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

III. Your Rights Regarding Your Protected Health Information

A. Right to Inspect and Copy Your Health Information. With certain exceptions, you have the right to inspect and to receive a copy of your health records. You have the right to obtain, upon request, a copy of your health information in an electronic format if we maintain your health information electronically. You also may request that we transmit a copy of your health information to another company or person you have designated. However, this right is subject to a few exceptions, including psychotherapy notes, information collected for certain legal proceedings, and any medical information restricted by law.

In order to inspect and copy your health information, you must submit your request in writing to *Elmhurst Orthopaedics, Attn: Medical Records*. We may charge you a reasonable fee for the cost of copying and mailing your records. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

B. Right to Receive Confidential Communications. You have the right to request that we communicate with you about your health matters by alternative means of communication or at alternative locations. To make such a request, you must submit your request in writing to *Elmhurst Orthopaedics, SC, Attn: HIPAA Compliance Officer*.

C. Right to Request and Amendment to Your Records. You have the right to request that we amend your health information. If you desire to amend your records, please submit a written request to *Elmhurst Orthopaedics, SC, Attn: HIPAA Compliance Officer*. We have the right to deny your request for amendment. If we deny your request for an amendment, we will provide you with a written explanation of why we denied the request and to explain your rights.

IV. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on June 18, 2016, and replaces all earlier versions.

B. Right to Change Terms of this Notice. We must comply with the provisions of this Notice as currently in effect, although we reserve the right to change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all health information that we maintain as well as information we receive in the future. If we change this Notice, we will provide the revised version on our website (www.elmortho.com). You also may obtain any new notice by contacting *Debbie Verdone, HIPAA Compliance Officer* for Elmhurst Orthopaedics, SC.

You may contact *Debbie Verdone, HIPAA Compliance Officer* at:

Debbie Verdone
HIPAA Compliance Officer
Elmhurst Orthopaedics, S.C.
300 West Butterfield Road
Elmhurst, IL 60126
Telephone Number: 630.834.0491
E-mail: HIPAA@elmortho.com

This Notice is effective June 18, 2016