

## YOUR RIGHTS REGARDING YOUR PHI

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request in writing to office, subject to payment of a reasonable copy charge as provided by state law; except for:
  - Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding;
  - PHI involving laboratory tests when your access is required by law;
  - If you are a prison inmate & obtaining such information would jeopardize your health, safety, security or custody, or that of other inmates, or the safety of any officer, employee or other person at the correctional institution;
  - Your PHI is contained in records kept by a federal agency or contractor when your access is required by law;
  - If the PHI was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.
- Appeal a denial of access to your PHI except in certain circumstances; delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your PHI;
- Obtain an accounting of disclosures of your health information is required to be maintained by law by delivering a written request to our office. An accounting will NOT include internal uses of information for treatment, payment or operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care;
- Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office ; and,

- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.
- You have the right to request and receive a paper copy of notice from us.

If you want to exercise any of the above rights, please contact Cary Grove Foot & Ankle Center in person or in writing, during normal business hours.

### RIGHT TO FILE A COMPLAINT

If you believe your rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our **Practice Manager**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW  
MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND  
HOW YOU CAN OBTAIN ACCESS TO  
THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

**113 West Main Street  
Cary, IL 60013**

**847-639-5800**

### OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you.

We are required by law to maintain confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

#### **WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**

- 1. Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your phi to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.  
  
Finally we may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties what may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information

for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Release of information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, r who assists in taking care of you with authorization from you.

#### **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a produce or device they may be using has been recalled
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- 2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose you PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, subpoena, summons or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.
- 5. Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 6. Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities
- 7. National Security:** Our practice may disclose your PHI t federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 8. Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 9. Worker's Compensation:** Our practices may release your PHI to workers' compensation and similar programs.

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.