

# **SOUTHWEST INFECTIOUS DISEASE ASSOCIATES, LTD**

## **NOTICE OF PRIVACY PRACTICES**

***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.***

### **OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

Southwest Infectious Disease Associates, LTD is dedicated to protecting your medical information. A federal regulation, known as the "HIPPA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. Your Protected Health Information ("PHI") is information that identifies you and that relates to your past, present, or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our privacy practices that explains your rights as our patient and how, when, and why we may use or disclose your PHI.

We are required by law to notify you following a breach of unsecured PHI. We are required by law to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to ap PHI in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our office, and provide you with a copy of the revised Notice upon your request.

### **ORGANIZED HEALTH CARE ARRANGEMENT**

When we provide health care to you in a hospital or hospital outpatient clinic and you are registered as a patient of the hospital, we are included in the hospital's organized health care arrangement for purposes of complying with federal privacy laws. As such, we will operate under the hospital's Notice of Privacy Practices, which you will receive at the time of your registration. We operate under under this Notice of Privacy Practices when we see patients outside these organized health care arrangements, but this Notice does not conflict with the Notices of any of the hospitals in which we provide services.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

- 1. Treatment, Payment and Health Care Operations.** As described below, we will use or disclose your PHI for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use And disclose PHI when you need a prescription, lab work, x-ray or other health care services. We may also use and disclose PHI about you when referring you to another health care provider.  
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For example, if you are referred to another specialist, we may disclose PHI to the specialist regarding your symptoms. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to another physician so that the other physician may treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain PHI to your health insurance company so that it can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPPA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI relating to its enrollees to determine the insurance benefits to be paid for its enrollees' care.

Health Care Operations: We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of these operations include our business, accounting and management activities. These health care operations also may include quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills. If another health care provider, company or health plan that is required to comply with the HIPPA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider, company or health plan. For example, such health care operations may include assisting with legal compliance activities of that health care provider, company or health plan.

2. **Communications To You From Our Office.** We may use or disclose medical information in order to contact you as a reminder that you have an appointment for treatment or other medical care, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to inform you about health-related benefits or services that may be of interest to you.
3. **Communications To Family or Friends If You Agree Or Do Not Object.** We may disclose PHI to your relatives, close friends of any other person identified by you if the PHI is directly related to that person's involvement in your care or payment for your care. Generally, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object. However, if you are not present or are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may also use and disclose your PHI for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.
4. **Other Uses And Disclosures Authorized By The HIPPA Privacy Rule.** We may use and disclose PHI about you in the following circumstances, provided that we comply with certain legal conditions set forth in the HIPPA Privacy Rule.(continued)

Required By Law: We may use or disclose PHI as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related public, including to:

- Prevent or control disease, injury, or disability or report disease, injury, birth, or death;
- Report child abuse or neglect;
- Report information regarding the quality, safety, or effectiveness of products or activities regulated by the federal Food and Drug Administration;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- Report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Legal Proceedings: We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: We may disclose PHI to law enforcement officials under certain specific conditions where the disclosure is:

- About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency.
- To alert law enforcement of a death that we suspect was the result of criminal conduct.
- In response to authorized legal process or required by law.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About a crime or suspected crime committed on our premise.
- In response to a medical emergency not occurring on our premises, if necessary, to report a crime.

Coroners, Medical Examiners or Funeral Directors: We may disclose PHI regarding a deceased patient to a coroner, medical examiner or funeral director so that they may carry out their jobs. We also may disclose such PHI to a funeral director in reasonable anticipation of a patient's death or following patient's death.

Organ Donation: We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.

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Threat to Health or Safety: In limited circumstances , we may disclose PHI when we have good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Specialized Government Functions: We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, and for certain correctional institutions or in other law enforcement custodial purposes.

Compliance Review: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our Compliance with the HIPPA Privacy Rule.

Workers' Compensation: We may disclose PHI in order to comply with laws relating to workers' Compensation or other similar programs.

5. **Emergencies.** We may use of disclose your PHI in an emergency treatment situation in compliance with applicable laws and regulations.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

The HIPPA Privacy Rule gives you several rights with regard to your PHI. These rights include:

1. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to those who may be involved in your care or payment for your care. While we will consider your request, *we are not required to agree to it*. If we do agree to your request, we will comply with your request except as required by law or for emergency treatment. To request restrictions, you must make your request in writing to our office. If you tell us not to disclose your PHI to your health plan concerning health care items or services for which you have paid in full out-of pocket, we will abide by your request, unless we must disclose your PHI for treatment or legal reasons.
2. **Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our office specifying how you would like to be contacted. We will accommodate all reasonable requests.
3. **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records but do not include psychotherapy notes; information gathered or prepared for a civil, criminal, or administrative proceeding; or PHI that is subject to law that prohibits access. To inspect and copy your PHI please call our office. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, (continued)

labor and supplies used in meeting your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

4. **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by or for us. You must submit

your request, in writing, to our office; and give us a reason for your request. We may deny your request in certain cases. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

5. **Right to Receive an Accounting of Disclosures:** You have the right to request a list of certain disclosures of PHI made by us during a specified period of up to six years (or up to three years in the case of an electronic health record) prior to the request, *except* disclosures for treatment, payment or health care operations; made to you (unless made through an electronic health record); to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; for national security or intelligence purposes; made pursuant to your written authorization; incidental to another permissible use or disclosure; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or disclosures to the Secretary of DHHS; or made before April 14, 2003. If you wish to make such a request, please contact our office. The first accounting that you request in a 12-month period will be free, but we may charge you a reasonable fee for our costs in providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.
6. **Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this notice at any time. You are entitled to a paper copy of the notice even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact our office.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the United States, Department of Health and Human Services. To file a complaint with our office, please contact our office. *We will not take action against you or retaliate against you in any way for filing a complaint.*

## **QUESTIONS**

If you have any questions or need additional information about this notice, please contact our office.

## **PRIVACY OFFICER**

You may contact our Privacy Officer at the following address and phone number:

**SOUTHWEST INFECTIOUS DISEASE ASSOCIATES  
1051 ESSINGTON ROAD SUITE 210  
JOLIET, ILLINOIS 60435  
PHONE: 815-726-1818  
FAX: 815-726-0232**

**EFFECTIVE DATE:** This notice was published and first became effective on April 11, 2003. This notice was revised effective December 18, 2018.