

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by or for the clinic; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.

3. Request confidential communications

- Ask us to contact you in a specific way (ie:, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests

4. Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

5. Right to Inspect and Copy.

- You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the

person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

YOUR CHOICES: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts, we may contact you for fundraising efforts, but you can tell us not to contact you again.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

MID AMERICA FOOT & ANKLE SPECIALIST ILLINOIS INC • P: 630-401-8286 • F 630-401-8648

OUR USES AND DISCLOSURES: How do we typically use or share your health information? We typically use or share your health information in the following ways.

1. **Treat you:** We can use your health information and share it with other professionals who are treating you
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
2. **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
3. **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

1. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

2. Help with public health and safety issues:

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Reporting adverse reactions to medications
 - Preventing or reducing a serious threat to anyone’s health or safety
 - We can use or share your information for health research.
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence

3. Respond to organ and tissue donation requests:

- We can share health information about you with organ procurement organizations.

4. Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

5. Address workers’ compensation, law enforcement, and other government requests:

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

6. Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES:

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. Security Officer: Uzra Fatma, 630-401-8286, uzrafatma23@gmail.com

PATIENT SIGNATURE

DATE

MID AMERICA FOOT & ANKLE SPECIALIST ILLINOIS • P: 630-401-8286 • F 630-401-8648

This Notice of Privacy Practices applies to the following organizations: MID AMERICA FOOT & ANKLE SPECIALIST ILLINOIS INC