

YORKVILLE INTERNISTS, SC

Phone (630 820-7045)

Fax (630)820-7047

2720 E. New York Street, Suite 108, Aurora IL 60502

Notice Of Private 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 PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

LAW REQUIRES US TO: Keep your medical information private, give you notice describing our legal duties, privacy practices, and your right regarding your medical information, follow the terms of the notice that is now in effect.

WE HAVE THE RIGHT TO: Change our privacy practices and the terms of this notice at anytime provided that the changes are permitted by law. Make the changes in our privacy practices and the new term of our notice effective for all medical information that we keep including information previously created and received before changes.

NOTICE OF CHANGE TO PRIVACY PRACTICE: Before we make and important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure, we will explain what we mean. Not every use of disclosure will be listed.

However, we have listed all of the different ways we permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who taking care of you to assist then in treating you.

FOR PAYMENT: We may use disclose your medical information for payment purposes. We may need to give health insurance plan information about your treatment you received at our clinic so that your health plan will pay us or repay you for any services that you paid for. We may also tell your health plan about treatment you are going to receive to get approval or to determine if your plan will pay for treatment.

FOR HEALTH CARE OPERATIONS: We may use disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs and getting the accreditation and credential we need to serve you.

ADDITIONAL USES AND DISCLOSURES

NOTIFICATIONS:

Medical information to notify or help a family member, your personal representatives, another person responsible for your care.

We will share information about your location, general condition, or death, if you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission, we will share only health information that is directly necessary for your health care according to our professional judgment.

DISASTER RELIEF:

We may share your medical information with a public, or private organization, or a person who can legally assist in disaster relief efforts.

FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER:

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or organ procurement organization.

SPECIALIZED GOVERNMENT FUNCTIONS:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the situations, and for government programs providing public benefits.

COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:

We may disclose medical information in response to a court administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as court order, warrant or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited suspect, fugitive, materials witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

PUBLIC HEALTH ACTIVITIES:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting events associated with product defects or problems, to enable product recalls, repairs or replacement to tract products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contacting spreading a disease or condition.

VICTIM OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to you health or safety or the health or safety to others. We may share medical information when necessary to help law enforcement officials capture a person who had admitted to being part of a crime or has escaped legal custody.

HEALTH OVERSIGHT ACTIVITIES:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

YOUR INDIVIDUAL RIGHTS

YOU HAVE A RIGHT TO:

Look at or get copies of your medical information. You may request that we provide photocopies of your medical information. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. We will charge you for any copies medical records, which is to be paid before medical information is released.

Receive a list of all the times we, of our business associates share your medical information for purposes other than treatment, payment and health care operations and other specified exceptions.

Request that we place additional restrictions on our use or disclosure of your medical information. We are not requested to agree to these additional restrictions, but if we do, we will abide by our agreement, except in the case of an emergency.

Request that we communicate with out about your medical information by different means or the different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contract person listed at the end of this notice.

Request that we change your medical information. We may deny your request if we did not create the information you wanted changed or for certain reasons. If deny your request we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted change. If we accept your request to change the information, we will make reasonable efforts to tell others including people your name, of the change and to include the change in any future sharing of that information.

If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.