



**NORTHWEST SUBURBAN
PEDIATRICS, S.C.**

GROW WITH US

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Schaumburg, IL 60193
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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Northwest Suburban Pediatrics, S.C. we are committed to treating and using protected health information ("PHI"). This Notice of Privacy Practices ("Notice") describes the personal information we collected, how and when we use or disclose the information. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with HIPAA Omnibus Rule and is effective September 23, 2013. It applies to all PHI as defined by federal regulations.

Understanding Your Health Record / Information

Each time you visit Northwest Suburban Pediatrics S.C.; a record of your child's visit is made. Typically, this record contains your child's symptoms, examination, test results, diagnosis, treatment, and a plan for future care treatment. This information may be used or disclosed to: • Plan your child's care and treatment • Communicate with other providers who contribute to your child's care • Serve as a legal document • Receive payments from you, your plan, or your health insurer. • Comply with state and federal laws that require us to disclose your child's health information. Understanding what is in your child's record and how your child's health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your child's health information. Also to make more informed decisions when authorizing disclosure to others.

Your Child's Health Information Rights

Although your health record is the physical property of Northwest Suburban Pediatrics, S.C. the information belongs to you. You have the right to request to:

- Access, inspect and copy your health record. We may maintain an electronic medical record ("EMR"), you have the right to access your EMR in a machine readable electronic format and to a third party. Northwest Suburban Pediatrics, S.C. will charge you a reasonable cost-based fee for the cost of supplies and labor of copying. We have up to 30 days to make your information available to you.
- Amend your health record which you believe is not correct or complete. Northwest Suburban Pediatrics, S.C. is not required to agree to the amendment if Northwest Suburban Pediatrics, S.C. did not create the information or if it is correct or complete.
- Obtain an accounting of disclosures of your health information.
- Communications of your health information by alternative means (e.g. e-mail) or at alternative locations (e.g. post office box).
- Place a restriction to certain uses and disclosures of your information. In most cases Northwest Suburban Pediatrics, S.C. is not required to agree to these additional restrictions, but if Northwest Suburban Pediatrics, S.C. does, Northwest Suburban Pediatrics, S.C. will abide by the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). Northwest Suburban Pediatrics, S.C. must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Obtain a copy of your health care information in paper or machine readable electronic format.

Our Responsibilities

Northwest Suburban Pediatrics, S.C. is required to:

- Maintain the privacy of your health information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the Notice currently in effect.
- Notify you in writing if we are unable to agree to requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secure through the use of technologies or methodologies that render the PHI unusable, unreadable or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your health information without your written authorization, except as described in this Notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Northwest Suburban Pediatrics, S.C. at:

Northwest Suburban Pediatrics, S.C.
455 S. Roselle Road
Suite 209
Schaumburg, IL 60193

If you believe your privacy rights have been violated, you can file a written complaint with Northwest Suburban Pediatrics, S.C. office or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Treatment: Information obtained by a nurse, physician or other member of your health care team will be recorded in your medical record and used to determine the course of treatment that should work best for you. To promote quality care, Northwest Suburban Pediatrics, S.C. may operate an EMR. This is an electric system that keeps health information about you. Northwest Suburban Pediatrics, S.C. may also provide a subsequent healthcare provider with health information about you (e.g. copies of various reports) that assist him or her in treating you in the future. Northwest Suburban Pediatrics, S.C. may also disclose health information from, electronic health information networks in which community healthcare providers may participate to facilitate the provision of care to patients such as yourself.

Northwest Suburban Pediatrics, S.C. may use a prescription hub which provides electronic access to your medical history. This will assist Northwest Suburban Pediatrics, S.C. healthcare providers in understanding what other medications may have been prescribed for you by other providers.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, diagnosis, procedures and supplies used.

Health Care Operations: We may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business Associates: We may contact with third parties to provide services on our behalf and disclose your health information to our business associate so they can perform the job we've asked them to do. We require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, and general condition.

Communication from Offices: We may call your home or other designated location and leave a message on voicemail, in person or by email, in reference to any items that assist Northwest Suburban Pediatrics, S.C. in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist Northwest Suburban Pediatrics, S.C. in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, patient satisfaction surveys and patient statements.

Communication with Family/Personal Friends: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany the patient into the exam room, it is considered implied consent that a disclosure of the patient medical data is acceptable.

To Avert a Serious Threat to Health or Safety: We may use your health information or share it with others when necessary to prevent a serious threat to your health, safety, health or safety of another person or the public.

Research: We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Coroners, Medical Examiners and Funeral Directors: In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Deceased Individuals: In the unfortunate event of your death, we are permitted to disclose your PHI to your personal representative, family members and others who were involved in the care or payment for your care prior to your death, unless inconsistent with any prior expressed preferences that you provide to us. PHI excludes any information regarding a person who has been deceased for more than 50 years.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations, federally funded registries or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you by mail or e-mail to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing, products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

Sale of your PHI: Northwest Suburban Pediatrics, S.C. cannot "sell" your PHI (i.e. disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets regulatory exception.

Health Oversight Activities: We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare, Medicaid and compliance with government regulatory programs and civil rights laws.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Public Health: A record by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Workers Compensation: We may disclose health information to the extent authorization by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law.

National Security: Our practice may disclose your PHI to federal officials for intelligence and nation security activities authorization by law. We may also disclose your PHI to federal officials in order to protect the President, other officials, and foreign heads of state or conduct investigations.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the requestor to obtain a court order protecting the information from further disclosure.

As a Required by Law: We may use or disclose your health information if we are required by law to do so.