

# NOTICE OF PRIVACY PRACTICES

## Your Health Information & Your Rights

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.

**Effective Date:** \_\_\_\_\_

## Our Commitment to Your Privacy

Our practice is committed to protecting the privacy of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) and explains your rights regarding that information.

We are required by law to maintain the privacy of your PHI, provide you with this notice of our legal duties and privacy practices, and follow the terms of this notice.

## How We May Use and Disclose Your Health Information

**Treatment:** We may use and share your health information to provide, coordinate, or manage your healthcare.

**Payment:** We may use and disclose your information to bill and collect payment for services provided.

**Healthcare Operations:** We may use your information for practice operations such as quality improvement, training, scheduling, and administrative activities.

## Other Permitted Uses and Disclosures

We may also use or disclose your health information when required by law, for public health activities, to prevent a serious threat to health or safety, for health oversight activities, and for law enforcement purposes as required by law.

## Additional Privacy Protections Under Illinois Law

**Mental Health Information:** Under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, certain mental health information, including records related to emotional or psychological treatment, psychotherapy notes, and related communications, may be subject to stricter confidentiality requirements and may not be disclosed without your written authorization except as permitted or required by law.

**HIV and Communicable Disease Information:** Information related to HIV, AIDS, or certain communicable diseases is afforded additional confidentiality protections under Illinois law and generally requires specific written authorization prior to disclosure, except as permitted or required by law.

**Genetic Information:** Genetic information is protected under Illinois and federal law and will not be disclosed without authorization except as permitted by law.

**Minors' Rights:** Illinois law allows minors to consent to certain healthcare services. In these situations, parents or guardians may not have access to related health information without the minor's authorization, except as permitted or required by law.

### **Uses and Disclosures Requiring Your Written Authorization**

We will not use or disclose your health information for marketing purposes, sale of your health information, or for any purpose not described in this notice without your written authorization. You may revoke your authorization in writing at any time.

### **Your Rights Regarding Your Health Information**

- Request access to inspect or receive a copy of your medical records.
- Request corrections to health information you believe is incorrect or incomplete.
- Request confidential communications.
- Request restrictions on certain uses or disclosures.
- Receive an accounting of certain disclosures.
- Receive a paper copy of this Notice of Privacy Practices.

### **Changes to This Notice**

We reserve the right to change this Notice and make the revised version effective for all health information we maintain. The updated notice will be available on our website and in our office.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. You may also file a complaint with the Illinois Department of Public Health.

**Privacy Officer:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_