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PRIVACY POLICY

Effective Date: 01/01/06

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

If you consent, in writing, this office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, diagnosis, treatment and applying for future care or treatment. It also includes billing documents for these services,

Examples:

For Treatment: Your clinician obtains information about you and records it in a record. During the course of your treatment, and in collaboration with you, your clinician determines that she will need to consult with another specialist and obtain his/her input

For Payment: We submit requests for payment to your health insurance company. The health insurance company requests information from us regarding medical care given, we will provide information to them about you and the care given.

For Health Care Operations: We may use your medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Appointment Reminders: We may contact you regarding an appointment by telephone.

As Required by Law: We will disclose medical information when required to do so by federal, state or local law.

Your Rights Regarding Medical Information About You

The health and billing records we maintain are the physical property of this office. The information in it, however, belongs to you. You have the following rights:

Right to Inspect and Copy: You may inspect and copy some of the medical information we have on file. We require a written request for a copy of this information,

and there will be a fee for the costs of copying, mailing or other supplies associated with your request

Right to Amend: If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in this practice. In addition, you must provide a reason that supports your request. We may deny your request if it is not in writing, does not include a reason to support the request. was not created by us or we feel is accurate and complete as is. If we deny your amendment request, you have the right to file a statement of disagreement with us. This disagreement and any denial will be attached in all future disclosures of your protected health information.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for the request We will accommodate all reasonable requests.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization.

- When required by federal, state or local law,
- To avert a serious threat to health or safety,
- Domestic violence or abuse only if you agree, or if required by law,
- Public health risks such as exposure to or contraction of a disease posing a public health problem

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us contact the Privacy Manger at 630-221-8930. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

This Office Is Required To:

- Maintain the privacy of your health records as required by law;
- Abide by the terms of this notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information to you.

Changes to This Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, with the effective date on the posted copy.