

CHICAGO WOMEN'S HEALTH GROUP AT NORTHWESTERN NOTICE OF PRIVACY 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.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed Notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "Protected Health Information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. Note that the reference "you" as used in this Notice refers to our patient even though this notice may be delivered to a parent or guardian of a patient that is a minor.

We are required by law to:

- A.** Maintain the privacy of PHI about you
- B.** Give you this Notice of our legal duties and privacy practices with respect to PHI
- C.** Comply with the terms of our Notice of Privacy Practices that is currently in effect

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

II. HOW WE MAY USE AND DISCLOSE PROCTED HEALTH INFORMATION ABOUT YOU:

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations.

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or healthcare operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your healthcare and related services. We may consult with other healthcare providers regarding your treatment and coordinate and manage your healthcare with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other healthcare services. In addition, we may use and disclose PHI about you when referring you to another health provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are about to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another healthcare provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that healthcare provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Healthcare Operations: We may use and disclose PHI in performing business activities which are called healthcare operations. Healthcare operations include doing things that allow us to improve the quality of care we provide and to reduce healthcare costs. We may use and disclose PHI about you in the following healthcare operations: (i) reviewing and improving the quality, efficiency, and cost of care that we provide to our patients (for example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others); (ii) reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you and other patients; (iii) providing training programs for students, trainees, healthcare providers, or non-healthcare professionals (for example, billing personnel) to help them practice or improve their skills; (iv) cooperating with various people who review our activities (for example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business); (v) reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice; and (vi) business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements. If another healthcare provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain healthcare operations of that healthcare provider or company. For example, such healthcare operations may include:

reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of healthcare providers; providing training programs for students, trainees, healthcare providers, or non-healthcare professionals; cooperating with the outside organizations that evaluate, certify, or license healthcare providers or staff in a particular field or specialty; and assisting with legal compliance activities of that healthcare provider or company. We may disclose PHI for the healthcare operations of an “organized healthcare arrangement” in which we participate. An example of an “organized healthcare arrangement” is the joint care provided by a hospital and the doctors who see patients at the hospital.

Communication from Our Office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

B. Other Uses and Disclosures We Can Make Unless You Object.

Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. If you are present and able to object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

C. Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object.

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required by Law: We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use or disclose PHI to public health authorities

or other authorized persons to carry out certain activities related to public health, including the following activities: (i) to prevent or control disease, injury, or disability; (ii) to report disease, injury, birth, or death; (iii) to report Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities; (iv) to locate and notify persons of recalls of products they may be using; (v) to notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or (vi) to report to your employer (with notice to you), under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to an oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the healthcare system, government healthcare programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery request, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: We may, if we deem it appropriate, disclose certain PHI to law enforcement officials for law enforcement purposes.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation or transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Specialized Government Functions: Under certain circumstances, we may disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Medical Emergency: We may use and disclose PHI in the case of a medical emergency, in the event you have not yet received a copy of this Notice at the time of such emergency treatment.

D. Other Uses and Disclosures of PHI Require Your Authorization.

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and healthcare operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. This practice is using an Electronic Health Record (EHR) information system in coordination with Northwestern Memorial Hospital (NMH). The collection and use of all information through the EHR system is primarily for the purpose of treatment of patients by NMH, this medical practice and other medical practices in a clinically integrated care setting. All information collected through the EHR system may also be shared with and used by NMH and certain other hospitals, academic institutions, and healthcare providers that perform medical or research activities on NMH's campus or otherwise in conjunction with NMH (including, but not limited to, Northwestern University, the Feinberg School of Medicine, Children's Memorial Hospital, and the Rehabilitation Institute of Chicago) for the following related activities, including without limitation: (a) conducting peer review; (b) promoting quality assurance; (c) mortality and morbidity analysis; (d) conducting utilization review; (e) evaluating and improving the quality of care; (f) promoting and maintaining professional standards; (g) examining costs and maintaining cost control; (h) conducting medical audits; (i) assisting the medical staff membership and credentialing process; (j) performing data quality management; (k) improving the efficiency and effectiveness of healthcare; (l) conducting research; (m) extracting data

from the EHR system and any related database and incorporating it into a data warehouse maintained by NMH. The EHR system is not equipped to segregate such data as mental health, HIV, drug and alcohol abuse, and genetic testing information.

The patient acknowledges that this practice is using an Electronic Health Record (EHR) information system in coordination with Northwestern Memorial Hospital. The collection and use of all information through the EHR system is primarily for the purpose of treatment of patients by NMH, this medical practice and other medical practices in a clinically integrated care setting.

Sign: _____ Date: _____