

## 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 CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by Lisa J. Peters, M.D., S.C. in any form, whether electronically, verbally or written, are kept confidential. This Act gives you, the patient, the right to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. The medical care provided by Lisa J. Peters, M.D., S.C. is documented and may receive such records from other health care providers. We may use your health information to provide quality medical care, obtain payment for services rendered to you as allowed by your insurance provider and to enable us to meet our professional and legal obligations properly. We are required by law to obtain an originally signed medical information waiver and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. As required by HIPAA, we have prepared this explanation of how Lisa J. Peters, M.D., S.C. is required to maintain the privacy of your protected health information and how the law permits us to use or disclose your health information for the following means:

**Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. We may also disclose health information about you with nurses, health students, laboratory technicians, pharmacists and other personnel. For example, we may share your medical information with other health care providers such as a Dermatologist who will provide services which we do not provide.

**Payment:** means we may use and disclose medical information about you to obtain payment for the services provided. An example would be sending a bill for your office visit to your insurance company for payment.

**Health care operations** we may use and release necessary health information about you for the business aspects of running our practice, such as conducting quality assessment and improvement activities, cost-management analysis and customer service. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection, compliance programs and business planning and management. We may also share your medical information with our billing service associates, which perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. An example would be an internal quality assessment review.

We may also use and disclose medical information to:

- Contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- Notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location and your general condition.
- Contact you for marketing purposes, to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with monthly specials for this practice.

- Disclose your health information as necessary to comply with worker's compensation laws.
- Law Enforcement officials or to correctional institutions for limited law enforcement, health and safety purposes.
- Researchers for purposes in limited circumstances and where the information will be protected by them.
- A Coroner, medical examiner, or funeral director to identify a deceased person.
- An organ procurement organization, in limited circumstances
- Avert a serious threat to your health, safety or the health or safety of others.
- Public Health Authorities for public health purposes.
- Appropriate military authorities, if you are a member of the armed forces.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request.

You may have the following rights with respect to your protected health information, which you can exercise by presenting a written request:

- You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit.
- The right to request restrictions on certain uses and disclosures information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- You have the right to request that you receive your health information either mailed to a specific location or you or someone you have authorized in writing may pick up the information in person.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of March 11, 2010 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain, upon doing so we will offer a copy of a revised Notice of Privacy Practices from this office.

If you feel that your privacy protections have been violated, you have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint, contact:

Region V - Chicago

Valerie Morgan-Alston, Regional Manager

Office for Civil Rights

U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240

Chicago, IL 60601

Voice Phone (312)886-2359

FAX (312)886-1807

TDD (312)353-5693