

**NOTICE OF PRIVACY PRACTICES**  
**American Indian Health Service of Chicago**

**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.**

If you have any questions about this Notice please contact Holly Spencer or Janyce Agruss PhD, APN/CNP at 773-883-9100.

This notice describes how we may use and disclose protected health information about you. Protected health information means any of your health information that could be used to identify you. In this notice, we call all of that protected health information "PHI." We recognize the importance of your trust. Keeping your PHI confidential and protecting this medical information is a top priority for everyone that works in this office.

This notice also describes your rights and our duties with respect to your PHI. In addition, it tells you how to complain to us if you believe we have violated your privacy rights. We will safeguard, according to strict standards of security and confidentiality, your PHI. We will maintain safeguards, physical and electronic, to protect your PHI. We will conduct our business in a manner that keeps PHI secure.

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. Your PHI is personal. A record of the care and services you receive in our office is needed to provide you with quality care and to comply with legal requirements. The law requires us to make sure that your PHI is kept private. The law also requires us to provide a copy of this notice to you which explains our legal duties and privacy practices with respect to your PHI, and follow the terms of this notice currently in effect.

**How We May Use and Disclose Your PHI**

We use and disclose your PHI for a number of different purposes. Each of those purposes is listed below. We will ask you to sign a form for two purposes. The first purpose is to acknowledge that you have received a copy of our Privacy Practices. The second is to give us consent to use and disclose of your PHI for treatment, payment & health care (office) operations.

- I. Treatment – includes those activities related to providing services to you including releasing information to other health care providers involved in your care.**

We may use your PHI to provide, coordinate or manage your healthcare and related services. We may disclose your PHI to doctors, nurses, hospitals and other healthcare

facilities who become involved in your care. In the course of your treatment here, as it relates to your treatment, your PHI may be disclosed to indirect healthcare providers such as, but not limited to, radiologists, orthopedic surgeons, dietitians/nutritionists, and pathologists. Similarly, we may refer you to another healthcare provider and as part of the referral process share your PHI with that provider.

**II. Payment – relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim.**

We may use and disclose your PHI so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about the healthcare services we provide to you such as your dates and types of office visits so that your insurance company will pay us for those services or reimburse you for amounts that you have paid. We may also provide your name, address and insurance information to other healthcare providers who care for you while you are being treated here so that they may submit bills for their care of you. Additionally, we may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the healthcare you need to receive to determine if you are covered by that insurance or program. Also we may need to give your health insurance plan information about your treatment plan so that they can make a determination of eligibility or to obtain prior approval for planned treatment. In addition, obtaining approval for a hospital stay may require that relevant medical information be disclosed to the health plan to obtain approval for the hospital admission.

**III. Healthcare Operations – includes a number of areas, including quality assurance, peer review activities, -research, and educational activities.**

We may use and disclose your PHI for our own healthcare operations. These uses and disclosures are necessary to run our organization and to make sure that all of our patients are receiving quality care and cost-effective services. For example, we may use PHI to review the quality of our treatment and services, to develop new programs, to determine whether new treatments are effective, and to evaluate the performance of our staff in caring for you. These activities may also include training of students in the health care field and conducting or arranging for other business activities. Additionally, we may share your PHI with accrediting and licensing bodies in order to continue to be a licensed and accredited healthcare facility. We may also combine your PHI with PHI from other healthcare organizations to improve our services. When we do any of the above, we shall remove information that identifies you as an individual from the shared PHI.

In addition we may call you by name in the waiting room when your provider is ready to see you. We shall use or disclose the least amount necessary of your medical information to remind you of your next appointment.

We may share your medical information with third party “business associates” that perform activities such as billing or transcription for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that asks the “business associate” to protect the privacy of your medical information.

#### **IV. Office Records**

We may include your name in our directory while you are a patient with our office. Should your affiliation with us attract media attention (for example if you are involved in an accident or are a celebrity, or you are well known in the community) we will not release any information unless we have you or your designated representative’s permission.

#### **V. Telephone Communication (i.e. appointment reminders, test results)**

We may use and disclose PHI to contact you to remind you of an appointment you have with us. We may contact you by telephone or by mail at either your home or your office to remind you of appointments. We may leave messages for you on the answering machine or voicemail to remind you of appointments. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Request Confidential Communications.”

Because of the possible sensitive nature of test results, we may not be able to provide these on the phone unless we clearly know who we are speaking with. We will make every attempt to identify who we are speaking with so that we do not inadvertently release results to an unauthorized person or agency. This also applies to faxing test results. We recommend that when you have your next appointment you review who may or may not receive your test results and how you would like to receive them (i.e. “you may leave test results on my answering machine” or “you may not leave test results on my answering machine”). This information will be documented at the front of your file. We may leave a message on your answering machine, either at home or at work, asking you to call us or make an appointment to go over test results.

#### **VI. Health Related Benefits, Services, and Alternatives**

We may use and disclose your PHI to contact you about health-related benefits, services and treatment alternatives that may be of interest to you.

## **VII. Individuals Involved in Your Care**

Unless you object, we may disclose to a family member, other relative, or close personal friend your PHI that is relevant to that person's involvement in your care or payment related to your care. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may also use or disclose your PHI to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, close personal friend or other person to whom you do not wish us to disclose the above information, please notify the receptionist of your request(s). Your request(s) will be placed in your record. This practice makes reasonable efforts to ensure that protected health information is only used by and disclosed to individuals that have a right to your protected health information. Toward that end, this practice makes reasonable efforts to verify the identity of those using or receiving your protected health information.

## **VIII. Disaster Relief**

We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

## **IX. Public Health and Government Functions**

We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. We may disclose your PHI to the government or a health oversight agency for the following additional purposes: to control or prevent a communicable disease, injury, or disability, to report Electro-convulsive therapy treatments, to report patients admitted with a psychiatric diagnosis to the Behavioral Health unit, to report births and deaths, to report adverse events that occur after administering a vaccine, to report adverse events, instances of food poisoning or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law. If necessary, we may disclose your PHI to another healthcare provider who has or who will be providing care to you for purposes of controlling or preventing a communicable disease.

## **X. Required by Law**

We are required by law to release your PHI as it relates to: a federal, state, county or law enforcement agency regarding reporting, investigating or prosecuting threatened or suspected child or elder abuse, relinquishment of an infant 72 hours old or less. We are also required to release your PHI to an agency or law enforcement agency investigating abuse, neglect, physical injury, violent crimes and death, an agency that investigates animal bites, injuries due to the discharge of a firearm, and patient dumping by another facilities' emergency department. We are also required by law to release your PHI to

your court-appointed guardian, an agent you appoint under a healthcare power of attorney, and, if you are in custody or incarcerated, the appropriate law enforcement official or correctional institution.

#### **XI. Judicial and Administrative Proceedings**

We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We may also disclose your PHI in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request, it appears from the request that you know of its existence, or an order is obtained protecting the information to be disclosed.

#### **XII. Law Enforcement Purposes**

We may disclose your PHI to a law enforcement official for the following law enforcement purposes: as required by law, in response to a court, grand jury, or administrative order or subpoena, to identify a suspect, fugitive, material witness, or missing person, about an actual or suspected victim of a crime, regarding a death if we suspect the death may have resulted from criminal conduct, about crimes that occur at our facility, and to report a crime in emergency circumstances.

#### **XIII. Coroners and Medical Examiners**

We may disclose your PHI to a coroner or medical examiner for purposes such as identifying a deceased person or determining cause of death.

#### **XIV. Funeral Directors**

We may disclose your PHI to funeral directors as appropriate under the circumstances.

#### **XV. Organ, Eye or Tissue Donation**

We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues.

#### **XVI. Research**

Under certain circumstances, we may disclose your PHI for research. For example, a research project might compare the health and recovery of all patients who received one medication to those who received another medication for the same condition. For this type of project, we remove information that identifies you from your PHI. In other circumstances, you will be asked to give your consent to participate in a research project. You may choose not to participate in a research project and your care and treatment will not be effected by your decision. All research projects are approved

through a process that evaluates the needs of the research project with your need for privacy of your PHI.

#### **XVII. Serious Threat to Health or Safety**

We may use or disclose your PHI if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

#### **XVIII. Military**

If you are a member of the Armed Forces, we may use and disclose your PHI for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

#### **XIX. National Security**

We may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law. Additionally, we may also disclose your PHI to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state. We may use your PHI to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

#### **XX. Inmates and Persons in Custody**

We may disclose your PHI to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary to provide health care to you, for the health and safety of others, or the safety, security and good order of the correctional institution.

#### **XXI. Workers Compensation**

We may disclose your PHI to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness.

#### **XXII. Other Uses and Disclosures**

Other uses and disclosures not covered in this Notice of Privacy Practices such as use or disclosure of protected health information to an employer or health plan sponsor, for

underwriting and related purposes, for facility directories, to brokers and agents, or for fundraising, will be made only with your written authorization. You may revoke such authorization at any time by notifying the Privacy Officer of your desire to revoke it. If you revoke such an authorization, however, it will not have any effect on actions taken in reliance upon it.

**In all instances where we deal with your PHI, we follow a “minimum necessary” standard. Each person accessing your PHI makes every reasonable effort to limit the use and disclosure of your PHI to that information necessary to accomplish the intended purpose or job.**

## **Your Health Information (PHI) Rights**

### **I. Accounting for Disclosures of Protected Health Information**

This practice tracks all disclosures of a patient’s protected health information that occur for other than the purposes of treatment, payment and health care operations, that are not made to the patient or to a person involved in the patient’s care, that are not made as a result of a patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

An individual can request an account of disclosures for a period of up to six years prior to the date of the request. Requests for shorter accounting periods will be accepted. However, patients may only request an accounting of disclosures made on or after April 14, 2003.

This practice responds to all requests for an accounting of disclosures within 30-60 days of receipt of the request. If this practice intends to provide the accounting for disclosures and cannot do so within 60 days, the practice informs the requestor of such and provides a reason for the delay and the date the request is expected to be fulfilled. Only one 30-day extension is permitted.

A request for an accounting for disclosures must be made in writing and mailed or sent to this practice. It should be marked “Attention: Privacy Officer.”

This practice allows an individual to request one accounting within a 12-month period free of charge. A fee will be charged for more frequent accounting requests. Fees will be discussed with the privacy officer at the time of the request.

### **II. Right to Request Use and/or Disclosure**

You have the right to request that we restrict the uses or disclosures of your PHI to carry out treatment, payment or healthcare operations. You also have the right to request that we restrict the uses or disclosures we make to someone who is involved in

your care or the payment for your care. We are not required to agree to your request if it inhibits the provision of patient care, treatment, payment or healthcare operations.

This practice is not required to agree to your request. If we believe it is in your best interest to permit use and disclosure of your medical information, your medical information will not be restricted. If we do agree to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. A request for a restriction should be made in writing to the office. Your request should specify what information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the limits to apply. You will receive a written response from the privacy officer as to whether the office agrees to the request or not.

### **III. Right to Inspect and Copy**

You have the right to inspect and obtain a copy of your health records with limited exceptions as allowed by law. While you are a patient under our care, your request to inspect your records may be made to the nurse or physician/nurse practitioner, or the privacy officer. To obtain a copy of your health records, you must fill out an authorization form and submit it to the receptionist. We will have 30-60 days to satisfy your request. We shall charge you for the costs associated with copying your records. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. To obtain a copy of your billing information, you must contact the Patient Billing Department.

We may deny your request to inspect and copy your health records if the information involved is psychotherapy notes, or information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If we deny your request, we will inform you in writing of the basis of the denial, how and under what circumstances you may have your denial reviewed, and how you may complain. If you request a review of our denial it will be conducted by a licensed healthcare professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

### **IV. Right to Request Amendment to Protected Health Information**

If you think that medical information we have about you is incorrect or incomplete, you have the right to ask us to amend your PHI as long as the PHI is maintained by us. You may request an amendment by notifying the physician/nurse practitioner or privacy officer of your desire to amend the record and completing the "*Request to Amend Health Information Form*". This practice documents all requests. The Medical Records Department will respond to your request within 30 and not to exceed 60 calendar days of receipt of the completed "Amendment Form." If we cannot act on the amendment request within 60 days we will provide the requestor with a written statement of the reasons for the delay and the date by which this practice will complete action on the request. Only one such extension is allowed. If we deny your request for amendment,

you will receive a written denial. You have the right to file a one-page statement of disagreement with us. The statement must include the basis of the disagreement.

#### **V. Right to Request Confidential Communications**

You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you by mail or at work. If you wish to make this request, you must do so in writing to this office. Address your request to the privacy officer. Your request must state how or where you can be contacted. We will accommodate all reasonable requests. This practice determines the reasonableness based on the administrative difficulty of complying with the request. No reason for the request needs to be stated.

#### **VI. Right to Revoke Authorization**

Uses and disclosures of PHI not covered by this Notice of Privacy Practices or applicable laws will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at anytime. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization, you must contact the privacy officer.

#### **VII. Right to Complain**

If you believe your privacy rights have been violated, you may complain directly to the Privacy Officers in our office or to the United States Department of Health and Human Services. To complain to our office please contact the privacy officers, Janyce Agruss or Bobbie Bellinger – 773-883-9100 and indicate that you have a complaint regarding a breach of privacy. The Privacy Officers (Janyce Agruss or Holly Spencer) will address your complaint. To complain to the United States Department of Health and Human Services, contact the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201. The Department of Health and Human Services may also be contacted at the following phone numbers: 1-202-619-0257 or Toll Free at 1-877-696-6775.

#### **Important Note regarding this Notice of Privacy Practices**

*We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all PHI that we maintain, including that created or received by us prior to the effective date of the new notice. If we change the Notice of Privacy Practices we will notify you. The effective date of this notice is set forth on the bottom of each page of this notice. A copy of our current Notice of Privacy*

*Practices will be posted in our patient waiting room. If you have any questions after reading this notice, please contact the Privacy Officer(s).*