

Millennium Park Medical Associates, LLC

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HIPPA Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- A. Our Commitment to Your Privacy** Our practice is dedicated to maintaining the privacy of your individual protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. This information about you includes information that may identify you and that is related to your past, present, or future physical or mental health or condition and related health care services. Typically, as mentioned above, your medical information will include symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. **We are required by law to maintain the confidentiality of health information that identifies you.** This notice applies to all of your PHI that is generated or received by the practice.

This Notice of Privacy Practices describes how our practice and our health care professionals, employees, volunteers, trainees, and staff may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are described in this notice. This notice also describes your right to access and control your PHI. We will explain herein how we may use and disclose your PHI, your privacy rights in your PHI, and our obligations concerning the use and disclosure of your PHI. Millennium Park Medical Associates will strive to follow the terms of the Notice of Privacy Practices that is currently in effect. We may change the terms of our notice, at any time. If we materially change our privacy practices, we will provide you with a revised Notice of Privacy Practices before the change goes into effect.

- B. If you have questions about this policy, please contact:**
Our privacy contact on the dedicated HIPPA line: 312.977.1185

- C. Uses and disclosures of protected Health Information**
Uses and disclosures of PHI that may be made without your Prior Authorization.

The following are the different ways that we may use and disclose your PHI without your authorization:

- 1. TREATMENT:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your PHI to write a prescription for you, or disclose your PHI to a pharmacy when we order a prescription for you. We may use or disclose your PHI to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Our staff may use or disclose your PHI to coordinate or manage your health care with other providers to ensure that they have the necessary information to diagnose or treat you. For example, we could disclose your PHI to a home health agency that provides care to you. Finally, we may disclose your

PHI to others who assist in your care, such as your spouse, your children, or your parents.

2. **PAYMENT:** We may use and disclose your PHI to obtain payment for the treatment and services you receive from us. For example, we may need to provide your PHI to your health insurer or health plan so that they can make a determination of eligibility for benefits and provide prior approval for recommended treatment. For example, obtaining approval from a health plan for a hospital stay may require that relevant medical information be disclosed to the health plan to obtain approval for the hospital admission. We may also use and disclose PHI to obtain payment from your health insurer or health plan, or from other third parties to may be responsible for your health care expenses, such as family members,
3. **HEALTH CARE OPERATIONS:** We may use or disclose your PHI in order to support the health care operational activities of our practice. These activities include, but are not limited to, reviewing our treatment of you, reviewing employee performance, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We may share your PHI with third parties, "business associates" that perform services on our behalf, 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 PHI, we will have a written contract that contains terms that require the business associate to provide certain privacy protections for the PHI it received or creates on our behalf.

Other Permitted and Required Uses and Disclosures That May Be Made Unless You Object

We may use and disclose your PHI in the following instances, unless you notify us that you object to the disclosure. You have the opportunity to agree or object to the use of disclosure of all or part of your PHI.

4. **OTHERS INVOLVED IN YOUR HEALTH CARE** Unless you object, we may disclose to a member of your family, a relative, or a close your PHI that directly relates to that person's involvement in your health care. If you are not present or otherwise unable to agree or object to such a disclosure, we may disclose such PHI if we determine in our professional judgment that it is in your best interest based on our professional judgement. We may use or disclose certain PHI to notify or assist in notifying a family member or any other person that is responsible for your care of your location, general condition, or death.
5. **DISASTER RELIEF EFFORTS** We may use or disclose your PHI to appropriate disaster relief organizations engaging in disaster relief efforts, for the purpose of coordinating with such entities to notify your family or other persons involved in your health care of your location, general condition or death. We will not make such disclosures if you object, unless we determine that restricting the disclosure would interfere with the ability to respond to emergency circumstances.

Uses and disclosures other than Payment, Treatment of health care operations that may be made without your prior authorization or opportunity to object.

We may use or disclose your PHI in the following situations WITHOUT your consent or authorization. These situations include:

1. **REQUIRED BY LAW:** We will disclose your PHI to the extent required to do so by federal, state, or local law.
2. **PUBLIC HEALTH:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. For Example:
 - Maintaining vital records, such as births and deaths

- Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person to the extent permitted by law regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals to the extent permitted by law if a product or device that may be using has been recalled
 - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence) however, we will only disclose this information if you agree or if we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
3. **HEALTH OVERSIGHT:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government agencies to oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.
4. **LAWSUITS AND SIMILAR PROCEEDINGS:** Our practice may use and disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process, but only if we receive assurances that a reasonable effort has been made to inform you of the request, or that reasonable efforts have been made to obtain a qualified protective order over the request PHI.
5. **LAW ENFORCEMENT:** We may disclose your PHI, to the extent required or permitted by law, for law enforcement purposes. These law enforcement purposes include (1) in response to a court order, subpoena, warrant, summons or otherwise as required by law (2) to identify or locate a suspect, fugitive, material witness or missing person (3) reporting information pertaining to victims of a crime (4) reporting suspicion that death has occurred as a result of criminal conduct (5) reporting crimes

This notice is effective the day of your first visit 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 to our Notice Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse 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.