

EFFECTIVE APRIL 10, 2020

THIS HIPAA NOTICE OF PRIVACY PRACTICES (“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.**

Exhale Sinus and Facial Pain Center (“ESFPC”) is required by applicable federal and state law to maintain the privacy of your medical information and to give you a description of our privacy practices, duties, and your rights concerning your health information. ESFPC is required to follow this Notice, but we also reserve the right to change our privacy practices and the terms of this Notice in accordance with applicable law. In the event significant changes are made to our privacy practices, we will amend this Notice and make the revised notice available upon request.

## **YOUR RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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

- You have the right to see or to get an electronic or paper copy of your medical record and health information we have about you.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **2. Right to Amend Medical Information**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

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

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **4. Right to Request Restrictions**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **5. Right to an Accounting of Disclosures**

- You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **6. Right to a Copy of this Notice**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **7. Right to File a Complaint**

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Ave SW, Washington, D.C., 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint

## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions to a reasonable extent.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- **Uses and Disclosures of Your Highly Confidential Information:** In addition, federal and Illinois law requires special privacy protections for certain highly confidential information, such as: (1) psychotherapy notes; (2) mental health and developmental disabilities services; (3) alcohol and drug abuse prevention, treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) genetic testing; (7) child abuse and neglect; (8) domestic abuse of an adult with a disability; (9) sexual assault. In order for us to share your highly confidential information for a purpose other than those permitted by law, we must obtain your written permission.

- **Marketing:** We may use your protected health information to market our products, including through a third-party business associate, as well as to offer you products and services related to your treatment.
- **Sale of Protection Health Information:** We will not sell your protected health information without your written permission.
- **Use or Disclosure with Your Authorization:** For any purpose other than the ones described in this Notice we can only use or share your protected health information when you grant us your written authorization. For instance, you will need to complete an authorization form before we can send your protected health information to your life insurance company or an attorney.

In case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **OUR USES AND DISCLOSURES**

The categories below describe and provide some examples of when ESFPC may use and disclose your health information.

### **1. Treatment**

- We may use and share your health information to provide, coordinate, or manage your health care and related services to carry out treatment functions. For example: a physical therapist treating you for an injury may disclose your health information when consulting with another doctor about your overall health condition.

### **2. Health Care Operations**

- We may use and share your health information to run our practice, improve your care, and contact you when necessary. For example: We use health information about you to manage your treatment and services.

### **3. Payment**

- We may use and share your health information to bill and collect payment from you, your insurance company, or a third-party payer, including a collection service. For example: We give information about you to your health insurance plan to request payment for your services.

### **4. Work With Business Associates**

- We may disclose your health information to our third-party business associates (such as an accounting firm or billing company) that perform activities or services on your behalf.

### **5. Public Health and Safety Issues**

- We may share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### **6. Research**

- We may use or share your information for research purposes.

### **7. Comply with the Law**

- We may share information about you if state or federal laws require it. For example, we may share your information with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### **8. Report Victims of Abuse, Neglect, or Domestic Violence**

- If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may share your health information to a governmental authority, including a social service at a protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

### **9. Respond to Organ and Tissue Donation Requests**

- We may share health information about you with organ procurement organizations.

### **10. Work with a Medical Examiner or Funeral Director**

- We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **11. Law Enforcement/Legal Proceedings**

- We may use or share health information about you:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.
  - In response to a court order, subpoena, warrant, summons, or similar process.

### **12. Other Uses of Medical Information**

- We must abide by laws and regulations regarding permissible and required uses and disclosures of your health information. However, in some instances, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your health information. If you provide us with permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. However, any disclosures already made cannot be taken back.

## **QUESTIONS**

If you have any questions, concerns, or want further information regarding this Notice, please contact the Privacy Officer at (773)234-5880.