

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION (PHI)

- A. **OUR COMMITMENT TO YOUR PRIVACY** – Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In the process of your care, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

- B. **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:** Office Manager and Privacy Officer 309.691.2903 or mailing address 5401 N. Knoxville Ave., Ste #115, Peoria, IL 61614.
- C. **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**
1. **TREATMENT** – Our practice may use your PHI to treat you. For example, we may order laboratory test (such as blood or urine tests), and use the results to reach a diagnosis. We might use your PHI in order to write prescriptions or refill prescriptions with pharmacies. We may disclose your PHI in order to treat you or assist others in your treatment.
 2. **PAYMENT** – Our practice may use and disclose your PHI in order to bill and collect payment for services you receive from us. For example, we may contact your health insurer to certify eligibility of benefits or bill, or obtain payment.
 3. **HEALTH CARE OPERATIONS** – Our practice may use and disclose your PHI to operate our business. Examples include quality assurance and peer review activities.
 4. **APPOINTMENT REMINDERS** – We may use or disclose your PHI to contact you to remind you of an appointment (such as voicemail messages, written notes).
 5. **REQUIRED BY LAW** – Our practice will use and disclose your PHI when we are required to do so by federal, state or local law. For example, the practice will use and disclose your PHI to public health officials in mandated reporting of communicable diseases, or adverse reactions to immunizations.
 6. **FUNDRAISING** – Our practice may contact you for fundraising purposes; however, you have the right to opt out of such fundraising communications with each solicitation.

D. THE FOLLOWING USES AND DISCLOSURES WILL BE MADE ONLY WITH AUTHORIZATION FROM THE INDIVIDUAL.

1. Most uses and disclosures of psychotherapy notes
2. Uses and disclosures of Protected Health Information for marketing purposes, including subsidized treatment communications
3. Disclosures that constitute a sale of Protected Health Information
4. Other uses and disclosures not described in the Notice of Privacy Practices

E. YOUR RIGHTS REGARDING YOUR PHI

1. **CONFIDENTIAL COMMUNICATIONS** – You have the right to request that our practice communicate with you about your health and related issues in a particular manner. For instance, you may request we contact you at home, rather than work. We will accommodate reasonable requests in writing to Office Manager and Privacy Officer, 5401 N. Knoxville Ave. Ste. #115, Peoria, IL 61614.
2. **REQUESTING RESTRICTIONS**
 - You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care options. You have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care, such as family members. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
 - You have the right to request restrictions on PHI disclosures to your individual health plan for health services or items paid out of pocket, in full. We must comply with such a request except where we are required by law to make a disclosure.
3. **INSPECTION AND COPIES** – You have the right to inspect and obtain a copy of your PHI, including medical and billing records. Our practice may charge a handling fee and per page copy charge. Our practice may deny your request to inspect and / or copy in certain limited circumstances. You may request a review of the denial.
4. **AMENDMENT** – You may request we amend your PHI if you believe it is incorrect or incomplete. Your request must be in writing, and have a valid reason to support your request. We may deny your request if in our opinion the request is inaccurate.
5. **ACCOUNTING AND DISCLOSURES** – All of our patients have the right to request a list of certain non-routine disclosures. Your request must be in writing and state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before June 1, 2013.
6. **BREACH** – You are entitled to be notified of any breach of your unsecured PHI.
7. **GENETIC INFORMATION** – Consistent with the Genetic Information Nondiscrimination Act, we are prohibited from using or disclosing genetic information of an individual for underwriting purposes. There is a limited exception to this requirement for certain issuers of long-term care policies.
8. **RIGHT TO FILE A COMPLAINT** - If you believe your privacy rights have been violated, you may file a complaint with our practice or with: Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave. – Suite 240, Chicago, IL 60601.

We at Central Illinois Dermatology, S.C. support your right to privacy. If you have any questions regarding this notice or our health information privacy policies, please contact us in writing at :

Office Manager and Privacy Officer
5401 N. Knoxville Ave. Ste #115
Peoria, IL 61614