

NOTICE OF PRIVACY PRACTICES

This Notice is effective on February 1, 2012

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.

UNDERSTANDING YOUR MEDICAL RECORD INFORMATION

Each time you visit a hospital, physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment
- Means of communication among any health professionals who contribute to your care
- Legal document describing the care you received
- Means by which a third-party payer can verify that you actually received the services billed for
- Tool to assess the appropriateness and quality of care that you received
- Tool to improve the quality of health care and achieve better patient outcomes

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness
- Understand who, where, why, and how others may access your health information
- Make informed decisions about authorizing disclosure to others
- Better understand the health information rights detailed below

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition. We are required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Mail a revised notice to the address that you have given us
- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (630) 587-4338 to obtain a copy of the current Notice)

The rest of this Notice will:

- Explain your rights with respect to medical information about you
- Discuss how we may use and disclose medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact our Privacy Officer at (630) 587-4338.

2075 Foxfield Road, Suite 102 · St. Charles, IL 60174 · Phone (630) 587-4338

Fax (630) 587-4339 · www.wellnessconceptsllc.com

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

Although your health records are the physical property of the health care provider who completed the records, you have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (630) 587-4338.

1. Right to a Copy of This Notice

You have a right to request a hard copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area and on our website. If you would like a hard copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of your medical information upon request. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer. We may deny your request in certain circumstances, such as if access would cause harm. You do not have a right of access to:

- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. 263a, to the extent that giving you access would be prohibited by law.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person, and how to seek review. "Reviewable" grounds for denial include items like a licensed health care professional determining, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person. For reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days.

If you would like a copy of your complete medical record, we reserve the right to charge a reasonable, cost-based fee for making copies and mailing charges. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures of your medical records that we have made for the previous six (6) years. We must provide the accounting within 60 days. If you request an accounting more than once every twelve (12) months, we reserve the right to charge a reasonable, cost-based fee to cover the costs of preparing the accounting. If you would like to receive an accounting, you may send us a letter requesting an accounting, or fill out an **Accounting Request Form**. Accounting Request Forms are available from our Privacy Officer.

We do not need to provide an accounting for the following disclosures:

- To you for disclosures of protected health information to you
- To persons involved in your care or for other notification purposes as provided in 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death)
- For national security or intelligence purposes, or to correctional institutions or law enforcement officials under 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object)
- That occurred prior to April 14, 2003

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: 164.502(a)(2)(i) (disclosures to you) or 164.512 (uses and disclosures not requiring a consent or an authorization), such as mandatory communicable disease reporting. If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

In addition to providing your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you
- Abide by the terms of this notice
- Train our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto
- Mitigate (lessen the harm of) any breach of privacy/confidentiality

This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (630) 587-4338.

1. Treatment

We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We will provide your physician, other health care professionals, or a subsequent health care provider, copies of your records to assist them in treating you once we are no longer treating you.

2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within the health department, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.

- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at (630) 587-4338. We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (630) 587-4338.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.

- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Business Associates

We utilize contracted business associates to more efficiently perform some functions of our practice (i.e., copy services, IT management, cleaning services, etc.). These business associates may come into contact with some of your personal information. To protect your health information, however, we require business associates to appropriately safeguard your information. As of February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

8. Authorization

Other than the uses and disclosures described above (#1-7), we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an **Authorization Revocation Form**. Authorization Revocation Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. **We will not take any action against you or change our treatment of you in any way if you file a complaint.** To file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, you may do so electronically at: OCRComplaint@hhs.gov, bring your complaint to the department or you may mail it to the following address: **Office for Civil Rights U.S. Department of Health & Human Services, 233 N. Michigan Ave. - Suite 240, Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD), (312) 886-1807 FAX**

ACKNOWLEDGEMENT OF PRIVACY POLICY

Please obtain a separate signature page, confirming receipt and review of this notice and return it to Wellness Concepts.