

Lakeshore Gastroenterology and Liver Disease Institute, SC

HIPAA Notice Privacy Practice

This notice describes how health information may be used and disclosed and how you can obtain access to this information. Please review it carefully. The privacy of your health is important to us.

I. LAKESHORE GASTROENTEROLOGY'S COMMITMENT TO PRIVACY

At Lakeshore Gastroenterology we care about your privacy and are committed to protecting and preserving it. We understand that health information about you is personal and that you may be concerned over how it is used. This Notice of Privacy Practices describes the limited ways in which we may use and disclose health information about you. It also describes your rights and our obligation with respect to personal health information. We are committed to treat personal health information about you with the utmost care.

This notice applies to all use and disclosure of health information about you that is made by health care professionals, staff, employees, students, trainees and volunteers. It also applies to any sharing of information amongst our different practice locations.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

We use and disclose health information about you for treatment, payment, health care operations, to avert a serious threat to health or safety and/or for disaster relief efforts.

For Treatment: We may use or disclose your health information to a physician, other healthcare providers or medical facilities providing treatment or services to you.

For Payment: We may use and disclose your health information to obtain payment for services we provided to you

For Health Care Operations: We may use or disclose your personal health information in order to run and improve our quality of care.

For Appointment Reminders: We may use and disclose your personal health information in order to remind you that you have an upcoming appointment for medical services with us.

To Avert a Serious Threat to Health or Safety: We may use or disclose your medical information if necessary to prevent a serious threat to your health or safety or the health and safety of another person or general public. Any disclosure, however, would only be to someone able to prevent the treat.

Disaster Relief Efforts: We may disclose medical information about you to an entity assisting in disaster recovery relief effort so that your family can be notified about your condition, status, and location.

III. SPECIAL SITUATIONS

Military and Veterans: If you are or were a member of the armed forces we may release medical information about you to military command authorities, as required by law. We also may release medical information to foreign military personnel or to an appropriate foreign military authority as required by law.

Organ and Tissue Donation: If you are an organ donor, we may release appropriate medical information about you to organizations that handle organ and tissue procurement in order to facilitate organ or tissue donation.

Workers' Compensation: We may use or disclose medical information about you for workers' compensation or similar programs as permitted or required by law.

Public Health Risk: We may disclose medical information about you for public health purposes. Including but not limited to:

- Preventing or controlling disease, injury or disability
- Reporting vital events
- Reporting child abuse or neglect
- Notifying a person who may have been exposed to a disease or who may be at risk of contracting or spreading a disease or condition
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence as required or permitted by law

Health Oversight Activities: We may disclose your medical information to agencies that oversee the health care system. This might be done by the government, licensing, accreditation organizations and other agencies authorized by law.

Lawsuits and Other Legal Action: If you are involved in a lawsuit or other similar proceeding, we may disclose your medical information under subpoena or court or administrative order. A subpoena or court order may also require us to disclose your medical information to another party to a law suite. We will only disclose information in this

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(continued)

situation after we have tried to inform you of the request or tried to obtain a court order to protect the information request.

Law Enforcement: We may release your medical information if law enforcement official require us to do so, including and not limited to; coroners, medical examiners, funeral directors, national security and intelligence activities, inmates and state laws.

IV. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION: Your medical information is the property of Lakeshore Gastroenterology. However, you have the following rights regarding your medical records.

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical information that is contained in our records. A request in writing would need to be sent to the appropriate practice location before records are released.

Right to Request and Amendment or Addendum: You may ask us to amend your record if you believe that the medical information we have about you is incomplete or incorrect. To request an amendment or addendum, you must present a written notice to your practice location stating what you wish to have corrected and why you want to make the changes. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." We are not required to make an accounting for those disclosures we make under an authorization signed by you or your legal representative. Your request cannot go back farther than the past 6 years and cannot include any dates before April 14, 2003. To obtain a list of disclosures your must submit a written request to your practice location.

If you have any questions or concerns, please contact us at the phone number listed below. All written requests can be mailed or faxed to the following destination:

LAKESHORE GASTROENTEROLOGY & LIVER DISEASE INSTITUTE

150 N. River Rd. Suite 210 Des Plaines, IL 60016
Phone: (847) 290-3800 | Fax: (847) 290-0889

1 Erie Court, Suite 3100 Oak Park, IL 60302
Phone: (708) 763-8248 | Fax: (708) 383-7875

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

Print Name _____

Patient/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

Unable to obtain patient's written acknowledgement because:

Patient refused to sign

Patient is incapacitated and no responsible party is available to sign.

Other: _____