



MEDICAL HILLS INTERNISTS, LLC NOTICE OF PRIVACY POLICY

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

This practice is required by law to maintain the privacy of protected health information and provide individuals with notice of the practice’s legal duties and privacy practices with respect to protected health information as described in this Notice and is required to abide by the terms of the Notice currently in effect.

Provision of Notice: The practice provides its Notice of Privacy Practices to every patient with whom it has a direct treatment relationship. The Notice is provided no later than the date of the first treatment to the patient after April 13, 2003.

The practice makes its Notice available to any member of the public to enable prospective patients to evaluate the practice’s privacy practices when making his or her decision regarding whether to seek treatment from the practice.

Documentation of Provision of Notice: When a direct Treatment patient receives the Notice from the practice, the practice asks the patient to sign its “Receipt of Notice of Privacy Practices” form. The form is filed with the patient’s medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

Effective Date and Revisions to Notice: This: This Notice is Effective September 23, 2013. Previous Notice was effective April 14, 2003. The practice reserves the right to revise this Notice whenever there is a material change to the uses or disclosures, the individual’s rights, the covered entity’s legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice will not be implemented prior to the effective date of the notice in which such material change is reflected.

If the Notice is revised, the practice makes the revised Notice available upon request beginning on the revision’s effective date. The revised notice is posted in the practice’s reception area and made

available to all patients, including those who have received a previous Notice. Upon receipt of a revised Notice, a patient is asked to acknowledge receipt of the Notice.

Complaints: All individuals and their agents may file complaints with Medical Hills Internists and with the Secretary of the Federal Department of Health and Human Services Office for Civil Rights (OCR), if believed privacy rights have been violated. A patient or his or her agent may file a complaint with the practice whenever he or she believes that the practice has violated their rights.

Complaints to the practice must be in writing, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to “Attention: Privacy Office” at the practice’s address. The practice investigates each complaint and, at its discretion, reply to the patient or the patient’s agent.

Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name the practice, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation.

The practice does not take any adverse actions against any patient who files a complaint (either directly or through an agent) against the practice.

Contact Person: The practice has a privacy officer that serves as the contact person for all issues related to Privacy Rule. The Privacy Officer is Jennifer Cunningham, CPC, CIMC. If you have any questions about this Notice, please contact Jennifer Cunningham at 1401 Eastland Drive, Bloomington, IL, 61701 or 309-663-8311.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The practice reasonably ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum necessary of PHI necessary for that purpose. The practice will make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. The practice will develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose.

The practice makes reasonable efforts to ensure that protected health information is only used by and disclosed to individuals that have a right to the protected health information. Toward that end, that

practice makes reasonable efforts to verify the identity of those using or receiving protected health information.

The practice treats all qualified individuals as personal representatives or patients. The practice generally allows individuals to act as personal representatives of patients. The two general exceptions to allowing individuals to act as personal representatives relate to un-emancipated minors, abuse, neglect, or endangerment situations.

We are required by law to:

- Maintain the privacy of your Protected Health Information.
- Provide you with this Notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Follow the terms of this Notice or a Notice that is in effect at the time Medical Hills Internists uses or discloses your Protected Health Information.

The following categories describe different ways in which we may use and disclose your Protected Health Information. With respect to use and disclosure of your Protected Health Information for Treatment, Payment and Health Care Operations, we may share your information with any of the entities referenced in this Notice, or any physician or other health care provider as allowed by law.

For Treatment: We may use your Protected Health Information to provide, coordinate or manage your medical treatment and related services. Your Protected Health Information can be shared with physicians, nurses, technicians, and others involved in your care and these individuals will collect and document information about you in your medical record. To assure immediate continuity of care, we may disclose information to a physician or other health care provider who will be assuming your care. For example, different departments may share your Protected Health Information to coordinate the different services you may need such as prescriptions, lab work, x-rays, or other diagnostic tests.

For Payment: We may use and disclose your Protected Health Information so that the treatments and services you receive may be billed and payment may be collected from you, and insurance company or a third party. For example, we may need to give information about procedures and services you received or will receive to your health plan so your health plan will pay us or reimburse you for the procedure or service. We also may tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose your Protected Health Information in connection with our health care operations including, but not limited to the following:

- Quality Assessment and improvement activities.
- Related functions that do not include treatment.

- Competence or qualification reviews of health care professionals.
- Training programs, accreditation, certification, licensing or credentialing activities.

Modification to the Breach Notification Rules

“Impermissible use or disclosure” of PHI is presumed to be a breach unless the covered entity or business associate demonstrates that there is a “low probability that the protected health information has been compromised.” Breach notification is not necessary under the Final Rule if a CE or business associate demonstrates through a documented risk assessment that there is a low probability that the PHI has been compromised.

CE’s and business associates must assess the probability that the PHI has been compromised based on a risk assessment that would be performed routinely following any security breaches. The risk assessment considers the following factors:

1. Evaluation of the nature and extent of PHI involved;
2. Consider to whom the PHI may have been disclosed;
3. Investigate whether that PHI was actually acquired or viewed; and
4. The extent to which the risk to the PHI has been mitigated (for example, assurances from recipient that information has been destroyed or will not be further used or disclosed).

Providers are required to give notification of a breach unless the information was secure. If the risk assessment fails to demonstrate that there is a low probability that the PHI has been compromised, breach notification is required. This risk assessment should be documented in your records for all potential breaches.

Notification to Individuals: The practice must notify individuals, whose, Protected health Information may have been breached, no later than 60 calendar days from the discovery date of the breach. The “discovery date” is considered the first day on which the breach is known or should be reasonably known.

Notification to Media: The practice must provide notice to prominent media outlets servicing the state following the discovery of the breach of more than 500 residents. The practice must provide notice no later than 60 calendar days after discovery.

Notification to the Secretary: The practice is required to notify the Secretary of the Federal Department of Health and Human Services Office for Civil Rights (OCR) of all breaches of unsecured PHI affecting fewer than 500 individuals not later than 60 days after the end of the calendar year in which the breach was discovered. For breaches affecting more than 500 individuals, the Secretary of the Federal Department of Health and Human Services Office for Civil Rights (OCR) must be notified immediately.

Notification by a Business Associate: Business Associates are required to notify the covered entity of breach upon discovery; must provide notification to covered entities no case later than 60 days from discovery of the breach; must provide the identity of each individual whose unsecured PHI has been affected; and the practice is responsible for providing notice to individuals affected.

Notification: Law Enforcement Delay: If law enforcement determines that notification of a breach would impede a criminal investigation, the notification can be temporarily delayed. The delay must be in writing to the covered entity from law enforcement; the delay should be no longer than 30 days.

Uses and Disclosures- Not Requiring Authorization

Disclosure to Those Involved in Individual's Care: The practice discloses protected health information to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of the practice.

When the patient is not present, the practice determines whether the disclosure of the patient's protected health information is authorized by law and if so, discloses only the information directly relevant to the person's involvement with the patient's health care.

The practice does not disclose protected health information to a suspected abuser, if, in its professional judgment, there is reason to believe that such a discloser could cause the patient serious harm. Further, the practice uses and discloses information as required by law.

Uses and Disclosures Required by Law: The practice uses and discloses protected health information to appropriate individuals as required by law.

As required by law the practice discloses protected health information to public health officials; This includes reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, and mandated reports of injury, medical conditions or procedures, or food-borne illness including but not limited to adverse reactions to immunizations, cancer, adverse pregnancy outcomes, death, and birth.

The practice discloses protected health information regarding victims of abuse, neglect, or domestic violence. The practice discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonably believes to be a victim of abuse or neglect to the appropriate authorities as required by law or, if not required by law, if the individual agrees to the disclosure; This includes child abuse and neglect, elder abuse and exploitation, abused and neglected nursing home residents, or abused disabled adults.

The practice informs the individual of the reporting unless the practice, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm or the

practice would be informing a personal representative, and the practice believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would be in the best interest of the individual as determined by the professional judgment of the practice.

Uses and Disclosures for Health Oversight Activities: The practice uses and discloses PHI as required by law for health oversight activities. The information may be used and release for audits, investigations, licensure issues, and other health oversight activities, including, but not limited to hospital peer review, managed peer review, or Medicaid or Medicare peer review; Under certain circumstances, to the U.S. Military or U.S. Department of State.

Disclosure for Judicial and Administrative Proceedings: In general, the practice discloses information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal, or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.

Disclosures for Law Enforcement Purposes: The practice discloses PHI for law enforcement purposes to law enforcement officials.

Disclosure of Student Immunizations to Schools: The practice is permitted to disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. Written authorization is not required, but an agreement to the disclosure from a parent, guardian, or other person acting in *loco parentis* for the individual, or from the individual, if the individual was an adult or emancipated minor; the agreement can be written or oral communication, but must be documented within the chart.

Uses and Disclosures Related to Decedents: The practice uses and discloses PHI as required to a coroner or medical examiner and funeral directors as required by law. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's protected health information.

Protected Health Information of a deceased individual is to be protected (under Privacy Rules) to 50 years following date of death; this rule does not override State or other laws that provide greater protection.

The practice is *permitted* (but not required) to disclose a decedent's Protected health Information to family members and others involved in the care or payment for care prior to the decedent's death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the practice. The practice will exercise professional judgment when permitting these types of disclosures.

Uses and Disclosures Related to Cadaveric Organ, Eye, or Tissue Donations: The practice uses and discloses protected health information to facilitate organ, eye, or tissue donations.

Uses and Disclosures to Avert a Serious Threat to Health or Safety: The practice uses and discloses protected health information to public health and other authorities as required by law to avert a serious threat to health or safety.

Uses and Disclosures for Specialized Government Functions: The practice uses and discloses protected health information for military and veterans activities, national security and intelligence activities, and other activities as required by law.

Uses and Disclosures in Emergency Situations: The practice uses and discloses protected health information as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided its Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, the practice provides the Notice to the individual as soon as practicable following the provision of the emergency treatment.

Inmates: If you are an inmate in a correctional institution or in the custody of a law enforcement official, we may disclose Protected Health Information about you to the correctional institution or law enforcement official as necessary so that their duties can be carried out under the law.

Workers Compensation: We may disclose your Protected Health Information as allowed or required by Illinois law relating to workers' compensation benefits for work-related injuries or illness or to other similar programs.

Business Associates: We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our Business Associates. We may disclose, as allowed by law, your health information to our Business Associates so that they can do the job we have contracted with them to do. Examples of Business Associates include companies that assist with billing services or copying medical records. We may send other business associates called registries summarized information about patients who have been treated with similar problems such as cancer or trauma or to gather statistical data, to help physicians improve the quality of care for other patients with similar problems. We require through written contract that our Business Associates use appropriate safeguards to ensure the privacy of your Protected Health Information.

Marketing Purposes: The practice does not use or disclose any protected health information for marketing purposes. The practice *does* engage in communications about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

Other Communications with You: We may use and disclose your Protected Health Information to contact you at the address and telephone numbers you give us about scheduled or canceled appointments, including appointment reminders, with your physicians or other health care team members, registration or insurance updates billing and/or payment matters, information about patient care issues, treatment choices and follow-up care instruction, and other health-related benefits and services that may be of interest to you. Unless you tell us otherwise, we may leave messages about appointments or other reminders on your telephone or with a person who answers the phone.

Uses and Disclosures – Do Not Apply to Practice

Research: The practice does not engage in any research activities that require it to use or disclose protected health information.

Other Uses and Disclosures: The practice does not use or disclose protected health information to an employer or health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agent, for sale, or for fundraising.

If an individual wants the practice to release his or her protected health information to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, then he or she can contact the practice and complete an appropriate written authorization.

Uses and Disclosures Not Covered in this Notice

Other uses and disclosures of your Protected Health Information will be made only with your written permission unless otherwise permitted or required by law. If you provide us with permission to use or disclose Protected Health Information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written permission. Please understand that we are unable to take back any disclosures already made with your permission and that we are required to retain the records of the care provided to you.

INDIVIDUAL RIGHTS

Individual Rights- Inspect and Copy Protected Health Information: You have the right to see and obtain a copy of your Protected Health Information; this includes medical and billing records, but does not include psychotherapy notes. To see and/or obtain copies of this information, you must submit your request in writing. The *Authorization for Release of Patient Health Information* form is available from the front desk, nurse stations, patient exam rooms, and medical records.

We may deny you request to see and/or obtain copies of your PHI in very limited circumstances. If you are denied access to your Protected Health Information, you may request that the denial be reviewed. A licensed health care professional chosen by Medical Hills Internists will review your request and the

denial. The person conducting the review will not be the person who denied your request. We will comply with the decision that is the outcome of the review.

We will document all requests, respond to those requests in a timely fashion, inform individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for the copying of records. The reasonable charge fees are based on actual cost of fulfilling the request. The practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. Illinois law, 735 ILC5 5/8-2006, prohibits charges that exceed fees provided; these fees are adjusted annually.

Requests for inspection of records must be sent to the practice in writing; it should be marked "Attention: Privacy Officer." Request for record release should be given to practice on-site staff.

Individual Rights- Accounting for Disclosures of Protected Health Information: You have the right to ask us for an "accounting of disclosures." This is a listing of those individuals or entities that have received your Protected Health Information from Medical Hills Internists. The listing will not cover PHI that was given to you or your personal representative or to others with your permission. In addition, it will not cover PHI that was given in order to:

- Provide or arrange care for you;
- Facilitate payment for your healthcare services; and/or
- Assist Medical Hills Internists in its operations

Your request for an accounting of disclosures must be made on the *Request for Accounting of Disclosures* form available at the front desk or medical records at Medical Hills Internists. This list will include only the disclosures made for the time period indicated in your request, but may not exceed a six-year period or include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs associated with providing the list. We will notify you of the costs involved. You may choose to withdraw or modify your request at any time before costs are incurred.

A response to requests for an accounting of disclosures will be within 30 days of receipt of the request. If the practice intends to provide the accounting for disclosures and cannot do so within 30 days, the practice informs the requestor of such and provides a reason for the delay and the date the request is expected to be fulfilled. Only one 30-day extension is permitted.

A request for an accounting of disclosures must be made in writing and mailed or sent to the practice and should be marked "Attention: Privacy Officer."

Individual Rights- Request Amendment to Protected Health Information: If you feel the Protected Health Information we have on record is inaccurate or incomplete, you have the right to request an amendment as long as the information is kept by or for Medical Hills Internists. If the Protected Health Information is kept by another provider or hospital, we cannot act on your request. You must contact them directly. Your request for an amendment must be in writing and must state the reasons for the request. The written request can be made on the *Request for Amendment to the Record* form available from the front desk or medical records at Medical Hills Internists.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not obligated to make all requested amendments, but will give each request careful consideration. If your request is denied, you have the right to send a letter of objection that will then be attached to your permanent medical record. Please note that if we accept your request, we may not delete any information already documented in your medical record. The length of a statement is limited to one page.

The practice will document all requests, respond in a timely fashion, and inform the individual of appeal rights. The practice will act on a request for amendment no later than 30 days after receipt of such a request; if the practice cannot act on the amendment within 30 days, the practice extends the time for such action by 30 days and, within the 60-day time limit, provides the requestor with a written statement of the reasons for the delay and the date by which the practice will complete the action on the request. Only one extension is allowed.

The practice accepts request to amend the PHI maintained by the practice. The request must be in writing and should be marked "Attention: Privacy Officer."

Individual Rights- Request Confidential Communications: You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only by sending materials to a P.O. Box instead of your home address.

The practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request. The practice will reject a request due to administrative difficulty; if no independently verifiable method of communication such as mailing address or published telephone number is provided for communications, including billing; or if the requestor has not provided information as to how payment will be handled. The practice will not refuse a request: if the requestor indicates that the communications will cause endangerment; or based on any perception of the merits of the requestor's request.

A request for confidential communications must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be addressed to "Attention: Privacy Officer. "

Individual Rights- Request Restriction of Disclosures: You have the right to ask us to restrict or limit the Protected Health Information we use or disclose about you for treatment, payment, or healthcare operations. In addition, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related Protected Health Information to your health plan. Unless required by law, we are not required to agree to all requests. If we do agree, we will comply unless the information is needed to provide emergency treatment. All requests for restrictions of disclosures must be submitted in writing; they must be sent to "Attention: Privacy Officer."

Individual Rights – Authorization: The practice obtains a written authorization from a patient or the patient's representative for the use or disclosure of Protected Health Information for other than treatment, payment, or health care operations; however, the practice will not get an authorization for the use or disclosure of Protected Health Information specifically allowed under the Privacy Rule in the

absence of an authorization. The practice will provide a patient, upon request, a copy of any authorization initiated by the practice (as opposed to, requested by the patient) and signed by the patient.

The practice does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of a claim (excluding authorization for use or disclosure of psychotherapy notes); or provision of health care solely for purpose of creating Protected Health Information for disclosure to a third-party (e.g., pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required to disclose or release of mental health treatment, alcoholism treatment, drug abuse treatment, or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

You have a right to revoke an authorization at any time. The revocation must be in writing and must be sent to "Attention: Privacy Officer."

Individual Rights- Waiver of Rights: The practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

Individual Rights- Right to a Paper Copy of this Notice: Upon your request, you may at any time obtain a paper copy of this Notice, even if previously receiving or agreed to receive the Notice electronically. To do so, you can obtain a copy from the Front Desk or by accessing a copy of this Notice on our web site at www.medicalhills.org.