



Notice of Privacy Practices

This notice outlines how your medical information may be disclosed and how you may access your medical information. We are required by law to provide you with this notice regarding our privacy practices, and the law requires that we ask you to sign an acknowledgment of receipt of this notice.

We are required by law to maintain the privacy of your protected health information (“PHI”), also to notify you in the event of a breach of your PHI.

- Your PHI may be disclosed to individuals that you authorize, including family members.
- Your PHI may be disclosed to other health care professionals for treatment purposes.
- Your PHI may be disclosed to your health insurance carrier for billing purposes.
- Your PHI may be disclosed as required by law, including judicial proceeding or law enforcement.
- Your PHI may be disclosed to government agencies as required by law.
- Your PHI may be disclosed for public health purposes as required by law.
- Your PHI may be disclosed to an employer for evaluation of workplace safety and injuries.
- Your PHI may be disclosed to avert a serious threat to your own or someone else’s safety.
- Your PHI may be disclosed to a coroner, medical examiner or funeral director in the event of death.
- Your PHI may be used to assess and improve the overall quality of the care we provide.
- Your PHI may be used for research purposes with your consent.
- Your immunization records may be forwarded to institutions of your choosing.

We are required to obtain your authorization when we disclose your PHI for reasons not listed above. Per Illinois law, except in cases listed above, we are required to obtain your permission before disclosing records regarding mental health or substance abuse treatment, certain genetic information and HIV status. Because some of this information is intertwined with the medical record, any medical records copies may include these elements, and we cannot guarantee to specifically exclude them when providing records. You may revoke your authorization at any time in writing.

You have the right to request restrictions upon how your PHI is used, but we are not required to accommodate restrictions, except as stipulated by law. You have the right to receive confidential communications and a right to inspect your PHI. You have the right to request a copy of your PHI, although we may charge a fee for this. If you believe that there is an error in your PHI, you may request that we amend the record, although we are not required to do so. If you feel that your privacy rights have been violated, you may file a complaint with our Privacy Officer (call our main phone number and ask for Alicia). You may also file a complaint with the Secretary of Health and Human Services in Washington, DC. You have a right to a listing of the disclosures of your PHI for purposes other than treatment, billing or routine health care operations. You have a right to a paper copy of this notice, and it will be maintained (and potentially updated) on our website: www.foxridgemed.com.

Your signature below attests that you have read and understand this document.

Signature of patient (or responsible party) _____ Date _____

Printed name _____