

**DUPAGE INTERNAL MEDICINE, LTD.
PRIVACY NOTICE**

THIS NOTICE TELLS HOW MEDICAL INFORMATION WE RECEIVE ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

DuPage Internal Medicine, Ltd. employees and staff understand that medical information about you and your health is personal. We are committed to protecting your medical information. In order to provide you with quality care and to comply with legal requirements, we create a medical chart that details the care that we give you. This privacy notice applies only to the medical records created by DuPage Internal Medicine, Ltd. Although we sometimes care for you during your hospital stay, please be aware that the hospital may have different policies about your medical information.

Our Privacy Notice lists the ways we may use or disclose medical information about you. It also lists your rights and certain obligations we have regarding the use and disclosure of your medical information.

DuPage Internal Medicine, Ltd, is required by law to:

- Make certain that medical information that identifies you is kept private
- Give you notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the privacy notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT We may use medical information about you to provide you with medical treatment or services.

We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are taking care of you. Some examples are:

- Your physician or a staff member may need to talk to another physician who will provide your care while he or she is away
- Your physician or staff member may want to refer you to see a specialist and will discuss your condition with that specialist
- Your physician or a staff member may want you to see a nutritionist and may talk to that nutritionist about your dietary needs
- Your physician or a staff member may want to talk with a family member or clergy who will assist you with care you need outside the office.

FOR PAYMENT We may use and disclose medical information about you so that the treatment and services you receive from DuPage Internal Medicine may be billed to and collected from you, an insurance company, or a third party. We may tell an insurance company or a third party about care you are going to receive in order to obtain prior approval to determine your coverage.

FOR HEALTH CARE OPERATIONS In order to run our practice in a way that our patients receive quality care, we may use and disclose medical information about you. Some examples are as follows.

We may:

- Use medical information to review our treatment and services and to evaluate the performance of our staff when they care for you
- Combine your medical information with medical information about other patients to determine if we need to offer additional services to patients
- Disclose medical information to doctors, nurses, technicians, and medical students for review and learning purposes
- Remove information that identifies you from a set of health information so that others can use it to study health care without learning who the specific patients are.

FOR APPOINTMENT REMINDERS We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or services.

TREATMENT ALTERNATIVES We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH RELATED BENEFITS OR SERVICES We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your

family or friends your condition and that you are receiving care. We also may give information to someone who helps pay for your care.

RESEARCH Under certain circumstances we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs. The medical information they review will not leave the practice location. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

AS REQUIRED BY LAW We will disclose medical information about you when required to do so by federal, state or local laws. For example, we are required to report suspected child or elder abuse, sexually transmitted diseases, HIV, or tuberculosis, etc.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY We may use and disclose medical information about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or of another person. Any disclosure will be to someone who is able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donations. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military or Veterans. If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation.** We may disclose medical information about you for workers' compensation or similar program.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report reactions to medications or problems with medical products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery requests, or other lawful process by someone else involved in the dispute. We will do this only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain circumstances, we are unable to obtain the victim/patient's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct in the practice's office
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to our Privacy Officer at the address listed below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We will provide the information within 30 days of the receipt of your request.

Your physician may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, selected by DuPage Internal Medicine, 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 outcome of the review.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is held by or for this practice.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address listed below. Your request should include the reason that supports your request. DuPage Internal Medicine will act on your request within sixty days of the receipt of your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by DuPage Internal Medicine, Ltd., unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for DuPage Internal Medicine, Ltd.
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

Right to Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you that were not authorized or related to a third party organization. To request this list you must submit your request in writing to our Privacy Officer at the address listed below. Your request must state a time period for which may not be longer than six years and may not include dates before April 14, 2003. We will provide this information to you within sixty days of the receipt of your request.

The first list you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before the costs are incurred.

Rights to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about the treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Another example is you may not want us to call your home and remind you of your appointments.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address listed below. In your request, you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice, please request one in writing from our Privacy Officer at the address below.

CHANGES TO THIS NOTICE

DuPage Internal Medicine, Ltd. reserves the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you in addition to any information that we might receive in the future. Our revised edition will contain the date of the revision next to the Privacy Officer's name at the address below.

COMPLAINTS

You have the right to file a complaint if you believe that your privacy rights have been violated, you may file a complaint with DuPage Internal Medicine, Ltd., or with the Secretary of the Department of Health and Human Services. Your complaint must be in writing and mailed to our Privacy Officer at the address below. We will respond to your complaint within thirty days.

You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.

OTHER USES OF YOUR MEDICAL INFORMATION

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing, at anytime. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provide you.

PRIVACY OFFICER:

**JOAQUIN I. HENG, M.D.
517 THORNHILL DRIVE
CAROL STREAM, IL 60188
630-668-3210**

April 14, 2003