

Peoria Ear, Nose and Throat Group, SC
Notice of Privacy Practices

Effective Date:

APRIL 14, 2003

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.

OUR PLEDGE

Peoria Ear, Nose and Throat Group, SC knows that your medical and health information is personal. We will not give out your medical information in any unlawful, improper or unnecessary way. We keep a record of the care and services you get here to ensure quality care. Illinois law says we must keep these records.

This notice tells you the ways we may use or give out medical information about you. We are required to follow this Notice. It also tells you your rights and some duties we have when we use your medical information or give out your medical information to someone else.

The law says we must:

1. Keep private any medical information that identifies you;
2. Give you this notice telling you about our legal duties and the ways we keep your medical information private; and
3. Do exactly what our current notice says we will do.

WHO WILL FOLLOW THIS NOTICE

This notice tells you how our office and others keep your medical information private including:

- Any health care worker who is allowed to put information into your record;
- All departments and units of our office;
- All employees, staff and other office workers; and
- All offices that are part of Peoria Ear, Nose and Throat Group, SC. Our offices share information with each other for treatment, payment or healthcare operations. Only employees who need to give you service can see or use your medical information. There are many ways we protect your medical information from being seen or used by any unauthorized person.

WAYS WE MAY USE AND GIVE OUT MEDICAL INFORMATION ABOUT YOU

Here are the main groups of ways we use or give out your information. We will explain what we mean and give examples. We cannot list every possibility. But all of the ways we can use or give out your information will be in one of these groups.

Group 1 – FOR TREATMENT

We may use or give out your medical information so that you can get medical care or services. We may give out medical information to doctors, nurses, technicians, medical students or other healthcare workers who are helping take care of you.

Example: Different departments may share your information so they can bring together the different things you need – prescriptions, laboratory work, or x-rays.

Group 2 – FOR PAYMENT

We can use or give out your medical information to an insurance company or a third party so that your treatment and services can be paid.

Example: We need to give information about our treatment to your health insurance plan so they can pay us. We may tell your health plan about treatment that you will get in the future so your health plan can determine whether or not it will approve your treatment and pay for it.

Group 3 – FOR HEALTHCARE OPERATIONS

We can use or give out your medical information to run the office and make sure all patients get quality care.

Example 1: We use your medical information to review our treatment and services and decide how well we are taking care of you. We can put together medical information about many patients from our offices so that we can decide if more services are needed, what services are not needed and some new treatments are working well.

Example 2: We can give out medical information to doctors, nurses, technicians, medical students, and other office workers so that they can study and learn from them.

Example 3: We may put together medical information from other offices to see how we can improve the care or services that we offer to you. We may remove information that shows who you are from this information so that others may use it to study health care and health care delivery.

Peoria Ear, Nose and Throat Group, SC
Notice of Privacy Practices

Group 4 – APPOINTMENT REMINDERS

We may use and give out medical information to contact you and remind you that you have an appointment with us.

Group 5 – TREATMENT ALTERNATIVES

We may use and give out medical information to tell you about or suggest other possible treatments or ways of treatment that may be of interest to you.

Group 6 – HEALTH RELATED BENEFITS AND SERVICES

We may use and give out medical information to tell you about health related benefits or services that may interest you.

Group 7 – OFFICE SCHEDULE

We may put some medical information about you in the office's daily schedule. This might be your name and the reason why you came to see the doctor. We will ensure that the office schedule is not seen by patients or other people who do not need to see it to do their jobs.

Group 8 – PEOPLE INVOLVED IN YOUR CARE OR PAYMENT OF CARE

We may give your medical information to a friend or family member who is involved in your medical care or helps pay for your care. We may tell your family or friends about your condition. We may give your medical information to help in a disaster relief effort so that your family can find out where you are, and how you are.

Group 9 – RESEARCH

In some cases, we may use or give out medical information about you for research projects.

Example: A project might compare medicines to see which is better. Information about which patient took which medicine would be necessary. Before we give researchers any medical information, the project must have approval. Sometimes, however, medical information can be given to help get ready for a research project. We will almost always ask you for permission if the research needs information that tells them your name, address, or other information that tells who you are or who will be working on your case.

Group 10 – AS REQUIRED BY LAW

We will give out medical information about you when federal, state or local law requires us to do so.

Group 11 – TO PREVENT SERIOUS THREAT TO HEALTH OR SAFETY

We may use or give out medical information about you if it is necessary to prevent serious threat to the health or safety of you, another person or the public. We would give out this information only to someone who could help.

Group 12 – SPECIAL SITUATIONS

1. Organ and Tissue Donation

If you are an organ donor, we may give out medical information to the organ donation bank.

2. Military and Veterans

If you are in the armed services, we may give out medical information about you as required by military authorities. We may give out medical information about foreign military personnel to the appropriate foreign military authority.

3. Workers Compensation

We may give out information about you to programs that pay for work-related injuries or illness.

4. Public Health Risks

We may give out information about you for the following activities:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for spreading a disease or condition; and
- To notify the appropriate government authority if we think a patient has been a victim of abuse, neglect or domestic violence. We will only give out this information if you agree or when we are required or authorized by law to do so.

5. Health Care Activities

We may give out medical information for audits, investigations, inspections and licensure. These activities are needed for the government to monitor the health care system.

