

CampusTown Urgent Care Notice of Privacy Practices

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.

If you have any questions about this Notice please contact our Privacy Officer at (309)962-2299.

This Notice of Privacy Practices describes generally how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. As with any legal notice, it is not practical to address every issue or example that may pertain to your personal situation. All provisions are subject to certain limitations, conditions, and restrictions. All questions, concerns, comments and complaints should be directed to our privacy officer.

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. We will use or disclose your protected health information for treatment, payment and health care operations as described in the following examples.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose information to a laboratory to order a test or to your other physicians.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include communications with your health insurance plan. For example, we may need to disclose information for pre-approval, utilization review, or to justify payment. If you pay in full at the time of service, you may request that we not provide any information to your health insurance plan.

Operations: We may use or disclose, only as necessary, your health information in order to support the operation of our facility. These activities include, for example, quality improvement, employee review, training programs, licensing, certification, accreditation or other general business activities.

Other Uses and Disclosures: We may also use or disclose your health information for such purposes as reminding you of appointments. Our staff may leave a discrete message on your voice mail when attempting to contact you.

Uses and Disclosures permitted without your authorization or opportunity to object:

- A. When required by law including state and federal health oversight agencies, in connection with judicial or administrative proceedings as authorized by a court or administrative officer, for law enforcement purposes, military activity and national security, to coroners, funeral directors, or any other authorized governmental function.
- B. When there is a public health risk or other serious threat to health or safety.
- C. To report suspected abuse, neglect or domestic violence.
- D. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.
- E. In an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.
- F. If you are an inmate of a correctional facility and we have created or received your health information in the course of providing care to you.

Any other uses and disclosures, including any disclosures for marketing purposes and disclosures that constitute the sale of protected health information not specified in this notice require your authorization. In the unlikely event of a breach of your privacy, you have a right to receive notification of the breach of your unsecured information.

Your Rights:

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your health information that is contained in our medical and billing records and any other records that your physician and our facility uses for making decisions about you. To do so, you must make a written request. There may be a prepayment fee associated with the copying of the records. However, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment or healthcare operations. Your request must be in writing directed to our privacy officer and must specify information you wish us to restrict and to whom you want the restriction to apply. We are not required to agree to a restriction. If we believe it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. We can not agree to any restriction concerning a use or disclosure required by law or necessary to prevent or lessen a serious and imminent threat to a person's or public health or safety. If we deny your request, we will notify you in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will attempt to accommodate reasonable requests.

You have the right to request amendments to your health information. In certain cases, we will deny a request for amendment. We will notify you in writing of our denial and offer you the opportunity to file a statement of disagreement with us to be included within your record. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosures made for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Complaints:

If you believe your privacy rights have been violated by us you may file a complaint by notifying our privacy officer at (309) 962-2299 or P.O. Box 130, Le Roy, IL, 61752. We encourage you to bring to our attention immediately any concerns you may have regarding the privacy of your health information. We will not take any action in retaliation against you for filing a complaint or expressing a concern. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, (phone: 877-696-6775), or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

This notice was published and becomes effective June 1, 2014.

<p>We are required to abide by the terms of this Notice of Privacy Practices. We may change our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may call the facility and request that a revised copy be sent to you in the mail or ask for one at the time of your next visit.</p>
