

ORLAND PRIMARY CARE SPECIALISTS, LTD.

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.

Purpose of This Notice

This Notice of Privacy Practices tells you how we may use and disclose your “protected health information” to carry out treatment, to bill and collect payment or for health care operations and for other purposes that are permitted or required by law. Your “protected health information” is generally any information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

This Notice of Privacy Practices describes your rights to access and control your medical information and our responsibilities to protect the privacy of your protected health information. It also tells you how to complain to us, or to the government, if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this Notice of Privacy Practices and get your written acknowledgement of its receipt. We must follow the terms of this Notice of Privacy Practices that are currently in effect.

We may change the terms of this Notice at any time. A copy of the revised Notice of Privacy Practices will be posted at our office and will also be available to you upon request. If we change our privacy practices, those changes may apply to medical information we already have about you as well as any new information.

A copy of this Notice of Privacy Practices will be given to you on the date that you first receive medical treatment from Orland Primary Care Specialists, Ltd.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer. Contact information is contained on page 6 of this Notice.

How We Use or Disclose Your Medical Information

For Treatment

We may use your protected health information to provide you with treatment and services. For example, a physician, nurse, or other member of our healthcare staff will collect and document information about you in your health record. This information is necessary to determine what treatment you should receive.

We may also share your protected health information with others involved in your care. Examples of others involved in your care may include another doctor or a laboratory or other health care facility where we have referred you for testing. We may also share your protected health information with a hospital or other health care facility where we are admitting or treating you.

For Payment

We may use or disclose your protected health information to bill and collect payment for the services we provide to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

For Health Care Operations

We may use or disclose your protected health information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

We may contact you either by telephone or by mail at your home or your office to remind you of an appointment that you have with us or any other matter related to the health care services we provide or payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see “Right to Receive Confidential Communications” in this Notice.

There are some services that may be provided for us by our third party business associates, such as billing services, claims processing companies, consultants, accountants and attorneys. Whenever we share information with our third party business associates, we will have a written contract with them that requires they protect the privacy of your medical information.

Other Use and Disclosures of Your Medical Information

Individuals Involved in Your Care – We may disclose protected health information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose protected health information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose medical information about you, please notify our Privacy Officer in writing.

Health Related Benefits and Services - We may use and disclose your protected health information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify our Privacy Officer in writing.

Use or Disclosures That Are Required or Permitted by Law

Required by Law – We may use or disclose protected health information about you when we are required to do so by law.

Communicable Diseases – We may disclose your protected health information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

Public Health Activities – We may disclose protected health information about you for public health activities to prevent or control disease.

Victims of Abuse, Neglect or Domestic Violence – We may disclose protected health information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

Health Oversight Activities – We may disclose protected health information about you to a health oversight agency as authorized by law.

Food and Drug Administration – We may disclose protected health information about you to monitor drugs or devices controlled by the Food and Drug Administration.

Legal Activities – We may disclose protected health information about you in response to a court proceeding. We may also disclose protected health information about you in response to a subpoena or other legal process.

Disclosures for Law Enforcement Purposes – We may disclose information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- To report a crime in emergency circumstances.

Funeral Directors, Coroners and Medical Examiners – We may disclose protected health information about you as necessary to allow these individuals to carry out their responsibilities.

Organ Donation – We may disclose protected health information about you to organ procurement organizations if you are an organ donor.

Workers' Compensation – We may disclose protected health information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

Public Health or Safety – We may use or disclose protected health information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

Military – If you are a member of the Armed Forces, we may use and disclose protected health information about you to your military command.

National Security and Intelligence – We may disclose protected health information about you for a required security clearance.

Inmates – We may disclose protected health information about you to a correctional institution or law enforcement official who has custody of you.

Research – We may disclose your protected health information to researchers under certain limited circumstances.

Uses or Disclosures That Require Your Authorization

Uses and disclosures of protected health information about you, other than those uses and disclosures listed above, will be made only with your written authorization. You may cancel an authorization at any time by notifying our Privacy Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

- A request to provide your protected health information to an attorney for use in a civil law suit.
- A request to provide certain protected health information to a drug company for marketing purposes.

Your Rights

You have the following rights with respect to the information contained in your health or medical records maintained by Orland Primary Care Specialists, Ltd.:

Right to Request Restrictions – You have the right to ask us not to use or disclose your protected health information for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific protected health information. That request must be made in writing to our Privacy Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a protected health emergency. Either you or Orland Primary Care Specialists, Ltd. can stop a restriction at any time.

Right to Receive Confidential Communication – You have the right to ask that we communicate with you in a certain manner or at a certain place. If you want to request confidential communications, the request must be made in writing to our Privacy Officer. We must agree to your request if it is reasonable.

Right to Inspect and Copy Your Medical Information – You have the right to request to inspect and obtain a copy of your medical information. You must submit your request in writing to our Privacy Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

Right to Request Amendments to Your Medical Information – You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Privacy Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request if we determine that the information:

- Was not created by us
- Is not part of the medical information that we maintain
- Is in records that you are not allowed to inspect and copy
- Is already accurate or complete

Right to An Accounting of Disclosures of Health Information – You have the right to find out what disclosures of your medical information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before April 14, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to our Privacy Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. We will notify you in advance if there will be a charge.

Right To Obtain a Copy of the Notice – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

Complaints

You have the right to complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There is no risk in filing a complaint.

To file a complaint with us, contact by phone or by mail:

Phillip Pajak
Orland Primary Care Specialists, Ltd.
16660 S. 107th Avenue
Orland Park, Illinois 60467
Telephone (708) 403-8500
Facsimile: (708) 364-7080

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
Telephone Number (312) 886-2359
Facsimile Number (312) 886-1807
TDD (312) 353-5693

Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact our Privacy Officer:

Phillip Pajak
Orland Primary Care Specialists, Ltd.
16660 S. 107th Avenue
Orland Park, Illinois 60467
Telephone (708) 403-8500
Facsimile: (708) 364-7080

You may contact our Privacy Officer by telephone with questions or with written requests for information as defined under the **Your Rights** section of this notice. Complaints or questions may be made by telephone or in writing.

The effective date of the Notice of Privacy Practices is April 14, 2003.