



HIPAA Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective Date of this Notice: January 4, 2011

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Erin Taback, M.D. at (708) 383-2900

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

How We May Use and Disclose Your Health Information

The following categories describe the different ways in which we may use and disclose your health information.

1. Treatment. We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, pharmacists, and other health professionals, including people outside our office, in order to treat you or to assist others in your treatment.

2. Payment. Our practice may use and disclose your health information in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items. We may disclose your health information to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your health information for our operations, to evaluate the quality of care you received from us, or to other health care providers and entities to assist in their health care operations. For example, we may share information with your insurance carrier or a peer review organization that is evaluating our care.

4. Appointment Reminders, Treatment Options, Health-Related Benefits and Services. Our practice may use and disclose your health information to contact you and remind you of an appointment, to inform you of potential treatment options or alternatives, or to inform you of health-related benefits or services that may be of interest to you.

5. Release of Information to Individuals Involved in Your Care or Payment for Your Care. Our practice may release your health information to a person involved in, or paying for, your care (such as a family member, family friend, or babysitter).

6. Disclosures Required By Law. Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

7. Public Health Risks. Our practice may disclose your health information to public health authorities to prevent or control disease, injury or disability. We may use your information to report births or deaths, suspected child abuse or neglect, reactions to drugs or vaccines, or product malfunctions or injuries, and product recall notifications. We may use your health information to notify a person regarding potential exposure to a communicable disease or regarding a potential risk for spreading or contracting a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will only disclose this information if you agree or we are required or authorized by law to disclose this information

8. Health Oversight Activities. Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

9. Lawsuits and Similar Proceedings. Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

10. Law Enforcement. We may release your health information to law enforcement official 1.) If needed in an emergency to report a crime, the location of a crime or victim(s) of the crime, or the description, identity or location of the perpetrator, or missing person. 2.) In response to a warrant, summons, court order, subpoena or similar legal process. 3.) Concerning a death we believe has resulted from criminal conduct. 4.) If the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement. 5.) Regarding criminal conduct at our offices.

11. Coroner, Medical Examiner, and Funeral Directors. Our practice may release health information to a medical examiner, coroner or funeral director to identify a deceased individual or to identify the cause of death.

12. Organ and Tissue Donation. Our practice may release your health information to organizations to facilitate organ or tissue donation and transplantation if you are an organ donor.

13. Research. Our practice may use and disclose your health information for research purposes in certain limited circumstances. We will obtain your written authorization to use your health information for research purposes.

14. Military and National Security. Our practice may disclose your health information if you are a member of U.S. military forces and to federal officials for intelligence and national security activities authorized by law

15. Workers' Compensation. Our practice may release your health information for workers' compensation and similar programs.

Your Rights Regarding Your Health Information

I. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential

communication, you must make a written request to **Erin Taback, M.D.** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to **Erin Taback, M.D.** Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of your medical records and billing records. You must submit your request in writing to **Erin Taback, M.D.** Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to **Erin Taback, M.D.**

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, non-payment or non-operations purposes. In order to obtain an accounting of disclosures, you must submit your request in writing to **Erin Taback, M.D.**

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Erin Taback, M.D.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. Please note, we are required to retain records of your care.

Changes to this Notice

The terms of this notice apply to all records containing your individually identifiable health information that are created or trained by our practice. We reserve the right to amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and or any of your records that we may create or maintain in the future. Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Erin Taback, M.D.**