

## **Notice of Privacy Practices**

### **SOBEL MEDICAL ASSOCIATES, LTD.**

The physicians and staff of Sobel Medical Associates, Ltd. (the "practice") are committed to protecting the privacy of our patients. Protected health information ("PHI") is information that individually identifies you, and that we create or get from you or another health care provider, health plan, or employer. This Notice of Privacy Practices ("Notice") describes how the practice may use and disclose your PHI to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control access of others to your PHI. The terms of this Notice apply to all records that we have created or maintained in the past and for any records that we may create or maintain in the future.

#### **PLEASE REVIEW CAREFULLY**

We are required by law to abide by the terms of this Notice and provide you with a copy of this Notice. We have the right to change the terms of our Notice at any time and will provide a copy of the amended Notice to you at your next appointment. The new Notice will be effective for all PHI that we maintain at that time. **Effective Date of this Notice:** April 28, 2014.

The remainder of this Notice generally describes our rules with respect to your PHI received or created by our practice. If you have any questions about this Notice, please contact our Privacy Officer listed at the end of the Notice.

#### **Permitted Uses and Disclosures**

The practice may disclose your PHI for the following:

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. For example, we would disclose your PHI to a physician specialist, diagnostic laboratory, or hospital for the continuity of your care, diagnosis and treatment.

**Payment:** When applicable, your PHI will be used, as needed, to obtain payment for your health care services from you, your family members or your health insurance. This may include certain activities that your health insurance plan may undertake before it approves or pays for your health care services we recommend for you, such as making a determination of eligibility for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

**Health Care Operations:** Health care operations include (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, and management; and (f) general administrative activities of the practice, including but not limited to de-identifying PHI, and creating a limited data set.

**State Law:** Illinois's law may supersede some aspects of the Department of Health and Human Services federal regulations under HIPAA. In this circumstance, the practice is obligated to comply with state law.

**Business Associates:** The practice contracts with individuals or entities known as Business Associates to perform functions related to health care operations. In order to perform these functions on behalf of the practice, Business Associates are required under legal agreement to receive, create, maintain, use and/or disclose your PHI only with appropriate safeguards in place. For example, we may disclose your PHI to a Business Associate to administer insurance claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation. This is in compliance with HIPAA regulations 45 CFR 160.103, 45 CFR Part 160, and 45 CFR Part 164.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform duties authorized by law. We may also disclose PHI to a funeral director as authorized by law, in order to permit the funeral director to carry out their duties. PHI may be disclosed in reasonable anticipation of death for cadaver, organ, and eye or tissue donation.

## Uses and Disclosures Which Do Not Require Your Authorization

Disclosures may be made by informal permission obtained by asking you outright or by circumstances that clearly give you the opportunity to agree, acquiesce, or object.

**Emergencies:** In the case of an emergency where you are incapacitated or unavailable to participate in your medical care decision making, your physician may exercise professional judgment to use or disclose PHI when such use and/or disclosure is determined to be in your best interest.

**Others Involved in your Health Care:** Unless you object, we may disclose to a family member, relative or close friend your PHI that directly relates to their involvement in your care, including appointment reminders. We may use or disclose PHI to inform or assist in notifying a family member, personal representative or any other person that is responsible for your care of your general condition or death.

**Incidental Use and Disclosure:** The Privacy Rule does not require that every risk of an incidental use or disclosure of PHI be eliminated. A use or disclosure of PHI that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the practice has adopted reasonable safeguards and the information being shared is limited to the "minimum necessary," as required by the Privacy Rule.

**Public Health Activities:** The practice may disclose PHI to public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability.

**Victims of Abuse, Neglect or Domestic Violence:** In certain circumstances, the practice may disclose PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

**Health Oversight Activities:** The practice may disclose PHI to health oversight agencies (as defined in the applicable rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system, and government benefit programs.

**Legal Purposes:** The practice may disclose PHI to law officials and other authorized persons for other legally related purposes, including under the following six circumstances, and subject to specified conditions: (1) as required by law, including court orders, court-ordered warrants, subpoenas and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the practice suspects criminal activity as the cause of death; (5) when the practice believes that PHI is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

**Serious Threat to Health or Safety:** The practice may disclose PHI that it believes is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat.

**Military Activity and National Security:** When relevant conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** The practice may disclose PHI as authorized by, and to comply with, workers' compensation laws and other similar benefits programs for work-related injuries or illnesses.

**Research:** We may disclose your PHI for clinical research when:

- The individual identifiers have been removed; or

- An institutional review board or privacy board has examined the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

## **Electronic Health Record**

The practice is using an electronic health record information system (the "EHR System"), in coordination with Northwestern Memorial HealthCare, which is the parent organization for Northwestern Memorial Hospital (NMH) and Northwestern Lake Forest Hospital (NLFH). The collection and use of all information through the EHR System is primarily for the purpose of treatment of patients by this medical practice, NMH, NLFJ, and other medical practices of physicians on staff at either hospital who have a treatment relationship with the patient and provide services in a clinically integrated care setting. All information collected through the EHR System may also be shared with, and used by, NMH, NLFH and certain other hospitals, academic institutions, and health care providers that perform medical or research activities in conjunction with NMH or NLFH (including but not limited to, Northwestern University, the Feinberg School of Medicine, Lurie Children's Hospital, and the Rehabilitation Institute of Chicago) for the following health-related activities, including without limitation: (a) conducting peer review; (b) promoting quality assurance; (c) mortality and morbidity analysis; (d) conducting utilization review; (e) evaluating and improving the quality of care; (f) promoting and maintaining professional standards; (g) examining costs and maintaining cost control; (h) conducting medical audits; (i) assisting the medical staff membership and credentialing process; (j) performing data quality management; (k) improving the efficiency and effectiveness of healthcare; (l) conducting research in a manner that complies with applicable law; (m) copying data from the EHR System and any related database and incorporating it into a data warehouse maintained by Northwestern University which may be accessed for any of the activities described above or further described in this Notice. The EHR System is not equipped to segregate such data as mental health, HIV, AIDS, drug and alcohol abuse, and genetic testing information, and such data will be included in the information used and disclosed as described above.

## **Uses and Disclosures of PHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described herein. You may revoke such authorization at any time, in writing, except to the extent that we have already taken action to use or disclose your PHI in reliance on the use and disclosure indicated in that authorization. Most uses and disclosures of psychotherapy notes, most uses and disclosures of your PHI for marketing purposes, and disclosures that constitute a sale of your PHI can be made only pursuant to your individual authorization.

## **Your Rights**

The following is a statement of your rights with respect to PHI and a brief description of how you may exercise these rights.

**Patient Authorization:** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted as previously described in this Notice. You may revoke your authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Access:** You have the right to review and obtain a copy of your protected medical record. The practice may impose reasonable, cost-based fees for the cost of copying and postage of the record. Should you wish to review the record at the practice's office, every reasonable effort will be made to accommodate such a request in a timely manner.

To the extent that your PHI is maintained in an electronic format (known as an electronic health record or an electronic medical record), you have the right to request that an electronic copy of your record be given to you. If you choose to receive copies of your PHI in electronic format, your record will be provided to you as a PDF document. As with paper records, we may charge you a reasonable, cost-based fee for the costs associated with delivering an electronic copy of your PHI.

**Amendments:** You have the right to request an amendment or correction to information within your record. The physician, if in disagreement with your desired amendment, can deny your request. As the patient, you have the right to include in your record a statement of your disagreement with the physician's decision.

**Disclosure Accounting:** You have the right to an accounting of the disclosures of your PHI by the practice. The maximum disclosure accounting period is the six years immediately preceding the account request, except that the physician is not required to account for any disclosures made prior to the April 14, 2003, Privacy Rule compliance date.

**Account of Disclosures not required of the physician:** Those items previously listed as permitted uses and disclosures of the practice such as (a) for treatment, payment, or healthcare operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq. You have the right to or will receive notification of breaches of your unsecured PHI.

**You Have the Right to Request a Restriction of Your PHI.** Under the Omnibus Rule, in a subsection (vi) added to § 164.522(a)(1), the practice must honor your request to restrict disclosure of your PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf (such as a family member), has paid the practice in full.

You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request, if the physician believes it is not in your best interest. However, if your physician does agree to the requested restriction, the practice may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction directly with your physician.

**You Have the Right to Request to Receive Confidential Communications From us by Alternative Means or at an Alternative Location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer listed below.

**You Have the Right to Obtain a Copy of this Notice From Us:** Upon request, even if you have agreed to accept this Notice electronically.

## **Questions and Complaints**

If you want more information about our privacy practices or have any questions or concerns, please contact our Privacy Officer:

**Jennifer M. Bruno - Privacy Officer**

Sobel Medical Associates, Ltd.

30 North Michigan Avenue, Suite 1720

Chicago, IL 60602

Phone: 312-726-0005

Sobel Medical Associates, Ltd. respects the privacy rights of our patients. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed above. No retaliation will be made against a patient for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information.