

Chicago Anti-Aging Institute

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

Chicago Anti-Aging Institute is committed to maintaining the privacy of your protected health information (PHI). PHI includes individually identifiable health information and information that contains enough specific information that it can reasonably be used to identify the individual. This pertains to any information whether in electronic, written or oral form and also includes photographs of an individual as well as DNA samples. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care and to comply with certain legal requirements. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

USES AND DISCLOSURES

Chicago Anti-Aging Institute (hereinafter called "the Practice") may use and/or disclose your PHI **without your signed authorization** in the following ways:

1. Treatment – In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for lower back pain may need to know the results of your latest physician examination by this office.
2. Payment – In order to get paid for services provided to you, the Practice will provide your PHI to appropriate third party payers. The Practice may also need to tell a third party payer about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense. Examples of third party payers would include Medicare and insurance companies.
3. Worker's Compensation – If you are involved in a Worker's Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.
4. Health care Operations – In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.
5. De-identified Information – Any information that does **not** contain items that can be used to identify you. For example, if the Practice publishes an article about low back pain, it can include information about the treatment and outcomes of their patients as long as information that would identify those patients (such as their name, social security number, photograph, etc.) was not included.
6. Business Associate – To a business associate of the Practice if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
7. Emergency Situations –
 - a. For the purpose of obtaining or rendering emergency treatment to you, provided that the Practice attempts to obtain your Consent as soon as possible.
 - b. To a public or private entity authorized by law or by its character to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
8. Public Health Activities – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
9. Abuse, Neglect or Domestic Violence – The Practice is required by law to make a disclosure to a government authority if it believes the disclosure is necessary to prevent serious harm.
10. When Release is Required by Law –
 - a. Health Oversight Activities – Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

- b. Judicial and Administrative Proceeding – For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
 - c. Law enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, if your PHI is the subject of a grand jury subpoena or if the Practice believes that your death is a result of criminal conduct.
 - d. National Security and Intelligence Activities – The Practice may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
11. Coroner, Medical Examiner or Funeral Director – The Practice may disclose your PHI to a coroner, medical examiner or funeral director for the purpose of identifying you or to help them in the performance of their duties.
 12. Organ, Eye or Tissue Donation – If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.
 13. Research – If the Practice is involved in research activities, your PHI may be used but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
 14. Avert a threat to Health or Safety – The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
 15. Specialized Government Functions – This refers to disclosures of PHI that relate primarily to military and veteran activity.
 16. Military and Veterans – If you are a member of the armed forces, the Practice may disclose your PHI as required by military command authorities.
 17. Directory and Sign-In Log – At this time, the Practice does use a sign-in log at the reception window.
 18. Informational Contact - The Practice may contact you regarding information about treatment alternatives or other health-related benefits and services by mail addressed to you at the address you have provided.
 19. Email and the Internet – The Practice does not consider the Internet a secure method of communication and therefore, it will not discuss diagnosis, treatment or billing issues relating to a specific individual via the Internet. The Practice may respond to general information questions by email.

The Practice may use email to inform you of any revisions to this Privacy Notice. It may also, periodically, contact you by email to inform you about events sponsored by the Practice or to send you its email newsletter. The Practice considers all email it sends to be both worthwhile and informative, however, at any time you can choose not to receive these emails by contacting the Practice. The Practice maintains privacy contracts with all third party contractors that have access to your email address. The Practice will not sell or distribute your email address to any non-contracted third parties.

20. Appointment Reminders & Missed Appointments – The Practice may contact you to remind you of a future scheduled appointment or a previously scheduled appointment that you have missed. This will initially be through the contact telephone numbers you have provided to us. Messages left for you will not include any specific information related to your diagnosis or therapy, but may include your name and the time and date of your appointment.

The following appointment reminders may be used by the Practice:

- a. A postcard mailed to you at the address provided;
 - b. Contacting you at home by telephone; if you are not available, the Practice may leave a message on your answering machine, voice mail or with the individual answering the phone.
21. Family, Friends and Personal Representatives – The Practice may disclose to your family member or other relative, your personal representative (legal guardian or person with a durable power of attorney), a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification of (including identifying or locating) a family member, a personal representative, or another person responsible for your care, your location or general condition or death. However, in both cases, the following conditions will apply:
 - a. If you are present at or prior to the use or disclosure of your PHI, the Practice may use or disclose your PHI if you agree, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.
 - b. If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

22. Referral Boards and Thank You Cards – The Practice feels it is important to thank individuals when they refer others to our office for treatment. This is done in the following ways:
- a. A referral board located in our reception area lists individuals using only their first name and the first initial of their last name. Unique identifiers such as nicknames and titles will not be used without a signed written authorization.
 - b. Thank you cards are sent to the referring individuals home address (or address on file). To protect the privacy of the person referred to our office, we will **not** include their name on the card.
 - c. The Practice will not publish (or put into print) any patient names in our newsletters, general mailings or on our website without a signed authorization.
23. Spinal Screenings, Scoliosis Screenings, Lectures, Presentations & Seminars– The Practice does not maintain any records of PHI collected from people at the above events beyond 30 days after the date of the event unless that person becomes a patient of the Practice. The Practice has no control over information given to the school nurse at a scoliosis screening.

Authorization - Uses and/or disclosures, other than those described above, will be made only with your written Authorization.

YOUR RIGHTS

1. You have the right to:

- a. Revoke any Authorization and/or Consent, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Contact Person.
- b. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice of what information you want to limit, whether you want to limit the Practice's use and/or disclosure, and to whom you want to limit. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- c. Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Contact Person. The Practice will accommodate all reasonable requests.
- d. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Contact Person at the address below. The Practice charges reasonable fees based on the actual cost of fulfilling the request. The Practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines that the charge is burdensome to the requestor. According to Illinois law, the charges may not exceed the following: \$20.86 handling fee plus 78 cents each for pages 1-25, 52 cents each for pages 26-50, and 26 cents each for pages 51 to end; plus actual costs for copying of items other than paper records. Double-sided pages will be counted as two pages. The Practice does not have the facilities to copy x-rays. The Practice will allow a patient or their personal representative to sign out x-rays. In certain situations that are defined by law, the Practice may deny your request and you will be sent a written denial notice by mail. If you receive a written denial notice you have the right to have it reviewed.
- e. Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Contact Person. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the existing information in your PHI is deemed accurate and complete. The Practice will respond to your request within 60 days of receiving it informing you that either an amendment was made or that it was denied. If you disagree with the Practice's denial, you will have the right to submit a written rebuttal letter stating your disagreement and have this letter added to your record.
- f. Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Contact Person. The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- g. Receive a paper copy of this Privacy Notice as well as updates to it from the Practice upon request to the Practice's Contact Person. You may also view and copy this notice from our website at www.MyChicagoSpineInstitute.com which will be updated whenever revisions to this notice are made.
- h. Complain to the Practice or to the Secretary of the U.S. Department of Health & Human Services if you believe your privacy rights have been violated. To file a complaint with the Practice, you must describe the violation that took place in writing to the Practice's Contact Person. A complaint form is available from the Practice to make this process easier. The Practice will send

you a written response to your complaint. The law forbids the Practice from taking retaliatory action against you if you complain. Informing the Practice directly allows it the opportunity to correct the violation and the problems in its policies and procedures that allowed the violation to occur in the first place.

PRACTICE'S REQUIREMENTS

1. When there is a difference between federal and State law, the Practice is required to abide by whichever law maintains a higher level of confidentiality with respect to your medical information, as long as there is no direct conflict to the State law. In Illinois, a specific written authorization is required to disclose or release of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

2. The Practice:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy Practices with respect to your PHI.
- (b) Is required to abide by the terms of this Privacy Notice or any update of this notice.
- (c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for any PHI that it maintains.
- (d) Will distribute any revised Privacy Notice to you prior to implementation.
- (e) Will not retaliate against you for filing a complaint.

PRIVACY CONTACT PERSON & PRIVACY OFFICER

To obtain more information on, or have your questions about your rights answered; you may contact the Practice's Contact Person and Privacy Officer, Loren C. Davis, D.C., by phone at 815-838-7746.

**Attn: Contact Person
Chicago Anti-Aging Institute
16622 W. 159th St., Suite 500
Lockport, IL 60441
EFFECTIVE DATE**

This Notice is in effect as of 01/02/2009 and replaces all prior versions.

I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.

Patient's Full Name (Printed)

Signature of Patient or Personal Representative

If you are signing as the patient's Personal Representative:

Print name of Personal Representative

Describe your authority
(e.g., Attorney-In-Fact or legal guardian. A parent may sign only if they are also the patient's legal guardian.)

Date Signed / /

Witness

YOU HAVE A RIGHT TO HAVE A COPY OF THIS PRIVACY NOTICE