

Notice of Privacy Practices

It is the Policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information pertaining to our patients.

Your Patient Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our Responsibilities to help you.

Get an electronic or Paper copy of your Medical Record	- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct Your Medical Record	- You can ask us to correct health information about what you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
Request Confidential Communications	- You can ask us to contact you in a specific way (for example home, cell or office phone) or send mail to a different address. We will say "Yes" to all reasonable requests.
Ask us to limit what We use or Share	- You can ask us to not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our Operations with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a List of those With whom we've Shared information	- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide you with 1 list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this Privacy Notice	- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone To act for you	- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will need legal documents to make sure the Person has the authority and can act for you before we take any action.
File a Complaint if You feel your Rights Are Violated	- You can file a complaint if you feel we have violated your rights by contacting us by phone or in person. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. www.hhs.gov/ocr/privacy/hipaa/complaints/ . We will not retaliate against you for filing a complaint.

Other Uses and Disclosures

We typically use or share your health information in the following ways:

Treat You	- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for a problem, asks another doctor about your overall health condition.
Run Our Organization	- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
Bill for your Services	- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health And Safety Issues	- We can share health information about you for certain situations such as: Preventing Disease, Helping with product Recalls, Reporting adverse reactions to medications, Reporting Suspected abuse, neglect or domestic violence and Preventing or reducing a serious threat to anyone's health And safety.
Do Research	- We can use and share your information for health research.
Comply with the Law	- We will share information about you if local, state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to Organ and Tissue Donation Requests	- We can share health information about you with organ procurement organizations.
Work with a Medical Examiner/Funeral Director	- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address Workers' Compensation, Law Enforcement and other Government Requests	- We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and Legal Actions	- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are Required by Law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

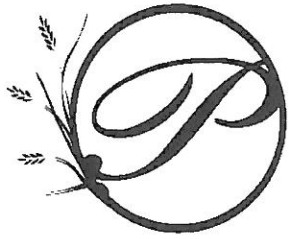
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

This Notice of Privacy Practices applies to the following organizations.

- Prairie Point Obstetrics and Gynecology, LTD 1675 Bethany Rd Suite C. Sycamore, IL 60178 815-899-8080
- Privacy Officer can be reached at 815-899-8080 or info@prairiepointobgyn.com.

Effective: January 2006

Revised: September 2013



OBSTETRICS & GYNECOLOGY, LTD.

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Receipt of Notice of Privacy Practices Form

I, _____, hereby acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are describe in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available in person.

Signed: _____ Date: _____

(If you are not the patient, please specify your relationship: _____)

Revised 1/2014