



1325 WILEY ROAD
SUITE 158
SCHAUMBURG, IL 60173
PHONE (847) 929-4420
FAX (847) 929-4424
www.neurologysleepclinics.com

NOTICE OF PRIVACY PRACTICES

Privacy Office is the Office Manager (847) 929-4420

Amended Effective Date: 9/1/2015

Effective Date: May 1, 2014

THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Neurology & Sleep Clinics of Chicago, S.C. has been and always will be totally committed to maintaining our patient's confidentiality. We will only release healthcare information about you according to Federal and State laws and ethics of the counseling profession. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following breach of unsecured protected health information. This notice describes how we may use and disclose you medical information. If you have any questions about this Notice, please contact our Privacy Office listed above.

Neurology & Sleep Clinics of Chicago, S.C. collects health information about you and stores it in a chart, on a computer, and in electronic health records. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. For example, we may share your information with other health care providers who will provide services that we do not provide or for consultation purposes.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us.
3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, and business planning and management. We may also share medical information about you with other health care providers, healthcare clearinghouses and health plans that participate with us.
4. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
5. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purpose related to: preventing or controlling disease, injury or disability, reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; and reporting disease or infection exposure. When we

report suspected elder or dependent adult abuse or domestic violence, we will inform you promptly unless in our best judgement, we believe the notification would place you at risk of serious harm.

6. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceedings to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery or other lawful process.

7. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

8. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate person in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

9. Worker's Compensation. We may disclose your health information as necessary to comply with workers' compensation laws.

10. Breach Notification. In the case of breach of unsecured protected health information, we will notify you as required by law.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to Inspect and Copy. You have the right to inspect and copy your health information. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have the right to appeal our decision.

3. Right to Amend or Supplement. You have the right to request that we amend your health information. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial.

4. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this practice.

5. Right to Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. We will keep a copy of the current notice posted in reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: OCRMail@hhs.gov

I have read and understood the above information.

DATE: _____

SIGNATURE OF PATIENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____