

# PRIMARY CARE ASSOCIATES

6840 Windsor Ave.  
Berwyn, IL 60402  
(708) 484-0042

## NOTICE OF PRIVACY PRACTICES

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

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your protected health/ medical information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 16, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time. Such changes are permitted by applicable law. We reserve the right to make the changes in our

privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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### Uses and Disclosures of Medical Information

Federal law allows us to disclose medical information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use your medical information to treat you or disclose your medical information to a physician or other health care provider providing treatment to you.

**Payment:** We may use and disclose your medical information to obtain payment for services we provide to you.

**Health Care Operations:** We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

**Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or

disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so. We may also disclose your PHI to the appropriate surrogate or Durable Power of Attorney when needed.

**Appointment Reminders:** We may use your medical information to contact you to provide appointment reminders or for follow up of some medical condition.

**Persons Involved In Care:** We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then

prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Marketing Health Related Services:** We will never release your PHI to marketing firms. We will never sell your PHI to any third party for any use what so ever.

**Research:** We may use or disclose your medical information for research purposes in limited circumstances.

**Death; Organ Donation:** We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

**Required by Law:** We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

**Law Enforcement:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**Abuse or Neglect:** We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**National Security:** We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or individual under certain circumstances.

**Restriction of PHI release:** A patient, who pays for a service in full and out of pocket, can request that the office NOT disclose any information about that service to an insurance company. This request must be in writing. A patient may also choose to restrict the release of Psychiatrist , chemical dependency, HIV/AIDS, or other PHI. This request must be made in writing.

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## Individual Rights

**Access:** You have the right to review and to obtain copies of your medical record. **You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice or by sending us a letter to the address at the end of this notice. A copy service will copy your records and will bill you according to their fee schedule.**

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in

an emergency). **Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.**

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. **You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want.** We must accommodate your request if it is reasonable, if it specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your medical information. **Your request must be in writing, and it must explain why the information should be amended.** We may deny your request if we did not create the information you want amended. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Breach of Protected Health Information:** In the unlikely event that your PHI is disclosed to another person you will be notified of the breach within in 5 business days once we become aware of the event. We will notify you via certified mail of the breach.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we have made about access to your protected health information please contact the compliance officer who is listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.**

**Privacy Officer:** Dr. Bradford Wainer  
**Address:** 6840 Windsor Ave.  
Berwyn, IL. 60402  
(708) 484-0042- Phone  
(708) 749-5489- Fax

