

Dizziness and Hearing Notice of Privacy Practices

At Chicago Dizziness & Hearing (CDH), we are committed to providing you with the highest quality of care in an environment that protects your privacy and the confidentiality of your medical information. The booklet Chicago Dizziness and Hearing Notice of Privacy Practices has been prepared to make you aware of how the medical staff, employees and volunteers at CDH work to safeguard your privacy and to help you understand the federal regulations that we follow in doing so. The Health Insurance Portability and Accountability Act, known by the acronym HIPAA, sets forth certain legal requirements regarding how hospitals and healthcare providers must protect your medical information. We encourage you to read the booklet in its entirety. It explains how CDH may use and disclose your medical information and it will help you understand your rights as a patient. For your convenience, what follows is a summary of key provisions of our notice.

CDH may use and disclose your medical information to:

- Medical staff and personnel who provide you with care.
- Remind you about an appointment.
- Talk to family or friends involved in your care.
- Ensure that we follow the rules of regulatory agencies regarding quality of care and effective use of resources.
- Comply with legal requirements, subpoenas or court orders for mandatory reporting, such as with cases involving child or elder abuse.
- Research personnel as they develop and seek out the best possible treatments for diseases and medical conditions. All researchers must follow specific regulations to ensure the privacy of patient information.
- Tell you about care-related benefits or services that may be of interest.
- Request payment from your insurance company.
- Include information in our hospital directory such as name and room number for the benefit of your visitors or members of the clergy.
- Share limited demographic information such as name, address and phone number with CDH Foundation for fundraising purposes.

Your medical record is the physical property of CDH but the information contained in the record belongs to you. You have important rights concerning your medical information.

You have a right to:

- See and obtain a copy of the medical information used to make decisions about your care.
- Ask us to amend the medical information we have about you, if you feel the information we have is wrong or incomplete.
- Ask us to restrict or limit the medical information we use and share about you.
- Ask us to communicate with you about medical matters in a certain way or location.
- Obtain a list of individuals or entities that have received your medical information from CDH for reasons other than treatment, payment or healthcare operations.
- Submit a complaint.

If you have any questions or would like to report a concern or problem regarding the handling of your medical information, please contact our office at 312-274-0197 and we will be happy to respond.

Chicago Dizziness and Hearing Notice of Privacy Practices

Effective Date: April 7, 2012

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.

This policy has been adapted from Northwestern Memorial Hospital's HIPPA document at <http://www.nmh.org/nm/patient-privacy-statement-hippa>. If you have any questions about this notice, please contact our office.

Our Pledge Regarding Your Medical Information

We understand that your medical information is personal. We are dedicated to protecting your privacy—this is our pledge to you. Each time you visit CDH, a record of your visit is made. This record may be kept on paper, electronically on a computer or stored by other media such as a video or audio tape recording. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care, treatment and any follow-up care you may need;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer, such as a medical insurance company, Medicare or Medicaid, can verify that services billed were actually provided;
- Tool in educating healthcare professionals;
- Source of information for medical research;
- Source of information for public health officials charged with improving the health of the nation;
- Source of information for facility planning and marketing; and
- Tool that can be used to assess and continually improve the care rendered and the results achieved.

Understanding what is in your record and how your medical information is used helps you to:

- Ensure that your medical information is accurate;
- Better understand who, what, when, where and why others may access your medical information;
- Make informed decisions when authorizing disclosure of your records to others.

This notice applies to all records of your care held by CDH, regardless of whether the record is written, computerized or in any other form. It will tell you about the ways in which CDH may use and share your medical information. It also describes the obligations we have regarding the use and sharing of your medical information and describes your rights regarding your personal medical information.

We are required by law to:

- Make sure that any medical information that identifies you is kept private;
- Give you this notice describing our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the most current CDH privacy notice.

Who Will Follow This Notice

This notice describes the practices of CDH as an Organized Health Care Arrangement (OHCA) (collectively referred to as “CDH,” “we” or “us” in this notice) which include:

- All healthcare professionals, including students, allowed to enter and access information in your medical record;
- All employees, physicians on the medical staff and other CDH personnel;
- Any clinic volunteer we allow to help you while you are a patient at CDH.

We will share your medical information among ourselves so that we can carry out the treatment, payment and healthcare operations as described.

CDH has put into place detailed policies regarding access to your medical information by our employees and the medical staff. We carefully have outlined the circumstances under which your medical information can be released beyond a CDH facility. These policies conform to federal and state law and are designed to safeguard your privacy.

Our Commitment

The medical staff and employees are trained in the appropriate use of medical information and know that it is available to them only as necessary to perform their jobs. Any violation of confidentiality or the failure of an employee to protect your information from unauthorized access will not be tolerated.

How We May Use and Share Your Medical Information

The following categories describe different ways in which we use and share your medical information. We will explain each category and offer some examples. All of the ways we may use and share your medical information fall under one of these categories.

For Treatment. We may use your medical information to provide, coordinate or manage your medical treatment and related services. Physicians, nurses, technicians, medical students and others involved in taking care of you at CDH share your medical information. This is to coordinate your care before, during and after your clinic visit. CDH will share information about you with others outside of the clinic, such as home health agencies, visiting nurses, rehabilitation hospitals and ambulance companies. We also will share information with those who treated you before you came into the clinic and with those who will treat you in the future. This helps to make sure that everyone caring for you has the information they need.

For Payment. We may use and disclose your medical information to help us or another provider obtain payment for the healthcare services provided at CDH. For example, in order for your insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis and the treatment we provided.

For Healthcare Operations. We may use your medical information to support our business activities and improve the quality or cost of care. For example, we may combine information from multiple sources about patients to review their care. We also may use your medical information to review the performance of employees, train students, help meet hospital licensing and accreditation rules and to market and raise funds for CDH. We may share your medical information with a “business associate” that we hire to help us, such as a billing or computer company, accountant or typist. All business associates will have assured us in writing that they will safeguard your medical information in the same way in which we do.

We may use your medical information to contact you:

- At the address and telephone numbers you give us (including leaving messages at the telephone numbers) about scheduled or cancelled appointments, registration/insurance updates, billing and/or payment matters, pre-procedure assessment or test results;
- With information about patient care issues, treatment choices and follow-up care instructions;
- With other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. If people such as family members, relatives or close personal friends are helping to care for you or helping to pay your medical bills, we may release medical information to them. This will be limited to information necessary for your care or to pay for your care. We also may disclose your medical information to an organization, such as the American Red Cross assisting in a disaster relief effort, so that your family can be notified about your condition, status and location. If we can reasonably do so while trying to respond to the emergency, we will try to find out if you want us to share this information.

Research. As an academic clinic, asking scientific questions and conducting medical research are key parts of our mission. Physician researchers and scientists share a commitment to research that brings the promise of new and better treatments and the constant search for cures. Your medical information may be important to research efforts and may be used for research purposes in accordance with state and federal law. All research projects conducted at CDH by researchers associated with Northwestern University Feinberg School of Medicine are approved through a review process designed to protect the safety, welfare and confidentiality of our patients.

Except as otherwise required by certain state or federal laws, researchers may use this database in several ways, some of which may not require your written permission. For example, researchers may look at your medical information as necessary within the database:

- To plan future research studies. For example, your information could be viewed by researchers trying to determine how often heart disease occurs in individuals of a certain age.
- To identify and contact you regarding your interest in taking part in a specific research study. Your part in that study can only start after you have been told about the study, are given a chance to ask questions and have shown your willingness to be in the study by signing a consent form.
- If information that identifies you has been removed.
- When the research has been approved through a special review process that finds that there is little risk to patient privacy. For example, a research study may involve comparing the outcomes of patients who received different treatments.

In other situations, your written permission will be required. For example, if a research project will involve information that is specially protected under Illinois law — such as mental health, developmental disabilities, HIV/AIDS and genetic counseling or testing information — your written consent may be needed for the researcher to remove any information that identifies you or to look at your medical information for any of the reasons listed above. If you have questions regarding the above, contact our office.

As Required by Law. Sometimes we are required to report your medical information to legal authorities, such as law enforcement, court officials and government agencies. For example, your medical information may be disclosed if we are required to report abuse, neglect, domestic violence or certain physical injuries. These reports will be limited to what is required by law.

To Avert a Serious Threat to Health or Safety. As required by law and the standards of ethical conduct, we may disclose your medical information if we believe that it is necessary to prevent a serious threat to your health and safety or to the health and safety of others. Any disclosure, however, would be made only to someone able to help prevent the threat.

Special Situations

Sensitive Information. Some types of medical information are particularly sensitive. The law, with some exceptions, may require that we obtain your written permission or, in some instances, a court order to disclose that information. Sensitive medical information includes that which may deal with genetics, HIV/AIDS, mental health, alcohol and substance abuse, artificial insemination and sexual assault. Some providers, such as social workers, are not allowed to disclose your medical information except in certain circumstances.

Lawsuits and Disputes. We may disclose your medical information in the course of a judicial and administrative proceeding, in response to an order of a court or other tribunal to the extent that such disclosure is authorized and, in certain conditions, in response to a subpoena, discovery request or other lawful process. Illinois law may require your written permission to disclose information in certain proceedings involving information obtained by certain providers such as physicians or rape and crisis counselors.

Information Used in Disciplinary Proceedings. Illinois law may require your written permission if certain medical information is to be used in various review and disciplinary proceedings of healthcare professionals by state authorities.

Organ and Tissue Donation. If you are an organ donor, we may release your medical information to organizations that obtain organs or handle organ, eye or tissue transplantation. We also may release your information to an organ donation bank to arrange for organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the military or a veteran, we may release your medical information to the proper authorities so they may carry out their duties under the law.

Protective Services for the President, National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials so they can provide protection to the president, to other authorized persons such as foreign heads of state, to conduct special investigations or for intelligence, counter-intelligence and other national security activities authorized by law.

Inmates. If you are an inmate in a correctional facility or in the custody of a law enforcement official, we may disclose your health information to the correctional facility or law officer so that duties can be carried out under the law.

Workers' Compensation. We may release your medical information for workers' compensation benefits for work-related injuries or illness.

Public Health Activities. We may be required to report your medical information to authorities to help prevent or control disease, injuries or disability. This may include using your medical information to report certain diseases, injuries and birth and death information. This also may include reporting certain drug reactions with products or notification of product recalls. We also may also be required to report to your employer certain work-related illnesses or injuries so that your workplace may be monitored for safety. These reports will be made in compliance with state and federal law and will be limited to the requirements of the law. The appropriate government authority may also be notified if we believe a patient has been the victim of child or elder abuse, neglect or domestic violence. We will make this disclosure only if you agree or when it is required or authorized by law.

Health Oversight Activities. We may disclose your medical information to local, state or federal governmental authorities responsible for the oversight of medical matters as authorized by law, such as to the agencies that administer public health programs, Medicare and Medicaid.

Law Enforcement. We may release your medical information if asked to do so by a law enforcement official as part of law enforcement activities and investigations.

Coroners, Medical Examiners and Funeral Directors. We may release your medical information to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We also may release medical information to funeral directors so they can carry out their duties.

Uses and Disclosures Not Covered in this Notice. Other uses and disclosures of your medical information will be made only with your written permission unless otherwise permitted or required by law. If you provide us with permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. Please understand that we are unable to take back any disclosures already made with your permission and that we are required to retain the records of the care provided.

Your Rights Regarding Your Medical Information

You have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy. You have the right to see and obtain a copy of the medical information used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To see and/or obtain copies of this information, you must submit your request in writing. The Authorization for Release of Information form is available from our office. If you request a copy of your medical information, we may charge a reasonable fee for the costs of copying, mailing or other expenses associated with complying with your request. We may deny your request to see and/or obtain copies of your medical information in very limited circumstances. For example, we may want to personally explain details of your care from the medical record before you read it. If you are denied access to your medical information, you may request that the denial be reviewed. If this takes place, CDH will choose an independent licensed healthcare official who is not affiliated with the clinic to review your request and our denial. We will comply with the outcome of the review.

Right to Amend. If you feel that the medical information we have on record is wrong or that information is missing, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for CDH. If the medical information is kept by another hospital or provider, we cannot act on your request. You must contact them directly. Your request for an amendment must be made by contacting our office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for CDH;
- Is not part of the information you would be permitted to see and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to ask us for an “accounting of disclosures.” This is a listing of those individuals or entities who have received your medical information from CDH. The listing will not cover medical information that was given to:

- You or your personal representative;
- Provide or arrange care for you;
- Pay for your healthcare services;
- CDH for its operations; and/or
- Others with your permission.

Your request for an accounting of disclosures must be made by submitting a written request to our office.

Right to Request Restrictions. You have the right to ask us to restrict or limit the medical information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request, except as otherwise required by law. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made by submitting a written request to our office.

Right to Request Confidential Communications. You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only by sending materials to a P.O. box instead of your home address. To request confidential communication, you must submit your request in writing to CDH. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. Upon your request, you may at any time obtain a paper copy of this notice, even if you agreed earlier to receive this notice electronically. To do so, please contact our office.

Changes To This Notice

We reserve the right to change our privacy policies, procedures and our notice. We also reserve the right to make the revised privacy policies, procedures and notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in CDH facilities and this notice will contain the new effective date on the first page. In addition, each time you register or are admitted to CDH as an inpatient or outpatient, a current copy of the notice will be available upon request.