

**LAKE SHORE ONCOLOGY/HEMATOLOGY**  
**NOTICE OF PRIVACY PRACTICES**

**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 practice creates a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

We are required by federal and state law to maintain the privacy of your medical information. Medical information is also called "protected health information" or "PHI."

**This is a list of some of the types of uses and disclosures of PHI that may occur:**

**Treatment:** We obtain health information, or PHI, about you to treat you. Your PHI is used by us and others to treat you. We may also send your PHI to another physician, facility, or counselor to which we refer you for treatment, care, procedures, or testing. We may also use your PHI to contact you about testing or treatment, or other health-related benefits we offer. If you have a friend or family member involved in your care, we may give them PHI about you.

**Payment:** We use your PHI to obtain payment for the services that we render. For example, we send PHI to both you and your insurance plan to obtain payment for our services.

**Health Care Operations:** We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our patients. From time-to-time, we may contact you to remind you of an appointment or leave a message on your answering machine or voicemail.

**Legal Requirements:** *We may use and disclose your PHI as required or authorized by law. For example:*

**Public Health:** We may disclose your health information to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices or to report suspected cases of abuse or neglect.

**Health Oversight Activities:** We may use and disclose your PHI to state authorities when required to do so. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

**Judicial and Administrative Proceedings:** We may use and disclose your PHI in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your PHI.

**Law Enforcement:** We may use and disclose your PHI in order to comply with a court order, warrant, subpoena, summons, or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices, or in an emergency.

**Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI to stop you or someone else from getting hurt.

**Coroners, Medical Examiners, and Funeral Directors:** We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

**Armed Forces:** We may use or disclose PHI of Armed Forces personnel to the military for execution of a military mission or to the Department of Veterans Affairs to determine eligibility for benefits.

**National Security and Intelligence:** We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for the conduct of national intelligence activities.

**Correctional Institutions and Custodial Situations:** We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates, and others.

**Research:** You will need to sign an Authorization form before we use or disclosure PHI for research purposes except in limited situations. For example, if you want to participate in research or a clinical study, an Authorization form must be signed.

**Fundraising:** If we undertake any fundraising activities, we may contact you about the fundraising activity. We do not engage in marketing activities, and need your authorization to do so.

**Illinois law:** Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an Authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

**Your Rights:** *You have certain rights under federal and state laws relating to your PHI. For example:*

**Restrictions:** You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and health care operations. We are not required to accommodate to your request.

**Communications:** You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home. If your request is reasonable, it may be accepted.

**Inspect and Access:** You have a right to inspect and obtain a copy of your health information including billing and medical records in most situations. If your request is denied, we will send you a letter letting you know why and explaining your options. You must make a written request to us and we may charge you a reasonable fee for making the copies and mailing them to you.

**Amendments of Your Records:** If you believe there is an error in your PHI, you have a right to request that we amend your PHI. We are not required to agree with your request to amend.

**Accounting of Disclosures:** You have a right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment, and health care operations, or release made pursuant to your authorization.

**Copy of Notice:** You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at our offices.

**Complaints:** If you feel that your privacy rights have been violated, you may file a complaint with us by calling our Privacy Officer, Pamela Steele at 847 680 1680. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC if you feel your privacy rights have been violated.

We are required to abide with terms of the Notice currently in effect. However, we may change this Notice. If we materially change this Notice, you can get a revised Notice by stopping by our office to pick up a copy. Changes to the Notice are applicable to the health information we already have.

EFFECTIVE DATE: December 7<sup>th</sup>, 2009