



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.

USES & DISCLOSURES:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of diagnostic test (i.e. x-rays, MRI, EEG) will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Crystal Lake Orthopedics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to state's public health department.

Treatment Alternatives: We will use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Other Uses And Disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decisions to revoke your authorization.

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Your Health Information Rights

Although your health record is the physical property of the health care practitioner of facility that compiled it, the information belongs to you. You have a right to:

The Right to require restrictions on the use and disclosure of your protected health information.

The Right to receive confidential communications concerning your medical condition and treatment.

*The Right to inspect and copy your protected health information.
The Right to amend or submit corrections to your protected health information.*

The Right to receive and accounting of how and to whom your protected health information has been disclosed.

A Right to receive a printed copy of this notice.

CRYSTAL LAKE ORTHOPEDICS DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Policy: *As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.*

Request to Inspect Protected Health Information: *You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the practice manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. We have 30 days to comply if the records are on site and 60 days if they are off site.*

Complaints: *If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to Crystal Lake Orthopedics Manager 750-C E. Terra Cotta Ave. Crystal Lake, IL 60014. The complaint must be filed within 180 days of the suspected violation. There will be no retaliation for your filing a complaint.*

For More Information: *Contact our office and the practice manager at (815)455-0800.*