

SOUTHWEST PEDIATRICS, LTD NOTICE OF PRIVACY PRACTICES UNDERSTANDING YOUR HEALTH INFORMATION AND MEDICAL RECORD

EACH TIME YOU VISIT A HOSPITAL, PHYSICIAN, OR OTHER HEALTH CARE PROVIDER, THEY DOCUMENT INFORMATION ABOUT YOU AND YOUR VISIT. TYPICALLY, THIS RECORD IS REFERRED TO AS YOUR MEDICAL RECORD AND CONTAINS YOUR NAME, SYMPTOMS, HEALTH HISTORY AND EXAM, TEST RESULTS, DIAGNOSIS, TREATMENT GIVEN AND A PLAN FOR FUTURE CARE OR TREATMENT. THIS MEDICAL RECORD IS USED TO PLAN YOUR CARE AND TREATMENT AND BE A SOURCE OF YOUR HEALTH INFORMATION AS DESCRIBED BELOW.

YOUR HEALTH INFORMATION RIGHTS

YOUR MEDICAL RECORD IS THE PHYSICAL PROPERTY OF SOUTHWEST PEDIATRICS, LTD, HOWEVER THE INFORMATION WITHIN YOUR MEDICAL RECORD BELONGS TO YOU. FEDERAL AND ILLINOIS LAWS PROVIDES YOU WITH THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION THAT IS CONTAINED IN THE MEDICAL RECORD THAT SOUTHWEST PEDIATRICS, LTD KEEPS ABOUT YOU.

- RIGHT TO OBTAIN THIS COPY OF THIS NOTICE OF PRIVACY PRACTICES.
- RIGHT TO REQUEST CERTAIN RESTRICTIONS ON THE USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.
- RIGHT TO INSPECT OR RECEIVE A COPY OF YOUR HEALTH RECORD.
- RIGHT TO REQUEST AN AMENDMENT TO YOUR HEALTH RECORD IF YOU BELIEVE IT CONTAINS AN ERROR.
- RIGHT TO OBTAIN AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION.
- RIGHT TO REQUEST THAT WE COMMUNICATE WITH YOU ABOUT YOUR HEALTH CARE AT A CONFIDENTIAL PHONE NUMBER OR ADDRESS.
- RIGHT TO REVOKE YOUR WRITTEN CONSENT / AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION EXCEPT WHEN THE USE OR DISCLOSURE HAS ALREADY HAPPENED.

FEDERAL AND ILLINOIS LAWS ALSO PROVIDE YOU WITH THE RIGHT TO BE INFORMED OF AND GIVE YOUR WRITTEN AUTHORIZATION BEFORE ANY HEALTH INFORMATION INCLUDING HIGHLY CONFIDENTIAL INFORMATION, IS DISCLOSED, UNLESS SUCH DISCLOSURE IS ALLOWED OR REQUIRED BY LAW. *EXAMPLES OF HIGHLY CONFIDENTIAL INFORMATION ARE MENTAL HEALTH TREATMENT INFORMATION, INCLUDING PSYCHOTHERAPY NOTES, SUBSTANCE ABUSE PREVENTION, TREATMENT OR REFERRAL, DEVELOPMENTAL DISABILITY SERVICES, HIV/AIDS TESTING AND TREATMENT, VENERAL DISEASES TREATMENT, GENETIC TESTING, SEXUAL ASSAULT TREATMENT, OR THE ABUSE OR NEGLECT OF A CHILD OR DISABLED ADULT.*

SOUTHWEST PEDIATRICS, LTD'S RESPONSIBILITIES

- MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION AS REQUIRED BY LAW.
- PROVIDE YOU WITH A NOTICE AS TO OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO INFORMATION WE COLLECT AND MAINTAIN ABOUT YOU
- DO WHAT IS REQUIRED BY THIS NOTICE OR THAT NOTICE THAT IS IN EFFECT AT THE TIME SOUTHWEST PEDIATRICS, LTD USES OR DISCLOSES YOUR HEALTH INFORMATION.
- NOTIFY YOU IF WE ARE UNABLE TO AGREE TO YOUR REQUESTED RESTRICTION ON OUR DISCLOSURE OF YOUR HEALTH INFORMATION.
- AGREE TO REASONABLE REQUESTS YOU MAY HAVE TO COMMUNICATE YOUR HEALTH INFORMATION BY AN ALTERNATIVE WAY OR AT AN ALTERNATIVE PLACE.

SOUTHWEST PEDIATRICS, LTD NOTICE OF PRIVACY PRACTICES
WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND TO USE A NEW NOTICE OF PRIVACY PRACTICES FOR ALL HEALTH INFORMATION WE MAINTAIN ABOUT YOU OR OTHER PATIENTS. IF SOUTHWEST PEDIATRICS, LTD CHANGES ITS PRACTICE; A NEW NOTICE OF PRIVACY PRACTICE FORM WILL BE AVAILABLE UPON YOUR REQUEST, BY MAIL OR IN PERSON AT THIS FACILITY.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

SOUTHWEST PEDIATRICS, LTD WILL USE AND DISCLOSE YOUR HEALTH INFORMATION CONTAINED WITHIN THE SOUTHWEST PEDIATRICS, LTD MEDICAL RECORD TO GIVE YOU TREATMENT, OBTAIN PAYMENT FOR YOUR TREATMENT AND OPERATE OUR HEALTHCARE BUSINESSES.

WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT

FOR EXAMPLE: YOUR HEALTHCARE TEAM WILL COLLECT AND DOCUMENT INFORMATION ABOUT YOU IN YOUR HEALTH RECORD. THEY WILL USE THIS INFORMATION TO CHOOSE THE TREATMENT THEY BELIEVE IS BEST FOR YOU.

WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT

FOR EXAMPLE: WE WILL SEND YOU A BILL THAT INCLUDES SOME OF YOUR HEALTH INFORMATION OR A COPY OF PART OR ALL OF YOUR HEALTH RECORD TO YOUR THIRD PARTY PAYER SUCH AS YOUR HEALTH INSURANCE COMPANY. THE TYPE OF HEALTH INFORMATION WE WILL SEND INCLUDES YOUR NAME AND OTHER IDENTIFYING INFORMATION, DIAGNOSIS, TREATMENT AND THE PROCEDURES AND SUPPLIES PROVIDED DURING YOUR TREATMENT.

WE WILL USE YOUR HEALTH INFORMATION FOR OUR ROUTINE OPERATIONS

FOR EXAMPLE: YOUR HEALTHCARE TEAM WILL USE YOUR HEALTH INFORMATION TO REVIEW YOUR TREATMENT AND ITS OUTCOMES. THEY MAY ALSO COMPARE YOUR TREATMENT TO OTHERS TO CONTINUALLY IMPROVE THE QUALITY AND EFFECTIVENESS OF OUR SERVICES.

OTHER USES OF YOUR HEALTH INFORMATION

WE RECEIVE YOUR WRITTEN AUTHORIZATION TO USE AND/OR DISCLOSE YOUR HEALTH INFORMATION.

WE WILL USE AND/OR DISCLOSE YOUR HEALTH INFORMATION TO THOSE PERSONS OR PLACES FOR WHICH YOU GIVE US YOUR WRITTEN AUTHORIZATION OR PERMISSION TO DO SO. IF YOU AUTHORIZE US TO USE OR DISCLOSE YOUR INFORMATION, YOU MUST COMPLETE OUR RELEASE OF HEALTH INFORMATION FORM. YOU MAY REVOKE YOUR AUTHORIZATION IN WRITING AT ANY TIME EXCEPT TO THE EXTENT THAT WE HAVE ALREADY USED OR DISCLOSED YOUR HEALTH INFORMATION AS YOU AUTHORIZED. IF YOUR HEALTH INFORMATION INCLUDES HIGHLY CONFIDENTIAL INFORMATION, WE MAY ONLY USE AND DISCLOSE SUCH INFORMATION FOR TREATMENT, PAYMENT AND OPERATIONS AS DESCRIBED ABOVE, OTHERWISE, YOU MUST GIVE US YOUR WRITTEN AUTHORIZATION TO DISCLOSE YOUR HIGHLY CONFIDENTIAL INFORMATION. A PERSON WHO CAN VERIFY YOUR IDENTITY MUST WITNESS AND CO-SIGN AN AUTHORIZATION TO RELEASE HEALTH INFORMATION FORM ABOUT TREATMENT FOR A MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY.

SOUTHWEST PEDIATRICS, LTD NOTICE OF PRIVACY PRACTICES FOR THE PURPOSES DESCRIBED BELOW.

BUSINESS ASSOCIATES: WE PROVIDE SOME SERVICES THAT REQUIRE USING OR DISCLOSING YOUR HEALTH INFORMATION TO OTHER CONTRACTORS WHO ARE PERSONS OR COMPANIES THAT PERFORM THE ACTUAL SERVICE. THE LAW REFERS TO THESE CONTRACTORS AS OUR BUSINESS ASSOCIATES. EXAMPLES OF THESE BUSINESS ASSOCIATES ARE *BILLING AND COMPUTER SERVICES*. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO THEM SO THAT THEY CAN DO THE JOB WE HAVE CONTRACTED THEM TO DO. WE REQUIRE THAT THEY USE APPROPRIATE SAFEGUARDS TO ENSURE THE PRIVACY OF YOUR HEALTH INFORMATION.

HEALTH OVERSIGHT ACTIVITIES AND SPECIALIZED GOVERNMENT FUNCTIONS:
WE MAY DISCLOSE YOUR HEALTH INFORMATION TO AN AGENCY THAT OVERSEES THE HEALTHCARE SYSTEM AND ENSURES COMPLIANCE WITH THE RULES OF GOVERNMENT HEALTH PROGRAMS SUCH AS MEDICARE AND MEDICAID, TO THE U.S. MILITARY OR U.S. DEPARTMENT OF STATE UNDER CERTAIN CIRCUMSTANCES.

LAW ENFORCEMENT OFFICIALS AND COURT OR ADMINISTRATIVE ORDERS:
WE MAY DISCLOSE YOUR HEALTH INFORMATION TO THE POLICE, OTHER LAW ENFORCEMENT OFFICIALS, MEDICAL EXAMINERS OR CORONERS, AND TO THE COURTS OR ADMINISTRATIVE PROCEEDINGS AS ALLOWED OR REQUIRED BY LAW, OR REQUIRED BY A COURT ORDER OR OTHER LEGAL PROCESS.

PUBLIC HEALTH ACTIVITIES
WE MAY REPORT YOUR IDENTITY AND OTHER HEALTH INFORMATION TO: PUBLIC HEALTH AUTHORITIES FOR THE PURPOSE OF CONTROLLING DISEASE, INJURY OR DISABILITY, TO THE U.S. FOOD AND DRUG ADMINISTRATION FOR REGULATING CERTAIN PRODUCTS OR ACTIVITIES, TO GOVERNMENTAL AUTHORITIES ABOUT SUSPECTED OR KNOWN CHILD ABUSE AND NEGLECT, ADULT ABUSE AND NEGLECT, OR DOMESTIC VIOLENCE, TO A PERSON EXPOSED TO A CONTAGIOUS DISEASE OR HAS THE RISK OF CONTRACTING OR SPREADING A DISEASE, TO YOUR EMPLOYER AND GOVERNMENTAL AGENCIES AS REQUIRED BY FEDERAL AND STATE LAWS, WORK RELATED ILLNESS OR INJURY, TO PREVENT OR LESSEN A SERIOUS OR IMMINENT THREAT TO A PERSON'S OR THE PUBLIC'S HEALTH OR SAFETY, OR TO A PUBLIC OR PRIVATE ENTITY THAT IS AUTHORIZED TO ASSIST IN DISASTER RELIEF EFFORTS.

OTHER COMMUNICATIONS WITH YOU
WE MAY CONTACT YOU IN REGARDS TO YOUR CHILD'S APPOINTMENTS WITH YOUR HEALTH CARE TEAM AND TO FOLLOW UP ON THEM. UNLESS YOU NOTIFY US THAT YOU OBJECT, WE MAY ALSO CONTACT YOU ABOUT OTHER HEALTH CARE SERVICES WE OFFER THAT MAY BENEFIT YOU.

RIGHT TO FILE A COMPLAINT
IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT WITH SOUTHWEST PEDIATRICS, LTD, OR THE DIRECTOR OF THE OFFICE OF CIVIL RIGHTS, U.S. SECRETARY OF HEALTH AND HUMAN SERVICES. WE WILL NOT RETALIATE AGAINST YOU IF YOU FILE A COMPLAINT WITH US OR WITH THE DIRECTOR. IF YOU WOULD LIKE TO REPORT A PRIVACY PROBLEM OR WANT FURTHER INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER, JENNIFER HANNA AT 708-361-3300 X 226.





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NOTICE OF PRIVACY PRACTICES RECEIPT

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

I HAVE RECEIVED THE ATTACHED COPY OF SOUTHWEST PEDIATRICS, LTD'S PRIVACY PRACTICES THAT BECAME EFFECTIVE ON MARCH 3, 2003.

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| Print Patient Name | DOB | DATE |
| Print Name of Parent/Legal Guardian | | DATE |
| Signature or Parent/Legal Guardian | | DATE |
| Witness | | DATE |

Southwest Pediatrics, LTD.

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FOR OFFICE USE ONLY:

I ATTEMPTED TO OBTAIN THE PATIENT'S SIGNATURE IN ACKNOWLEDGEMENT OF THIS NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT, BUT WAS UNABLE TO DO SO AS DOCUMENTED BELOW:

DATE: _____ INITIALS _____ REASON: _____

