

NOTICE OF PRIVACY PRACTICES



YOUR INFORMATION. YOUR RIGHTS.

OUR RESPONSIBILITIES.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request or sooner, as required by State law. We may charge a reasonable, cost-based fee. In some limited circumstances, we may say "no" to your request, and you can ask that the denial be reviewed.
- **Ask us to correct your medical record**
You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information**
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will

include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
You can complain if you feel we have violated your rights by contacting us using the information above. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions if feasible or required by law.

- **In most cases, you have both the right and choice to tell us to:** (i) share information with your family, close friends, or others involved in your care; (ii) share information in a disaster relief situation; (iii) include your information in a facility directory. If you are not able to tell us your preference, for example if you are unconscious or unavailable, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We may share certain information after you have died.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways and for the following purposes.

- **To treat you**
We can use your health information and share it, electronically or otherwise, with other professionals who are treating you. We can give out your information for other treatment purposes.
- **To run our organization and engage in other health care operations**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We can also share for other health care operations purposes permitted by law or regulations.

Example: We use health information about you to manage your treatment and services. We may share health information with other entities for their health care operations and other lawful purposes.

- **To bill for services**

We can use and share your health information to bill and get payment from health plans, from you, or from other entities, or to help other entities get payment.

Example: We give information about you to your health insurance plan so it will pay for your services. We may give information to entities that help us collect payments. We may share your information with other entities for their payment purposes.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues**

We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

- **Do research**

We can use or share your information for health research.

- **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations and tissue banks.

- **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or special government functions such as military, national security, and presidential protective services.

• **Respond and participate in lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena. We can also share information when a protective order is in effect.

OTHER USES AND DISCLOSURES

- **Business Associates** - There are some health-related services provided through contracts with third parties, called "business associates," that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, accountants, consultants, billing and collection companies, and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate. Business associates must protect any health information they receive from, or create and maintain on our behalf. In addition, business associates may re-disclose your health information for their own proper management and administration, to fulfill their legal responsibilities, and to business associates that are subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information to our business associate, we will have a written contract with our business associate that contains terms designed to protect the privacy of your information.
- **De-identified information** - We may use or disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- While we take privacy and security very seriously, sometimes things go wrong. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If

you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticep.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

More Stringent State and Federal Laws

The State law of Illinois is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. We will continue to abide by these more stringent state and federal laws. We may ask you for consent to share certain medical information. This consent is required by Illinois law for some disclosures and allows us to be certain that we can share your medical information for all of the reasons explained in this notice.

- Examples of more stringent federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.
- Illinois law is more stringent when the individual is entitled to greater access to records than under HIPAA. Illinois law also is more restrictive when the records are more protected from disclosure by State law than under HIPAA. For instance Illinois law, with some exceptions, may require that we obtain your written permission, or in some instances, a court order, to disclose sensitive information, which includes information regarding genetic testing, HIV/AIDS, mental health, alcohol and substance abuse, and sexual assault. Another example of a more stringent Illinois regulation is that minors in Illinois have more rights to confidentiality and protection of certain information related to reproductive health, behavioral health and substance abuse than under HIPAA.

QUESTIONS

If you have questions about this notice, need additional information, or desire to file complaint, please contact the Village’s privacy officer, the Deputy Fire Chief at (847)-501-6029, or at 428 Green Bay Road, Winnetka, IL 60093

This Notice of Privacy Practices applies to the following organizations: the Village of Winnetka, Fire Department

Effective date: September 20, 2017

Acknowledgement.

By signing below, I acknowledge that I have received a copy of the Village of Winnetka, Fire Department’s Notice of Privacy Practices on the date signed below.

Patient name (printed)

Patient’s Signature

Date

If this form is signed by someone who is not the patient listed above (e.g. a parent/guardian/legal representative), please provide the signor’s name and his or her authority to act for the patient.

Signed by (please print): _____ Date: _____

Authority to Sign on patient's behalf:

Internal Use Only

If this acknowledgement is not signed, please provide a description of your efforts in obtaining the signed acknowledgement and the reason the acknowledgment was not obtained.

Print Name: _____

Date: _____