



"Caring for children since 1971"

PATIENT PRIVACY NOTICE

WRITTEN ACKNOWLEDGEMENT OF RECEIPT

By signing this Written Acknowledgement of Receipt of Downers Grove Pediatrics' Notice of Patient Privacy Practices, I hereby acknowledge my receipt of Downers Grove Pediatrics' Notice of Patient Privacy Practices.

\_\_\_\_\_  
Patient or Legal Representative, Signature

\_\_\_\_\_  
Patient or Legal Representative, Name Printed

\_\_\_\_\_  
Date of Signature

Please list all dependants below:

Table with 3 columns: First Name, Last Name, Date of Birth. Rows 1-5.

Acknowledgement NOT Obtained Because:

- ☐ Patient or Legal Representative declined Notice of Privacy Practices
☐ Other (brief description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

## DOWNERS GROVE PEDIATRICS NOTICE OF PRIVACY PRACTICES

### UNDERSTANDING YOUR HEALTH INFORMATION & MEDICAL RECORD

Each time you visit a hospital, physician, or other healthcare 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, diagnoses, treatment given and a plan for future care or treatment ("Health Information"). 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 Downers Grove Pediatrics, however the information within your medical record belongs to you. Federal and Illinois Laws provide you with the following rights regarding your health information that is contained in the medical record that Downers Grove Pediatrics keeps about you.

- Right to receive a paper 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 a list of all the people and companies to which Downers Grove Pediatrics has released your health information (an "accounting" of disclosures).
- 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 about 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, substance abuse prevention, treatment or referral; developmental disability services; HIV/AIDS testing and treatment, venereal disease treatment, sexual assault treatment, and testing and treatment for genetic disorders.

### DOWNERS GROVE PEDIATRICS RESPONSIBILITIES ARE TO

- 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 a Notice that is in effect at the time Downers Grove Pediatrics uses or discloses your health information.
- Notify you if we are unable to agree to your request restriction or disclosure of your health information.
- Agree to reasonable requests to communicate your health information by an alternative method or at an alternative location.

*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 and other patients. If Downers Grove Pediatrics changes its practices, a new Notice of Privacy Practices will be available upon your request, by mail or in person at this site.*

### USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Downers Grove Pediatrics will use and disclose your health information contained within the Downers Grove Pediatrics medical record to give you treatment, obtain payment for your treatment and operate our healthcare business.

### EXAMPLES OF HOW YOUR HEALTH INFORMATION WILL BE USED OR DISCLOSED FOR TREATMENT, PAYMENT AND OPERATIONS

*We will use your health information for treatment*

For example: Your physician, nurse or other members of your healthcare team will collect and document information about you in your medical record. We may disclose information to a physician or other health care provider who will be assuming your care, for immediate continuity of care. This health information will be used to choose the treatment they believe is best for you. Nurses and other members of the team will document in your medical record the actions they took and their observations made of you. Your physician will then know how you are responding to the chosen treatment.

*We will use your health information for payment*

For example: We will send a bill that includes some of your health information to you, to the person responsible for the bill and your third party payer (such as your health insurance company). In some instances, we may need to send a copy or part or all of your medical record to your third party payer. The type of health information we will send includes your name, other identifying information, diagnosis, treatment, procedures performed and supplies provided during your treatment.

*We will use your health information for our routine operations.*

For example: Physicians, nurses and quality improvement professionals will use your health information to review the treatment you received and it's outcomes. They may also compare your treatment and