



LAKE FOREST INTERNAL MEDICINE, LTD.

HIPAA Notice of Privacy Practices
Effective Date: September 23, 2013

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.

If you have any questions about this notice, please contact our Privacy Officer at Lake Forest Internal Medicine: 847.816.3084.

OUR RESPONSIBILITIES:

Lake Forest Internal Medicine (LFIM) is required by law to:

- Maintain the privacy of protected health information (PHI).
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that are currently in effect. LFIM reserves the right to change the terms of this notice. Revisions will be effective for all health information LFIM has created or maintained in the past, and for any records LFIM may create or maintain in the future.
- Notify you following a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways LFIM may use and disclose (“Health Information”) that identifies you. Except for the purposes described below, LFIM will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice privacy officer.

For Treatment. LFIM may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to individuals outside of LFIM involved in your care, including family members, pharmacists, doctors, nurses, technicians, or other personnel.

For Payment. LFIM may use and disclose Health Information so that LFIM or others may bill and receive payment from you, an insurance company or a third party for the treatment and

services you received. For example, LFIM may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, LFIM may use and disclose information to make sure the care you receive is of the highest quality. LFIM also may share information with other entities that have a relationship with you (for example, your health plan) for its health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, LFIM may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend, according to your signed Protected Health Information (PHI) form on file with LFIM. LFIM also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, LFIM may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before LFIM uses or discloses Health Information for research, the project will go through a special approval process. Even without special approval, LFIM may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. LFIM will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. LFIM may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. LFIM may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, LFIM may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, LFIM may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, LFIM may release Health Information as required by military command authorities. LFIM also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. LFIM may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. LFIM may disclose Health Information for public health activities. These activities generally include (1) disclosures to prevent or control disease, injury or disability; (2) report births and deaths; (3) report child abuse or neglect; (4) report reactions to medications or problems with products; (5) notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if LFIM believes a patient has been the victim of abuse, neglect or domestic violence. LFIM will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. LFIM may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. LFIM you are involved in a lawsuit or a dispute, LFIM may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. LFIM may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, LFIM is unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. LFIM may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. LFIM also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. LFIM may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. LFIM may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, LFIM may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, LFIM may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, LFIM may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. LFIM may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. LFIM will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give LFIM an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that LFIM made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information that LFIM has about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. All requests to inspect and copy records must be in writing using the appropriate LFIM form. This form can be requested by contacting LFIM Medical Records at 847.816.3084. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you

need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. LFIM may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. LFIM will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. LFIM may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the Lake Forest Internal Medicine Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures LFIM made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Lake Forest Internal Medicine Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information LFIM uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that LFIM not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Lake Forest Internal Medicine Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that LFIM communicate with you about medical matters in a certain way or at a certain location. For

example, you can ask that LFIM only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Lake Forest Internal Medicine Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Copy of This Notice. You have the right to receive a separate paper copy of this notice, even if you have agreed to receive this notice previously. A copy also may be obtained from our web site: www.lakeforestinternalmedicine.com.

CHANGES TO THIS NOTICE:

LFIM reserves the right to change the terms of our notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. LFIM will post a copy of our current notice in our office.

QUESTIONS OR CONCERNS:

If you want more information about our privacy practices, wish to exercise any of your rights or have any questions about the information in the Notice, please call the Privacy Officer at (847) 816.3084 or write to:

Privacy Officer
Lake Forest Internal Medicine
1800 Hollister Dr., Ste. 211
Libertyville, IL 60048

COMPLAINTS:

If you believe we may have violated your rights or if you disagree with a decision that we made in connection with your Health Information, you may file a complaint with Lake Forest Internal Medicine using the contact information above. You may also submit a written complaint to: Office for Civil Rights, Region V, U.S. Dept. of Health and Human Services, 233 North Michigan Ave., Ste. 240, Chicago, IL 60601. You will not be penalized for filing a complaint.

EFFECTIVE DATE:

The effective date of this Notice is Sept. 23, 2013