



Family Planning Associates Medical Group, Ltd. / Albany Medical-Surgical Center

Notice of Privacy Practices—How We Protect Your Privacy

PLEASE READ AND REVIEW THIS NOTICE CAREFULLY. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.

Effective Date: October 15, 2010

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your health information is private, and we are committed to protecting the confidentiality of your health information. As required by law, we will create a record of the services and treatment that you receive from us. This will help us to provide you with the highest quality of care. This notice applies to all of the records generated or received by Family Planning Associates Medical Group, Ltd., Family Planning Management, Inc., and/or Albany-Medical Surgical Center, whether the health information is documented in one of our facilities, or another doctor forwards your information to us. This notice will tell you the ways in which we may use and disclose health information about you, how you can get access to this information, and describe what your rights and obligations are regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed-up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to:

- Make sure that health information that identifies you is kept private;
- Give you this notice describing our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use or share health information about you. Unless otherwise noted each of these uses and disclosures may be made without your permission. For each category, we will explain what we mean and in most cases give examples. Please note that we will not list every possible use or disclosure.

For Treatment: We may use or share health information about you in order to provide, coordinate, or manage your health care treatment and/or related services. We may give information about you to doctors, nurses, technicians, office staff members, students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for consultation or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may share your health information with those who have treated you prior to the care you receive from us and with providers who will treat you in the future. This will help to ensure that everyone caring for you has the information they need to provide you with the best care possible.

For Payment: We may use and share health information about you so that we can obtain payment for the treatment and services you receive. This payment may be collected from you, an insurance company, a state Medicaid agency, or a third party. In some instances, we may need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to give your health insurance company information about you, your diagnosis, and the care we provide so that we can receive payment or request that you be reimbursed for your visit.

For Healthcare Operations: We may use and share health information about you to improve the daily operation of our healthcare practice and to improve the overall quality or cost of the care we provide. For example, we may use your health information to review our treatment and services to decide what additional services we should offer and ultimately to see where we can make improvements.

Individuals Involved in Your Care or Payment for Your Care: We may share medical information with your family members, relatives, close personal friends, or third party abortion fund organizations if they are helping to care for you or helping with the payment for the services we provide to you. We will only release information that is required to aid in your care or the payment of your care. For example, we may provide your parent or spouse with your medications and instructions regarding how to take these medications if you are unable to understand our instructions after undergoing general anesthesia.

Appointment Reminders: We may contact you to remind you that you have an appointment for laboratory work or medical care at our office. Please let us know if you do not want us to contact you concerning your appointment, or if you want us to use a different telephone number or address to contact you for this purpose.

Lab Results: We may contact you regarding the results of your laboratory tests. We will make sure that only the minimum information necessary to convey the message is left on your answering machine or voice mail.

As Required By Law: We will share health information about you with legal authorities such as law enforcement, court officials, and government agencies, when required to do so by federal, state, or local law. For example, we may disclose your health information if we are required to report abuse, neglect, domestic abuse or certain physical injuries.

To Avert a Serious Threat to Health or Safety: As required by law and the standard of ethical conduct, we may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Research: There may be situations where we want to use and share health information about you for research purposes. For any research project that uses your health information, we will either obtain an authorization from you or ask an Institutional Review Board to waive the requirement to obtain authorization. For example, a research project may involve comparing the efficacy of one medication over another. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect your health information, or if it is found that there is little risk to patient privacy because we have removed all identifiers that could disclose your identity.

Military and Veterans: If you are a member of the armed forces or are separated/discharged from military services, we may release your health information to the proper authorities so they may carry out their duties under the law.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs, which provide benefits for work-related injuries or illness.

Public Health Risks: In order to prevent or control the spread of disease or injuries we may share your health information. This may include using your health information to report certain diseases, injuries, adverse drug reactions, or to notify you of product recalls.

Health Oversight Activities: We may share your medical information with local, state, or federal governmental authorities responsible for the oversight of medical matters as authorized by law. The Centers for Disease Control and Prevention would be an example of such an agency.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may share health information about you in response to a court or administrative order. Also, we may be compelled to release your health information in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may release your health information if asked to do so by law enforcement officials as a part of an investigation or in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Health Examiners and Funeral Directors: We may release your health information to a coroner, health examiner, or funeral director. For example, this may be necessary in order to identify a deceased person or determine the cause of death.

Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may share health information about you so that duties can be carried out under the law. This release of information may also be necessary for the correctional facility to provide you with continued healthcare or to protect your health and safety.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

Access: You have the right to look at and obtain a copy of the health information that may be used to make decisions about your care. This usually includes health and billing records. To see and /or obtain a copy of your health information, you must submit your request in writing. Our Authorization for Records Release is available, by request at any of our facilities or online at: <http://fpachicago.com>. If you request a copy of your health information we may charge a fee for the costs of locating, copying, mailing, or other associated supplies. We may deny your request to inspect and/or obtain copies of your records in certain, very limited circumstances. For example, we may want to discuss and explain the details of your care in person, before providing you with a copy of your health information. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by our practice will review your request and the denial. We will comply with the outcome of the review.

Amendment: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request a correction for as long as we keep your health information. To request an amendment, your request must be made in writing, on a form provided by us, and submitted to one of our health centers. We may deny your request for an amendment if your request is not made in writing, on the form provided by us, and/or does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that was not created by us, is not part of the health information kept by our facility, is not part of the information you would be permitted to see and copy, or if the information is accurate and complete.

Disclosure Accounting: You have the right to request a list of the disclosures we have made of your health information. This listing will not include health information that was given to you, others with your permission, or disclosures made for the purposes of treatment, payment, and health care operations, as described above. To request this list of disclosures, you must submit your request on a form that we will provide to you. Your request must state a specific time period. The time period requested may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs associated with providing a list of disclosures. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Restriction Request: You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally, outside of our facility. ***While we will try to accommodate your request for restrictions, we are not required to do so.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Your request for restrictions must be made in writing, on a form available at all of our facilities. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Confidential Communications Requirements: You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. During our intake process, we will ask you how you wish to receive communications from our facility. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Rights Regarding This Notice: You have the right to request a paper copy of this notice at anytime. It is available at any of our facilities or on our website at <http://fpachicago.com>.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will immediately post a copy of the current notice in our facility. The notice contains the effective date on the first page. You are entitled to a copy of the revised notice upon request. You can call our facility and request that a revised copy be sent to you in the mail, or print a copy from our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our administrative offices at 5086 N. Elston Avenue, Chicago, IL 60630. All complaints must be submitted in writing. **You will not be penalized nor will we retaliate against you for filing a complaint.**

***If you have questions about this notice, please contact the HIPAA Privacy Officer at:
5086 North Elston Avenue, Chicago, IL 60630, (773) 725-0200.***