

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. PLEASE READ CAREFULLY.

1. Who will follow this notice?

Dr. Carol Meynen, M.D. provides health care to patients in cooperation with other physicians, professionals and organizations. The information privacy practices in this notice will be followed by her office and any business associate with which we share health information.

2. We will protect your health information:

Protected Health Information (PHI) includes information about:

- past, present, or future health information
- health care that you receive
- payment for your health care

The Health Insurance Portability and Accountability Act (HIPAA Law of 1996) says we must:

- protect this information to make sure it stays private
- follow the privacy practices described in this notice
- share only the minimum amount of information that is necessary

We reserve the right to revise our privacy practices and this notice at any time. If we do, we will post a new notice in the Practice offices. You may ask us for a copy of the new notice or you may get it from our office website.

3. How we might use your PHI:

The law says we may use your PHI for these reasons:

- For use by doctors, nurses and other health care providers who need to treat you in Dr. Meynen's office.
- To bill and get paid for the treatment we gave you. For example, we might give your information to Medicare to get paid.
- To review the quality of the care we give you.
- To remind you of your appointment, and to provide information about health related benefits and services, which may include sending information to your home. You can tell us if you do not want to get this information.

4. We may disclose your PHI to another healthcare provider when we refer you for treatment.

If we refer you to another healthcare provider, (e.g. physician, clinic, hospital, etc.) we may disclose some or all your PHI to help that provider understand your condition and plan your future treatment.

- This disclosure is implied in the referral process. We will outline the need to disclose PHI during discussion of our recommendation to make a referral.
- When you visit the provider, you may be asked to read and acknowledge a new privacy policy.

5. You can refuse to share your PHI:

If you do not want other healthcare providers to have your PHI you must state this in writing. This may limit the ability of other healthcare providers to treat you.

6. We can disclose your PHI without your authorization when:

- It is required by law.
- There might be abuse, neglect, domestic violence, or criminal activity.
- There is a court order.
- We need to review your records to make sure we are following the law.
- We need to collect information about disease or injury, or to report to other health care providers.
- We need to give the information to an agency that reports or looks at illness or injury.
- We need to share your information with coroners and funeral directors in the case of your death, and with organ, tissue and blood donor agencies.
- We need to share your information with law enforcement, prisons, or the military, etc. if there is a threat to health and safety.
- When releasing to Public Health agencies to help control and track reportable diseases, injury, or disability.

7. We may disclose your PHI with your authorization only when:

- You sign a valid authorization; you may cancel this authorization in writing at any time.
- We will give you a written explanation of the intended disclosure in advance, including what information will be disclosed, to whom, and for what purpose.

8. You have other rights. You may:

- **Ask that we limit the use of your PHI.** We do not have to agree to those limits. If we do agree, we will do so in writing and will follow your requests unless there is an emergency, or unless law enforcement, the courts, or the government ask for the information.
- **Tell us how and where to contact you.** We will do our best to follow your instructions.
- **Ask to review your PHI.** You must ask us in writing. We will answer you in 30 days or less. You have the right to review your information for as long as it is maintained.
- **Ask for copies of your PHI.** You must tell us in writing what you want copied. We will tell you how much it will cost before we make the copies. Fees charged for copies are established by the State of Illinois.
- **Ask us in writing to correct or add to your PHI if you think there is something wrong with your information or that something is missing.** We will answer you within 60 days of getting your letter. We may say “no”. We will tell you why you cannot change your PHI. If we agree your PHI is wrong, we will amend it. We will inform you and others who need to know about the amendment.
- **Ask us in writing for an accounting of your information that we have shared with others.** We will tell you:
 - whom we shared it with
 - what we shared

- when we shared it, and
- why we shared it

We will let you know this information in writing (in printed or electronic form) within 60 days of getting your request. We will give you this information for up to the past five-years.

- You have a right to be notified when a breach of your unsecured PHI has occurred.

9. Contact person:

If you have questions about this Privacy Notice or any complaints about our privacy practices, please contact Dr. Meynen at the Practice address.

10. You may file a complaint

If you think we have made a mistake with protecting your information you can report this by writing to Dr. Meynen at the office address, or to the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign a form that documents you have received the Notice of Privacy Practices.

Revised: April 20, 2013

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