



## **Notice of Privacy Policies**

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

At NOGC, LLC, we are committed to treating you and responsibly using your protected health information. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose the information. It also describes your rights as they relate to your protected health information. This notice (effective February 1, 2011) applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record Information**

Each time you visit NOGC, LLC, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for planning and marketing and
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Electronic Health Record**

This practice is using an electronic health record information system the (the “EHR system”) in coordination with Northwestern Memorial Hospital. The collection and use of all information through the EHR system is primarily for the purpose of treatment of patients by NMH, this

medical practice, and other medical practices in a clinically integrated care setting. All information collected through the EHR system may also be shared with, and used by, NMH and certain other hospitals, academic institutions, and health care providers that perform medical or research activities on NMH's campus or otherwise in conjunction with NMH (including, but not limited to, Northwestern University, the Feinberg School of Medicine, Children's Memorial Hospital, and the Rehabilitation Institute of Chicago) for the following related activities, including without limitation: (a) conducting peer review; (b) promoting quality assurance; (c) mortality and morbidity analysis; (d) conducting utilization review; (e) evaluation and improving the quality of care; (f) promoting and maintaining professional standards; (g) examining costs and maintaining cost control; (h) conducting medical audits; (i) assisting the medical staff membership and credentialing process; (j) performing data quality management; (k) improving the efficiency and effectiveness of healthcare; (l) extracting data from the EHR system and any related database and incorporating it into a data warehouse maintained by NMH. The EHR system is not equipped to segregate data such as mental health, HIV, drug and alcohol abuse, and genetic testing information.

### **Your Health Information Rights**

Although your health record is the physical property of NOGC, LLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided for in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided for in 45 CFR 164.528 and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

NOGC, LLC is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by terms of this notice
- Notify you if we are unable to agree to a requested restriction, and

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and make the new provisions effective for protected health information we maintain. Should our information practices change, we will have a copy at the front desk.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written renovation of the authorization according to the procedures included in the authorizations.

### **Disclosures for Treatment, Payment, and Health Operations**

- We will use our health information for treatment. For example, information obtained by a physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that is best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to your treatment.
- We will provide your specialist or subsequent healthcare provider with various reports that should assist him or her in treating you.
- We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of healthcare and service we provide.
- Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.
- There are some services provided in our organization through contacts with business associates. Examples included physician services in the emergency department and radiology and certain laboratory tests.
- To protect your health information, we require the business associate to appropriately safeguard your information.
- We may use or disclose information to notify or assist in notifying a family member or personal representative your location or general condition. Health professionals, using

their best judgment, may disclose to a family member or other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

- We may disclose health information to the funeral directors consistent with applicable law to carry out their duties.
- Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may disclose health information to the Food and Drug Administration relative to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

- We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- As required by law, we may disclose your health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability.
- We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer at (312) 642-9844.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights (OCR). The address for OCR is:

Office for Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201