

Notice of Privacy Practices

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please read it carefully.**

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by requesting so in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

OUR USES AND DISCLOSURES

WE TYPICALLY USE OR SHARE YOUR INFORMATION IN THE FOLLOWING WAYS:

Treat you	We can use your health information and share it with other professionals who are treating you.	Example: A doctor treating you for an injury ask another doctor about your overall health condition.
Run our Organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary and services.	Example: We use health information about you to manage your treatment.
Bill for your Services	We can use and share your health information to bill and get payment from health insurance plans or other entities.	Example: We give information about you to your health insurance plan so they will pay for your services.

HOW ELSE CAN WE USE AND SHARE YOUR HEALTH INFORMATION?

Helping with public health and safety issues

We can share your health information in certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research.

Complying with the Law

We can use or share your information if state or federal law requires it, including the Department of Health and Human Services, which is the authority that ensures we are complying with the federal privacy law.

Addressing other Government Request

We can use or share your health information for other requests such as:

- Worker's compensation claims
- Law enforcement purposes or with a law enforcement official
- Court or administrative order or in response to a court ordered subpoena

**It is our policy to not release psychotherapy notes or substance abuse and treatment records without your consent unless required by insurance or court order.*

YOUR RIGHTS

YOU HAVE THE RIGHT TO:

Get a copy of your medical record	<ul style="list-style-type: none"> · We will provide an electronic or paper copy of your medical record upon request, usually within 30 days. We may charge a reasonable fee. 		
Ask us to correct your medical record	<ul style="list-style-type: none"> · You can ask us to correct your records if you think they are incorrect or incomplete. · We may say “no” to your request, but we will tell you why in writing within 60 days. 		
Request communication preference	<ul style="list-style-type: none"> · You can ask us to contact you in a specific way. Example: home or work phone or specific email address. 		
Ask us to limit what we use or share	<ul style="list-style-type: none"> · You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. · You have the right to choose if we use your information for marketing purposes. 		
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> · You can ask for a list of the times we have shared your health information for six years prior to your request, who we have shared it with and why. Exceptions: treatment and payment operations. 		
Get a copy of this privacy notice	<ul style="list-style-type: none"> · You can ask for a paper copy of this notice. Even if you have agreed to receive the notice electronically, we will provide a paper copy at any time. 		
Choose someone to act for you	<ul style="list-style-type: none"> · You can choose someone to make decisions about your health information on your behalf. Examples: medical power of attorney or legal guardian. 		
File a complaint	<ul style="list-style-type: none"> · If you feel we have violated your rights you can file a complaint by contacting the following: <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Edgewood HIPAA Compliance Officer 2948 Artesian Road, Suite 112 Naperville, IL 60564 P: 630.428.7890 Ext: 340 F: 630.428.7891</p> </td> <td style="vertical-align: top; width: 50%;"> <p>U.S Department of Human Services Office for Civil Rights 200 Independence Ave S.W. Washington, D.C. 20201 P: 877.696.6775 www.hhs.gov/ocr/privacy/hipaa/complaints</p> </td> </tr> </table>	<p>Edgewood HIPAA Compliance Officer 2948 Artesian Road, Suite 112 Naperville, IL 60564 P: 630.428.7890 Ext: 340 F: 630.428.7891</p>	<p>U.S Department of Human Services Office for Civil Rights 200 Independence Ave S.W. Washington, D.C. 20201 P: 877.696.6775 www.hhs.gov/ocr/privacy/hipaa/complaints</p>
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CHANGES TO THE TERMS OF THIS NOTICE

Edgewood reserves the right to change the terms of this notice at any time. Those changes will apply to the information we have about you. The new notice will be available upon request, in our office, and on our website.

www.edgewoodclinicalservices.com

Effective Date: 11/01/2019