

**NWR
PRIVACY NOTICE**

**NORTHWEST RHEUMATOLOGY SPECIALISTS, S.C.
800 BIESTERFIELD RD. SUITE 4003
ELK GROVE VILLAGE, IL 60007
847-364-0800**

**Your information, your
rights, our
responsibilities**

You have the right to:

Get a copy of your medical record
Correct your medical record
Request confidential communication
Ask us to limit the information shared
Get a copy of this privacy notice
Choose someone to act for you
File a complaint if you believe your privacy rights have been violated

Your Rights

You can ask to see or get a copy of your medical record, we will provide a copy or summary of your health record, usually within 30 days. We may charge a reasonable, cost-based fee.

You can ask us to correct health information about you that you think is incorrect or incomplete; we may say "no" to your request, but we'll tell you why in writing within 60 days.

You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree with your request, and we may say "no" if it would affect your care.

You can ask for a paper copy of this notice at any time.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information, we will make sure the person has the authority to act for you first.

You have the choice to tell us to share information with your family, close friends, or others involved in your care. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest, or when needed to lessen a serious threat to your health or safety.

You can complain if you feel we have violated your rights by contacting us.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W. Washington, D.C., 20201, calling 877-696-6775, or visiting www.hhs.gov.

We will not retaliate against you for filing a complaint.

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 or security of your information.

We must follow duties and privacy practices described in this notice and give you a copy of it upon request.

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.

We have the responsibility to:

Protect your privacy
Make you aware of breaches
Adhere to this notice
Accept changes to disclosure from you

Our Uses, Disclosures, and Responsibilities

We can use your health information and share it with other professionals who are treating you. Example: A doctor who will be performing surgery on you asks your doctor about your overall health.

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

We can share your health information to help with public safety issues.

Examples: Preventing disease, product recalls, reporting adverse reactions to medications or suspected abuse or domestic violence,

We can use or share your information for health research.

We will share information about you if state or federal laws require it.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We can use or share health information about you for workers' compensation claims, law enforcement purposes, with health oversight agencies when authorized by law, special government functions such as military, national security, and presidential protective services, and in response to a court order.

We may use and share your information as we:

Treat you
Run our organization
Bill for your services
Help with public health and safety issues
Do research
Comply with the law
Address workers' compensation, law enforcement, and other government requests
Respond to lawsuits and legal actions

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

Effective Date: 01/01/2019

This notice of Privacy Practices applies to Northwest Rheumatology Specialists, S.C.