



Notice of Privacy Practice

Effective Date: February 1st, 2018

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

We are required by law to maintain the privacy of your protected health information (PHI), provide you with notice of our legal duties and privacy practices regarding your PHI, to notify you if you are affected



**EMERGENCY
OR TO AVERT A
THREAT TO HEALTH AND SAFETY:**

**SITUATIONS
SERIOUS**

We may use and disclose PHI in an emergency situation or to prevent a serious threat to your health or safety or the health and safety of the public. Disclosures, however, will only be made to someone who may be able to help prevent the threat.

BUSINESS ASSOCIATES: We may disclose PHI to our business associates that provide functions on our behalf or provide us with services if the PHI is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose PHI other than is specified in our contract

MILITARY & VETERANS: If you are a member of the armed forces, we may use PHI as required by military command authorities.

WORKERS' COMPENSATION: We may release PHI for workers' compensation or similar programs.



to use or disclose your
revoke that

writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission. In Illinois, a specific written authorization (different than the authorization and consent mentioned above) is required to disclose or release records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/A

PHI, you may
authorization, in

