



## Notice of Privacy Practices

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

### **INTRODUCTION**

Rosalind Franklin University Health System is required by law (the federal HIPAA Privacy Rule) to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices regarding PHI. We are required to abide to the terms of this notice. We may change at any time the terms of this notice for all PHI we maintain. If we do so, we will revise this notice to reflect the new terms and have it available for you upon request.

### **PERMITTED USES AND DISCLOSURES**

At times, other federal laws and the laws of the State of Illinois impose stricter limits on the use and disclosure of PHI than the HIPAA Privacy Rule. In those cases, the HIPAA Privacy Rule states that we must follow the laws that provide you with the greater amount protection over your PHI. Subject to those stricter limits, we may use and disclose your PHI as follows:

**Treatment.** We may use or disclose your PHI for treatment activities of a health care provider. For example, we may use your PHI to provide medical care to you and we may disclose PHI to another physician who is providing medical care to you.

**Payment.** We may use or disclose your PHI for activities relating to obtaining reimbursement for the health care services you received. In addition, we may disclose your PHI for similar activities of another health care provider or a group health plan that relates to you. For example, we may use your PHI to bill you or your insurance company, as appropriate, for services rendered.

**Health Care Operations.** We may use or disclose your PHI for certain activities relating to the operation of the Health System as a health care provider. In addition, we may disclose your PHI for those activities relating to the operation

of another health care provider or a group health plan with which you have a relationship. For example, we may use and disclose your PHI for activities relating to quality assessment, training of health care professionals, fraud and abuse detection, and compliance programs.

**Other Permitted Uses and Disclosures.** We may use and disclose your PHI so long as certain conditions that relate to your privacy and public necessity are met:

- \* to **Persons Involved in Your Care or Payment of Your Care**, but you will have the opportunity to object and, if you do object, we will abide by your wishes.
- \* to **Business Associates** who perform functions for us and who have promised in a written agreement to safeguard your PHI.
- \* as **Required by Law**, so long as the specifics of the use or disclosure is no more than that required by the law.
- \* for **Public Health Activities**, such as reporting disease, injury, and vital statistics.
- \* to **Report Adult Abuse, Neglect, and Domestic Violence**, under certain conditions.
- \* to a **Health Care Oversight Agency** that oversees the health care system.
- \* for **Judicial and Administrative Proceedings**, so long as there is a lawful court order or other legal demand.
- \* for certain **Law Enforcement Purposes**, such limited PHI relating to fugitives, crime victims, suspicious deaths, crimes on our premises, and crimes in emergencies.
- \* certain information about **Decedents** to coroners, medical examiners, funeral directors, and organ/tissue donation entities.
- \* for **Research Purposes**, so long as an oversight board approves the request under strict guidelines, is preparatory work that does not leave the Health System, or is about decedents.
- \* to **Avert a Serious Threat to Health or Safety**, as necessary under the circumstances.

- \* for certain **Specialized Government Functions**, such as Armed Forces personnel, national security activities, correctional facilities, and government health benefit programs.
- \* for **Workers' Compensation** programs.
- \* to contact you and provide information **Useful Information**, such as appointment reminders and health-related benefits and services that may be of interest to you.
- \* to contact you about the Health System's efforts to **Raise Funds**, but you have the right to opt out of receiving these fundraising communications.
- \* a **Limited Data Set**, which deletes certain information about you, so long as the PHI is only used for research, public health, or health care operations purposes and the recipient agrees in writing to safeguard your PHI.

**Your Written Authorization.** Other than the uses and disclosures discussed above, we will not use or disclose your PHI without your written authorization. This includes uses or disclosures made for marketing purposes, that constitute a sale of your PHI, and of most psychotherapy notes. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure that occurred prior to this Health System receiving your revocation.

### **YOUR RIGHTS**

A brief summary of your rights are as follows. For additional information regarding these rights, you may contact the office listed at the end of this notice.

**Access.** You have the right to inspect and obtain a copy of your PHI records. To do so, you must seek access in writing. A reasonable fee may be charged for copying and postage, if applicable.

**Amendment.** You have the right to seek an amendment to your PHI records. To do so, you must make your request in writing. Even if the PHI record is determined to be accurate and complete, you have the right to submit a statement of disagreement.

**Accounting.** You have the right to obtain a list of certain disclosures that occurred regarding your PHI. To do so, you must seek your accounting in writing. Some disclosures would not be mentioned on that list, such as those associated with treatment, payment, and health care operations and disclosures you personally authorized in writing.

**Further Restrictions.** You have the right to seek further restrictions on how we use or disclose your PHI. To do so, you must make your request in writing. Although we are not required to agree to most of those requests, we will review them and, if we do agree, we will document it and abide by it. We are required to agree to a request to restrict a disclosure of your PHI to a health plan for payment or health care operations purposes when the PHI relates to a health care item or service for which we have been paid in full by you or by other alternative means.

**Confidential Communications.** You have the right to request that we communicate with you using alternative means or at alternative locations. To do so, you must make your request in writing. If the request is reasonable, we will accommodate it.

**Copy of this Notice.** You have the right to receive a paper copy of this notice upon request, even if you previously agreed to receive this notice electronically.

**File a Complaint.** You may file a complaint with us and to the U.S. Department of Health and Human Services if you believe we have violated your privacy rights and we will not retaliate against you in any way. To file a complaint with us, you should contact the office listed at the end of this notice.

**Notice of Breach.** You have the right to receive notifications of breaches of your unsecured PHI.

### **FURTHER INFORMATION**

If you have any questions, desire to file a complaint, or seek further information about matters contained in this notice, you may contact:

James Zimmerman  
 Privacy Officer  
 Rosalind Franklin University Health System  
 3471 Green Bay Road  
 North Chicago, IL 60064  
 Tel: (847) 578-8773