

Fenix Family Health Center  
**NOTICE OF PRIVACY PRACTICES**

**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.**

**Purpose of This Notice**

This Notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to file a complaint with us or the government if you believe that we have violated any of your rights or any of our responsibilities.

At Fenix Family Health Center (“Fenix”), we respect your privacy and will protect your health information responsibly and professionally in compliance with the Health Insurance Portability And Accountability Act of 1996 (“HIPAA”) and its rules, as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) and the HITECH Act Final Rule of 2013 which amended HIPAA.

State and federal laws require Fenix to: maintain the privacy of your health information; provide you with this Notice of Privacy Practices (“Notice”) about our legal duties and privacy practices and your legal rights pertaining to health information we collect and maintain about you; to notify you following a breach of unsecured protected health information; follow the privacy practices described in this Notice while it is in effect; notify you if we are unable to agree to a requested restriction pertaining to your health information; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We are required by law to maintain the privacy of your medical information. We must give you a copy of this Notice and get your signature that you have received it. We must follow the terms of this Notice that are currently in effect.

If we revise this Notice, a copy of the revised Notice will be available upon request, posted at our location and on our website [www.fenixclinic.org](http://www.fenixclinic.org). We may change our practices and those changes may apply to medical information we already have about you as well as any new information.

This Notice will be given to you on the date that you first receive medical products or treatment from Fenix. In an emergency, we will give you the Notice as soon as possible after the emergency treatment has been given.

## **How We Use or Disclose Your Medical Information**

### **For Treatment**

We will use medical information about you to provide you with treatment and services. We may share this information with members of our healthcare staff or with others involved in your care such as doctors, nurse practitioners, or health care facilities. For example, a nurse practitioner who is caring for you will report any updates in your condition to your other doctors or to a hospital when needed. We may also disclose your health information to a member of your family or other person who is involved in your care.

### **For Payment**

We may use or disclose your medical information to bill and collect payment for the services we provide to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

### **Health Care Operations**

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. Members of the professional staff, care staff, 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. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

### **Common Disclosures for Treatment, Payment or Health Care Operations**

Your name and address may be used to send you patient and/or family satisfaction surveys.

We may contact you by telephone, by text, or by mail at your home or your office to remind you of an appointment you have with us or anything else about the health care services we provide or payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see “Your Rights” in this Notice.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates we have a written contract with them that requires that they protect the privacy of your medical information. In addition, they are required by law to comply with HIPAA privacy and security regulations.

## **Other Uses and Disclosures of Your Medical Information**

**Fund-raising** --Your name and address and the dates you received treatment or services may be added to a mailing list of patients in order to invite you to a fund-raising event or to send you a newsletter. We may use your demographic information to contact you in an effort to raise funds for the organization. You have a right to opt out of receiving fundraising communications. If you choose not to receive these fundraising communications, we must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications and we may not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We

may not make fundraising communications to you if you have elected to opt out of receiving these communications, but we may provide you with a method to opt back in to receive these communications. If you do not want to receive these communications, you have the right to opt out by notifying the Privacy Officer at 847-909-2004 x 9 or [nursedirector.fenix@gmail.com](mailto:nursedirector.fenix@gmail.com).

**Treatment Alternatives** --We may use and disclose medical information about you to tell you about other health care treatment available to you. If you do not want to receive these communications, please notify the Privacy Officer in writing.

**Health Related Benefits and Services** --We may use and disclose medical information about you to tell you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify the Privacy Officer in writing.

**Individuals Involved in Your Care** --We may disclose medical information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose medical information about you to notify those persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose medical information about you, please notify the Privacy Officer in writing.

- For minors, in the state of Illinois information about birth control, STD's, pregnancy, HIV, or psychiatric treatment are completely private. Your parent or legal guardian does not have a right to see your file, but they can if you want them to. Any other medical information parents have a right to know and must come with you to any appointment unless they give us a signed note stating that we can see you.

### **Use or Disclosures That Are Required or Permitted by Law**

**Disaster Relief** --We may use or disclose medical information about you to assist in disaster relief efforts. We may need to notify family members or others of your location, general condition or death in case of a natural or man-made disaster.

**Required by Law** --We may use or disclose medical information about you when the law requires us to do so.

**Communicable Diseases** -- We may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Public Health Activities** --We may disclose medical information about you for public health activities to prevent or control disease.

**Victims of Abuse, Neglect or Domestic Violence** --We may disclose medical information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** --We may disclose medical information about you to a health oversight agency.

**Food and Drug Administration** -- We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** --We may disclose medical information about you in response to a court proceeding, in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** --We may disclose medical information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- About crimes that occur on our premises.
- To report a crime in emergency circumstances.

**Funeral Directors, Coroners and Medical Examiners** --We may disclose medical information about you as needed to allow these people to do their jobs.

**Organ Donation** --We may disclose medical information about you to organ procurement organizations if you are an organ donor.

**Workers' Compensation** --We may disclose medical information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

**Public Health or Safety** --We may use or disclose medical information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

**Military** -- If you are a member of the Armed Forces, we may use and disclose medical information about you to your military command.

**National Security and Intelligence** -- We may disclose medical information about you to authorized federal officials for national security and intelligence activities.

**Security Clearance** -- We may use medical information about you for a required security clearance.

**Inmates** -- We may disclose medical information about you to a correctional institution or law enforcement official who has custody of you.

**Research** --We may disclose your medical information to researchers under certain limited circumstances.

**To Provide You Notice of Breaches of Unsecured PHI** – We may contact you to provide you with any notice of any breach of your unsecured PHI.

## **Uses or Disclosures That Require Your Authorization**

Uses and disclosures of an individual's PHI for purposes other than those listed will be made only with the patient's written authorization, which later may be revoked. For example, a specific authorization will be required for use or disclosure of your PHI 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face, or is for a promotional gift of nominal value)

or for any marketing that involves financial remuneration; or 3) for any sale of your PHI. In these situations, you may withdraw your authorization at any time and must do so in writing to Fenix. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

**Genetic Information Limitations** -- Under the Genetic Information Nondiscrimination Act of 2008 (“GINA”), group health plans, health plan insurers, or health plan clearinghouses cannot base eligibility, benefits, or premiums on genetic information. GINA also prohibits the collecting of genetic information (including family medical history) in connection with the enrollment or underwriting process. We will not use or disclose genetic information of an individual for enrollment or underwriting purposes.

## **Your Rights**

The information contained in your health or medical record is the physical property of Fenix. The information in it belongs to you. You have the following rights:

**Right to Request Restrictions** -- You have the right to ask us not to use or disclose your medical information for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific medical information. That request must be made in writing to the Privacy Officer. We do not have to agree to your request, unless the request is to restrict disclosures to a health plan for payment or health care operations purposes, if the request is not otherwise required by law, and if the medical information pertains solely to a health care item or service for which payment has been made in full by the individual or a third party other than the health plan. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Fenix can stop a restriction at any time.

**Right to Receive Confidential Communications** -- You have the right to ask that we communicate with you in a certain way or at a certain place. If you want to request confidential communications the request must be made in writing to the Privacy Officer. We must agree to your request if it is reasonable.

**Right to Inspect and Copy Your Medical Information** -- You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing to the Privacy Officer. If you request a copy of the information or we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

**Right to Request Amendments to Your Medical Information** -- You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to the Privacy Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request if we determine that the information:

- Was not created by us.
- Is not part of the medical information that we maintain.
- Is in records that you are not allowed to inspect and copy.
- Is already accurate or complete.

**Right To An Accounting of Disclosures of Health Information --** You have the right to find out what disclosures of your medical information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting.

Requests for an accounting of disclosures must be submitted in writing to the Privacy Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge, we will notify you in advance.

**Right To Obtain a Copy of the Notice –** You have the right to ask for and get a paper copy of this Notice and any revisions we make to the Notice at any time.

**Right To Notification of a Breach –** You have the right to be notified in the event of a data breach of your medical information.

**Right To Restrict Sharing of Information With Your Health Plan –** If you pay in cash, you have the right to request that we do not share your information with your health plan.

## Complaints

You have the right to complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There will be no retaliation against you for filing a complaint.

### To file a complaint with us, contact by phone or by mail:

Privacy Officer: 847-909-2004 x 9 or  
[nursedirector.fenix@gmail.com](mailto:nursedirector.fenix@gmail.com)

**To file a complaint with the United States Secretary of Health and Human Services send your complaint to:** the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Privacy Officer  
130 Washington Ave.  
Highwood, IL 60040  
[nursedirector.fenix@gmail.com](mailto:nursedirector.fenix@gmail.com)

<b>The current effective date of this Privacy Notice is:</b>	<b>June 2010</b>
<b>The effective date of the last revision is:</b>	<b>August 18, 2016</b>