

Chicago Women's Health Center
Notice of Privacy Practices

Chicago Women's Health Center (CWHC) is dedicated to providing services with respect for human dignity. Protecting your privacy and healthcare information is fundamental to our relationship with you.

This Notice of Health Information Privacy Practices ("Notice") describes the personal information we collect, and how and when we use or share ("disclose") that information. It also describes your rights as they relate to this protected health information.

What is Protected Health Information?

"Protected Health information" is any information that includes demographic information; information gathered by CWHC related to your past, present, and future physical or mental health or condition; or past, present, or future payments for healthcare services.

What does "Use and Disclosure" mean?

"Use and Disclosure" refers to how your information may be used by our organization or when we may share your protected health information. There are some reasons that we are permitted or required to share your protected health information without your authorization or consent. These reasons are listed below.

When and why does CWHC use or share your protected health information?

Your protected health information may be used and shared by our providers, our office staff and others outside of our office if they are involved in your care and treatment in order to:

- provide health care services to you, including providers that we refer you to for health services,
- collect payment for your health care services, and
- conduct routine healthcare operations at our office, such as quality control provider training.

The following list describes additional reasons that we are allowed or required to use and share your information without your authorization or consent. We will make every effort to use or share only the minimum amount of information necessary to meet the intended purpose or that is mandated by law in the following circumstances:

- We are required to report some health conditions as required by public health agencies, or other regulatory agencies such as the Occupational Safety and Health Administration (OSHA) or the Food and Drug Administration (FDA). The most common instance of this is that we are required to report some health conditions, such as some sexually transmitted infections, to public health agencies for the purpose of preventing or controlling disease.
- In some cases of suspected abuse or neglect, to the appropriate governmental authority, with your agreement or if required by law, in order to prevent serious and imminent harm to a person or the public.
- In a medical emergency situation, we may share your information with medical personnel only in order to prevent serious harm.
- To health oversight authorities, such as for the purpose of licensing, audits or investigations.
- In lawsuits and legal actions, subject to certain requirements controlling how or when your information is shared.
- To comply with worker's compensation laws that provide benefits for work-related injuries or illnesses
- As required by federal, state or local law.

The above describes the most common situations where we are permitted or required to share your information without your authorization. For more information, please go to the U.S. Health and Human Services website at www.hhs.gov.

We may contact you for the purpose of fundraising for CWHC or communicating about our other health-related benefits and services that may be of interest to you. You have the right to opt out of receiving these communications. We will not exchange or sell your information for marketing purposes.

We may rely on your verbal permission to share information with your family, relatives, friends or other persons identified by you, if that person is directly involved in your care or in paying for your care. This may happen, for example, if you would like to have another person with you during your appointment.

We must obtain your written authorization to share your information in situations except for those situations which are permitted or required by law. We will need your permission to share your health information with other health care providers (unless we referred you to them for follow-up care), life insurance companies or employers. Except in very limited circumstances, we must always obtain your written authorization to use or share psychotherapy notes.

You may stop authorization, at any time, in writing.

Your Health Information Rights

The following is a list of your rights related to your protected health information. Each of the following rights may be limited in certain circumstances. Please contact the Privacy Officer for additional details.

- You can get a copy of this Notice.
- You can receive a copy of your medical record or request that it be provided to another person. We may charge a reasonable fee for this.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may refuse your request, but we will tell you why in writing within 60 days.
- You can get a list of those with whom we've shared your information, except in cases related to providing your care, treatment, payment for health services and health care operations.
- You can ask that we contact you about health matters in a certain way or at a certain location. For example, you can let us know if you prefer to receive mail at work instead of your home address or if you prefer to not have detailed information left on your voice mail.
- 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 refuse if it would affect your care or it is required by law. If you pay for a service out-of-pocket in full, we will not share that information with your health insurer.
- You can revoke your authorization to disclose health information at any time.
- If you believe we have violated your privacy rights, you can file a complaint in writing with our Privacy Officer at 1025 W. Sunnyside Avenue, Suite 201, Chicago, IL 60640.

If there is a breach of your unsecured health information, we may be required to notify you, including what happened and what you can do to protect yourself.

This Notice became effective on November 1, 2014 and will remain in effect until it is replaced or amended by changes in the law.

If you have questions about this Notice please contact our Privacy Officer at 773-935-6126.