

# DR. MATTHEW E. SCHMIDT & ASSOCIATES

## NOTICE OF PRIVACY PRACTICE

**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**

### **HOW WE MAY USE & DISCLOSE INFORMATION COLLECTED ABOUT YOU**

**Treatment, Payment & Health Care Operations** We may use your medical information for:

**Treatment** – We may use your medical information to provide your treatment or health-related services. For example, your prescription may be shared so that you can obtain proper medications or have eyeglasses made.

**Payment** – We may use and disclose your medical information to obtain payment for services that we provide you. For example, we may need to give your insurance company information about a surgery so that they will pay us or reimburse you for treatment.

**Health Care Operations** – We may use and disclose your medical information in connection with our health care operation, such as quality assessment, quality improvement, training programs, certification, licensing, or accreditation activities.

**Reminders** – We may contact you by mail, telephone, voice mail, answering machine, or other means to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other Uses & Disclosures That Don't Require Your Authorization** We may also use your medical information for:

**Individuals Involved In Care/Payment** – We may use or disclose medical information to notify or assist in notifying a family member or person legally responsible for your care and authorized to act on your behalf in making health care decisions. If you are unable to consent to disclosure, or in emergency circumstances, we will disclose protected information using our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your health care.

**Uses Required by Law** – As required by law, we may also use and disclose health information for the following professionals or organizations, including, but not limited to:

- Coroner, medical examiners, funeral directors;
- Organ procurement and tissue donations organizations;
- Worker's compensation agents;
- Health oversight agencies or government programs or contractors;
- Public health or legal authorities charged with preventing or controlling disease, injury or disability;
- U.S. Dept. of Health and Human Services;
- Food and Drug Administration

**Law Enforcement/Legal Proceedings:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances.

**Business Associates** – We may disclose your health information to outside individuals and businesses that assist in operation our business ("business associates") so that they can perform the tasks that we hired them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

**Other Uses & Disclosures of Personal Information** We will make other uses and disclosures of your personal information only with your written authorization, and you may revoke that authorization.

## **YOUR RIGHTS**

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations, or for other reasons. We are not required to agree to your request. For details on how to request a restriction, please contact our Privacy Officer.

**Request Confidential Communications:** You have the right to request that we communicate with you about your medical information by alternative means or at alternative locations. (For example, you must request that we contact you at work or by U.S. mail.) We may or may not be obligated to accommodate your request, depending upon a number of factors. For details on how to request confidential communications, please contact our Privacy Officer.

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care, with limited exceptions. For details on how to request copies or inspections, and our charges for copies and postage, please contact our Privacy Officer.

**Request Changes to Information:** You have the right to request that we amend or make changes to your medical information. Your request must be in writing. We may not be required to make changes that you request. For details on how to request changes, please contact our Privacy Officer.

**Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associated disclosed your medical information for purposes other than treatment, payment, health care operations, and certain other activities (other than those disclosures that you have authorized) since March 26, 2013, and up to 6 years before the date of your request. We are required to provide you with certain limited information regarding each disclosure. If you make a request more than once in a 12-month period, we may charge you a reasonable fee covering our costs for additional requests.

**Paper Copy of This Notice:** If you have received this notice in any form other than by paper copy, you have the right to obtain a paper copy of the notice from us upon request.

## **OUR OBLIGATIONS**

We are required by law to maintain the privacy of you protected health information and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information.

We are also obligated to abide by the terms of this Notice of Privacy Practices while it is in effect.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. If we do so, we will provide our patients with the revised notice by posting it within our premises. We will also make any new notice available to you upon request.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may complain to our **Privacy Officers, Valerie Parson and Deb Hagy**.

You may also complain to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509f, HHH Building, Washington, D.C. 20201

## **CONTACT**

**Our Privacy Managers are Valerie Parson and Deb Hagy. They are responsible for receiving any complaints that you may have regarding the privacy of your health care information and is able to provide further information regarding our obligations and your rights. Their telephone number is (708) 361-0011. Their address is 7600 W. College Dr., Palos Heights, IL 60463.**

## **EFFECTIVE DATE**

This notice is effective as of January 1, 2018.