

## NOTICE OF PRIVACY PRACTICES

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

When this Notice refers to "we" or "us," it is referring to The Chicago Institute of Neurosurgery and Neuroresearch Medical Group, S.C. (CINN), which includes all of the Physicians in the Practice, and all of its employees. This Notice describes how we will use and disclose your protected health information (PHI). The policies outlined in this Notice apply to all of your health information generated by us, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the protected health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

**Treatment.** We may use or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation. CINN may use or disclose your PHI in an emergency treatment situation to others that may be familiar with your medical history or background. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Payment.** We may use and/or disclose your protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment for health care services provided to you.

**Health Care Operations.** We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions to the extent that we both have a relationship with you or if we are part of an "organized health care arrangement" with the other entity, such as the hospitals where our physicians practice. For example, we may compile your protected health information, along with that of other patients, in order to allow us to review that information and make suggestions concerning how to improve the quality of care.

**Psychological/Mental Health Exception.** We may use or disclose your psychological protected health information (PHI) for treatment, payment and health care operations only with your written authorization. Further, we may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those circumstances, when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes include notes that the provider has made during a private, group, joint or family counseling session, which are kept separate from the rest of your record.

### **Uses and Disclosures related to facilitating organ, eye or tissue donation.**

**Uses and Disclosures when required by law:** for public health purposes; to disclose information about victims of abuse, neglect, or domestic violence; for health oversight activities, such as audits or civil, administrative or criminal investigations; for judicial or administrative proceedings; for law enforcement purposes; in response to a court or administrative order; to assist coroners, medical examiners or funeral directors with their official duties; to avert a serious threat to health or safety; for specialized governmental functions, such as military, national security and intelligence activities, protective services for the President and others, criminal corrections, or public benefit purposes; as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable

product recalls; to make repairs or replacements, or to conduct post marketing surveillance; and for workers' compensation purposes, as permitted by law.

**Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. Certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy; a research project may look at the results of certain treatments, so we can see if those treatments help the patients who come to us. All research projects, however, have to have special approval from a group of people who are part of our institutional review board (IRB). We will not require your permission to use your PHI if our IRB decides that the information from your file isn't likely to interfere with your rights of privacy.

**Marketing.** CINN must obtain your written authorization to use and disclose your PHI for marketing purposes when it receives direct or indirect payment resulting from marketing activities. However, in the following two situations CINN may use and disclose your PHI without your written authorization:

- Any face-to-face marketing communication we make to you
- If CINN gives you a promotional gift of nominal value (inexpensive)

**Communication Barriers.** CINN may use or disclose your PHI if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using his or her professional judgment, that you intend to consent to use or disclose your PHI under the circumstances. CINN may also disclose your PHI to a third party for the purposes of interpretation related to language, physical or cognitive limitations, or other types of communication barriers.

**Fundraising.** Patients often wish to donate or contribute funds to their physicians, their practices, for special projects or equipment, or to CINN and The CINN Foundation. CINN may use or disclose certain limited PHI, including to The CINN Foundation, for the purposes of fundraising, including basic demographic information and the dates of treatment. For example, if you have been treated within the past year at CINN for a particular condition, you could be sent fundraising information as regards a new technology to aid in the treatment of that condition unless you object. At that time you will also be given the opportunity to opt out of receiving any future fundraising information.

**Other Uses of Medical Information.** Uses and disclosures of medical information not covered by this notice or the laws that apply to the Institute will be made only with your written consent. If you provide us permission to use or disclose protected health information about you, you may revoke that consent, in writing, at any time. If you revoke your consent, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your consent, and that we are required to retain our records of the care that we provided to you.

Except as described above, disclosures of your protected health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. Instances where your written authorization will be required include:

## **YOUR RIGHTS**

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact Person listed on the final page of this Notice.

2. **To Limit Communications.** You have the right to receive confidential communications about your own protected health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request

communications via alternative means or at alternative locations, you must submit a written request to the Contact Person listed on the final page of this Notice. All reasonable requests will be granted.

3. **To Access and Copy Health Information.** You have the right to inspect and copy any protected health information about you, that we use to make decisions about you, other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact Person listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. **To Request Amendment.** You may request that your protected health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your protected health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend protected health information must be submitted in writing to the Contact Person listed on the final page of this Notice.

5. **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your protected health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact Person listed on the final page of this Notice.

6. **To a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request.

## **OUR DUTIES**

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

2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all protected health information that we maintain. Any changes to this Notice will be posted at our offices, and will be available from us upon request.

**COMPLAINTS** You can complain to us and to the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

**DESIGNATED CONTACT PERSON:**

Tamara Porfiro, Vice President, Operations and Finance  
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