

Please review this document, then complete the questionnaire on the last page (p.5) and sign.

**NOTICE OF PRIVACY PRACTICES
REGARDING YOUR HEALTH INFORMATION**

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.

If you have any questions about this notice, please contact:

18309 Distinctive Drive, Orland Park, IL 60467

This notice describes the privacy notice of Innovative Health & Wellness Center. (The "Clinic")

Any Business Associate of The Clinic that performs services for or on behalf of The Clinic is required by us to enter into a contract in which it undertakes to accord the same level of confidentiality to personal information that we afford

OUR PRIVACY PRACTICES REGARDING MEDICAL INFORMATION

In order to provide you with quality care and to comply with legal requirements, we create a record of the care and services you receive from us at The Clinic. We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you

This personal notice applies to all of the records of your care generated by us, whether made by clinic personnel or your personal doctor.

We are required by law to:

- **Make sure that medical information that identifies you is treated confidentially;**
- **Give you this Notice of Privacy with respect to medical information about you; and**
- **Follow the terms of the Notice that is currently in effect.**

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you either electronically or on site to doctors, nurses, technicians, massage therapist, or other clinic personnel who are involved in taking care of you in the clinic. Different people at the clinic also may share medical information about you in order to coordinate the different things you need, such as lab work. We may disclose your medical information to pathologists at third-party laboratories or hospital laboratories for lab work and, in emergencies, may disclose your medical information to hospital physicians. We may disclose medical information about you for treatment purposes to other doctors and health care providers who are involved in taking care of you outside the clinic. We also may disclose medical information about you to people outside the clinic who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan

about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for clinical operations. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information many clinic patients to decide what additional services we would offer, what services are not needed, and whether certain new treatments are effective. The medical information we have may be combined with medical information from other health care facilities in order to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or to reschedule an appointment for treatment or medical care.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits, Products and Services.** We may use and disclose medical information to tell you about health-related benefits, products or services that may be of interest to you.
- **Presence in Clinic.** Your presence in the clinic may be made known to persons who try to contact you here. You will be given an opportunity to request restrictions on our use of your information for such purposes.
- **Individuals Involved in Your Care or Payment of Your Care.** Unless you request that we do not do so, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **AS Required By Law.** We will disclose medical information about you when required to *do so by* federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For instance, we report any defects in products or devices to those subject to Food and Drug Administration (FDA) oversight to ensure the safety of medical devices and products.

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you **for public health activities. These activities generally include the following:**
 - **To prevent or control disease,** injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe the patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our clinic facilities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may also release medical information if asked to do so by a law enforcement official:
 - In response to a court order or other tribunal order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the persons agreement;
- About death we believe may be the result of criminal conduct;
- About a suspected criminal conduct at the clinic; and
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we may obtain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of the medical information that may be used to make decisions about your care.

To inspect and have your medical information copied, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and have a copy in certain limited circumstances. If you are denied access to medical information for one of those reasons, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that the medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the clinic.

All requests to amend medical information must be made in writing.

We may deny your request for an amendment if it is not in writing or does not include reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us. Unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and have a copy;
- or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to an accounting of disclosures. This is a list of the disclosures of your medical information we have made, other than for treatment, payment, health care operations, or as specifically authorized by you. To request this accounting of disclosures, you must submit your request in writing. The first list you request within a 12 month period will be free. For additional lists, **we may**

charge you for the costs of providing you the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to 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 health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or a friend. For example, you could ask that we do not use or disclose information about a past medical condition. **We are not required to agree to your request** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us(1) what information you want *to limit*; (2)*whether you want to limit our use, disclosure or both*; and(3) **to whom** you want the limits to apply-for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain *way* or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, we have a special form for that purpose which will be supplied to you if you ask for it. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to a paper copy of this notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of our current Notice of Privacy at any time. To obtain a paper copy of our current Notice, ask the Receptionist.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the clinic. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic and/or with the Secretary of the Department of Health and Human Services. To file a complaint with the clinic, contact our privacy officer at 4646 E. Greenway Rd. Ste. 104, Phoenix, AZ 85032. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you may revoke that permission, in writ* at any time. If you revoke your permission, 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 permission, and that we are required to retain our records of the care that we have provided to you.

Due to the recent HIPAA federal regulations on privacy, we need your help in letting us know who we can release information to or leave messages with about your health and billing information. The regulations now state the only person we can release information to is you. Please mark or fill in answers as requested.

1. Yes___ No___ If we are contacting you at work and a co-worker answers your phone, can we state that “This is Innovative Health & Wellness Center calling” and request they give you a message to return our call?

2. Yes___ No___ If we are contacting you at home and a family member answers your phone, can we state that “This is Innovative Health & Wellness Center calling” and request they give you a message to return our call?

3. Yes___ No___ May we leave test results (provided results are normal and no further action is required), billing questions, appointment verification, supplement information (i.e. a requested supplement is ready for pick/up) and return phone call messages on your answering machine at home?

Yes___ No___ on your cell phone?

Yes___ No___ on your personal voice mail at work?

Yes___ No___ with a spouse

4. Yes___ No___ Without your permission we are unable to mail or fax return-to-work or school notes, work or school restrictions, school or camp physical forms and billing information. Please indicate if we can mail or fax this information to another person.

5. Yes___ No___ Is there anyone we **should not leave** information with?

Please list them: _____

This notice is effective as of April 14, 2003. By signing below, I acknowledge that I have received a copy of Innovative Health & Wellness Center’s Notice of Privacy Practices regarding my health information. I understand this notice describes how medical information about me may be used and how I can get access to this information.

Signature: _____ Date: _____

It may be necessary for our office to send medical records to your insurance carrier and/or to request medical records from another of your physicians. Please sign below indicating your authorization for our office to perform these tasks.

Signature: _____ Date: _____

Thank you,
Innovative Health & Wellness Center