

BOYD OBSTETRICS & GYNECOLOGY, S.C.
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.

Who We Are: This notice describes the privacy practices of Boyd Obstetrics & Gynecology, S.C. It also applies to all business associates with whom we may share information. It applies to your medical information, including your medical record, for all services provided to you in our office.

We understand that your medical information is confidential and we are committed to maintaining its privacy. Federal law requires that we provide you with this Notice of our legal duties and privacy practices with respect to your medical information. We are required to abide by the terms of this Notice when we use or disclose your medical information.

Provision of Notice: The practice provides its Notice of Privacy Practices to every patient to evaluate the practice's privacy practices when making his or her decision regarding whether to seek treatment from the practice. The practice provides its Notice via email to any patient or other individual who so requests the Notice.

Documentation of Provision of Notice: When a direct treatment patient receives the Notice from the practice, the practice asks the patient to sign its "Receipts of Notice of Privacy Practices" form. The form is filled with the patient's medical record. If the patient refuses to sign the form, it's noted in the medical record that the patient was given the Notice and refused to sign the form.

Complaints: If you have any questions or are concerned that your privacy rights have been violated or you disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer. You may also file written complaints with the Director, Practice for Civil Rights of the US Department of Health and Human Services. Our Privacy Officer will provide you with the address. We will not retaliate against you if you file a complaint.

Uses and Disclosures of Protected Health Information

Our Practice makes reasonable efforts to ensure that protected health information is only used by and disclosed to individuals that have a right to their protected health information.

Uses and Disclosures – Treatment, Payment, and Health Care Operations: Our practice uses and discloses protected health information for payment, treatment, and health care operations. Treatment includes those policies related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. Patient relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies any additional information requested by the insurance company so they can determine if they should pay the claim. Health Care Operations includes a number of areas, including quality assurance and peer review activities.

Uses and Disclosures – Not Requiring Authorization: To ensure to those involved in individual's care. The practice discloses protected health information to those involved in a patient's care or the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the judgment of the practice.

Uses and Disclosures Required by Law – The practice uses and discloses protected health information to appropriate individuals required by the law, the practice discloses protected health information to public health officials. This included reporting of communicable and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, and mandated reports of injury, medical conditions, cures, or food-borne illness including but not limited to adverse reactions to immunizations, cancer, adverse pregnancy outcomes, death.

The practice discloses protected health information regarding victims of abuse, neglect, or domestic violence. The practice discloses information of a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonable believes to be a victim of neglect to the appropriate authorities as require by law, or if not required by law, if the individual agrees to the disclosure. This is child-abuse and neglect, or elder abuse and exploitation, abused and neglected nursing home residents, or disabled adults abuse.

Marketing Purposes: The practice does not use or disclose any protected health information for marketing purposes. The practice does engage in communications about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

In addition, the practice will / will not contact the individual with appointment reminder or information about treatment alternatives or other health related benefits and services that may be of interest to the individual.

Individual Rights

Individual rights – Inspect and Copy Protected Health Information:

The practice allows individuals to inspect and copy their protected health information, documents all requests, responds to those requests in a timely fashion, informs individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for the copying of records.

The practice reviews the request in a timely fashion and acts on a request for access generally within 30 days. The practice may have a single extension of 30 days, if needed to act on the request. Each request will be accepted or denied and the requestor notified in writing. If a request is denied, the requestor is informed if the denial is “reviewable” or not. The requestor has the right to have any denial reviewed by a licensed health care professional who is designated by the practice as a reviewing official and who did not participate in the original decision to deny. The practice informs the requestor of the decision of the reviewing official and adheres to the decision.

Illinois law prohibits charges that exceed the following: \$20.48 handling fee plus 77 cents each for pages 1-25, 51 cents each for pages 26-50, and 26 cents each for pages 51 to end; plus actual expenses related to the copying of x-rays, CAT scans, and similar. The practice limits charges for records to the amounts allowed under Illinois law.

Individual Rights – Request Amendment to Protected Health Information: You have the right to request that we amend your medical record file or billing records by obtaining an amendment request form from the Privacy Officer. We will comply with your request unless we believe that the information is accurate or other special circumstances apply. You have the right to appeal our decision not to amend your medical records.

Individual Rights – Request Confidential Communications: You may request, and we will accommodate, any reasonable written request for you to receive your medical information by alternative means of communication or at alternative locations such as sending mail to an address other than your home.

Individual Rights – Authorizations:

The practice obtains a written authorization from a patient or the patient’s representative for the use of disclosures of protected health information for other than treatment, payment, or health care operations; however, the practice will not get an authorization for the use or disclosure of protected health information specifically allowed under the Privacy Rule in the absence of an authorization. The practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to requested by the patient) and signed by the patient.

The practice does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim(excluding authorization for use or disclosure of psychotherapy notes); or provision of health care solely for purpose of creating protected health information for disclosure to a third party (e.g. pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required to disclosure or release of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

The practice allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of the practice’s privacy officer, however, in any case the practice will be able to use or disclose the protected health information to the extent practice has taken action in reliance on the authorization.

The Effective date of this Notice is April 14, 2003

Privacy Officer:

Cheryl Friedrich
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Peoria, IL 61602

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