

WOMEN'S HEALTHCARE CENTER
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF WOMEN'S HEALTHCARE CENTER, "WHC") MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO YOUR INDIVIDUAL INFORMATION. PLEASE REVIEW CAREFULLY.

WHC LEGAL DUTY

WHC IS REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION (**PHI**), PROVIDE THIS NOTICE ABOUT OUR INFORMATION PRACTICES, AND FOLLOW THE INFORMATION PRACTICES THAT ARE DESCRIBED HEREIN.

WHC COMMITMENT TO YOUR PRIVACY & THE USES AND DISCLOSURES OF YOUR PRIVATE HEALTH INFORMATION. (PHI)

WHC IS DEDICATED TO MAINTAINING THE PRIVACY OF EVERY PATIENT. YOUR PERSONAL HEALTH INFORMATION (**PHI**) WILL BE KEPT CONFIDENTIAL, PRIVATE, AND SECURE. YOUR **PHI** WILL ONLY BE SHARED UNDER VERY LIMITED SITUATIONS. FOR EXAMPLE: WHEN YOU ASK US TO SHARE INFORMATION, WITH OTHER TREATING PHYSICIANS, FACILITIES, & HOSPITALS, TO GIVE YOU OR DESIGNATED FAMILY MEMBER/LEGAL GUARDIAN TESTING RESULTS OR TREATMENT PLANS, AND LASTLY WITH YOUR INSURANCE COMPANY FOR THE PURPOSE OF SECURING COVERAGE OR PAYMENT OF CURRENT OR FUTURE SERVICES. WHC WILL ONLY SHARE THE MINIMAL AMOUNT OF YOUR **PHI** NEEDED TO ENSURE THE OPTIMAL OUTCOME OF YOUR CARE.

PATIENT'S INDIVIDUAL RIGHTS

YOU HAVE THE RIGHT TO REQUEST A REVIEW OR OBTAIN A COPY OF YOUR **PHI** AT ANY TIME. YOU HAVE THE RIGHT TO REQUEST THAT WE CORRECT ANY INACCURATE OR INCOMPLETE INFORMATION IN YOUR RECORDS. YOU ALSO HAVE **THE RIGHT TO REQUEST A LIST OF INSTANCES WHERE WE HAVE DISCLOSED YOUR PHI FOR REASONS OTHER THAN TREATMENT, PAYMENT, PATIENT INSTRUCTED, OR OTHER RELATED ADMINISTRATIVE PURPOSES.** YOU MAY ALSO REQUEST IN WRITING THAT WE NOT USE OR DISCLOSE YOUR **PHI** FOR TREATMENT, PAYMENT, AND ADMINISTRATIVE PURPOSES EXCEPT WHEN SPECIFICALLY AUTHORIZED BY YOU, WHEN REQUIRED BY LAW OR IN EMERGENCY CIRCUMSTANCES. WHC WILL CONSIDER ALL SUCH REQUESTS ON A CASE BY CASE BASIS, BUT WHC IS NOT LEGALLY REQUIRED TO ACCEPT THESE REQUESTS OR CHANGES.

CONCERNS AND COMPLAINTS

IF YOU ARE CONCERNED THAT WHC MAY HAVE VIOLATED YOUR PRIVACY RIGHTS, OR IF YOU DISAGREE WITH ANY DECISIONS WE HAVE MADE REGARDING ACCESS OR DISCLOSURE OF YOUR **PHI**, PLEASE CONTACT OUR HIPPA COMPLIANCE OFFICER AT THE ADDRESS BELOW. YOU MAY ALSO SEND A WRITTEN COMPLAINT TO THE US DEPARTMENT OF HEALTH & HUMAN SERVICES. FOR FURTHER INFORMATION ON WHC HEALTH INFORMATION PRACTICES, OR IF YOU HAVE A COMPLAINT, PLEASE CONTACT THE FOLLOWING OFFICE:

**HIPPA COMPLIANCE OFFICER
WOMEN'S HEALTHCARE CENTER
2230 N HUNTINGTON DRIVE
ALGONQUIN, IL 60102**

**PHONE: 847-854-0688
FAX: 847-854-4239**