



# NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

## NOTHING IS MORE IMPORTANT THAN ENSURING YOUR PRIVACY.

At DuPage Medical Group, we understand that your privacy is vitally important. As your medical provider, we take proactive measures to safeguard your information. We understand that with each office visit, you are placing your trust in us. We will make every effort to ensure this trust is not breached, and that your privacy is protected.

This Notice was developed to provide you with information regarding your rights to privacy and confidentiality. It contains our policies regarding privacy according to the Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. We encourage you to read this information thoroughly so that you are fully informed about our policies and procedures. We welcome any questions you may have regarding this information.

*This Notice describes how your personal health information may be used and disclosed, as well as how you may access this information.*

Please review it carefully.

### How to contact us:

IN WRITING  
DuPage Medical Group  
Attn: Privacy Officer  
1100 W 31st Street  
Suite 300  
Downers Grove, IL 60515

BY PHONE  
630-545-7600

**DuPage Medical Group**

| WE CARE FOR YOU

# YOUR RIGHTS

*When it comes to your health information, you have certain rights. This section explains your rights and how to exercise them.*



## GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to view or receive an electronic or paper copy of your medical record, and other health information we have collected.
- We will provide a copy or summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee for copies of your medical record.



## ASK US TO CORRECT YOUR MEDICAL RECORD

- You may request a correction of any of your personal health information that you believe is incorrect or incomplete.
- We may deny your request, but we will explain why in writing within 60 days. You have the right to appeal our decision.



## REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (*for example, home or office phone*) or to send mail to a different address.
- We will say “yes” to all reasonable requests.



## ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment, or operational purposes.  
We are not required to agree to your request; we may deny your request if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose(s) of payment or our operations with your health insurer.  
We will say “yes” unless a law requires us to share that information.
- We participate in Epic’s “Care Everywhere” platform, which means that we share your medical records via secure, encrypted connections that enable your care providers to access your health information when treating you. The information shared includes your medical history, previous diagnoses, test results (i.e. labs and imaging), current medications, allergies, and progress notes. This connection allows for real-time access without having to wait for records to be transferred between facilities.  
You may opt-out if you do not want your record shared with your treating providers through Care Everywhere.



## REQUEST A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask for a list of the times we have shared your health information, who we have shared it with and why we have shared that information. You may request this information dating back 6 years prior to the date of your request.
- We will include all disclosures except for those about treatment, payment, our operations, and certain other disclosures (such as any you asked us to make). You may request this list once per year at no cost to you, but any additional requests within the same 12-month period can incur a reasonable, cost-based fee.



## REQUEST A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically.
- We will provide you with a paper copy promptly.



## CHOOSE SOMEONE TO ACT FOR YOU

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make decisions regarding your health information.
- We require that a copy of the appropriate documentation supporting this authority be provided to us before we will allow this person to exercise your rights.



## FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- Protecting your privacy and rights under HIPAA is important to us. If you feel we have violated your privacy or any of the rights listed here, please contact our Privacy Officer using the information included on the first page of this Notice.
- In addition, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:
  - By writing:  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Washington, D.C. 20201
  - By phone: 877-696-6775  
800-537-7697 (TDD)
  - Online: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

# YOUR CHOICES

*For certain health information, you can tell us your preference with regard to what we share. If you have a clear preference for how we share your information in the situations described below, please reach out to us. Tell us what you want us to do and we will follow your instructions.*



## IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- If there is someone you do not want us to disclose your health information to, please contact us in writing.



## IN THESE CASES, WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:

- We must obtain your authorization for the following purposes (and for all other uses and disclosures) not described in this Notice:
  - Marketing
  - Sale of your information
  - Most sharing of psychotherapy notes, alcohol treatment and drug dependence treatment, unless otherwise required by law



## IN THE CASE OF FUNDRAISING:

- We may contact you for fundraising efforts on behalf of DuPage Medical Group, but you have the right to opt-out of these communications.



## IN THE CASE OF PATIENT EXPERIENCE SURVEYS:

- We have partnered with a vendor to contact patients regarding your experience with us. The vendor is a business associate of ours and will maintain the privacy and confidentiality of your information in compliance with HIPAA regulations.



## IMMUNIZATIONS

- We participate in I-CARE – the Illinois Immunization Registry. Participation in the registry includes sharing demographic and immunization records with other participating providers.
  - You may choose to opt-out of sharing immunization record information with other providers using I-CARE.
- Immunization records may be shared with a school when oral or written permission is given from the patient, parent or legal guardian, as appropriate.

# OUR USES & DISCLOSURES

*We typically use or share your health information in the following ways:*



## TO TREAT YOU

- We can use your health information and share it with other professionals that have a treatment relationship with you.
- Example: A doctor treating you for an injury may ask another doctor who treated you about your overall health condition.
- We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you, including:
  - To describe a health-related product or service that is provided by us.
  - For case management or your care coordination.
  - To direct or recommend alternative treatments, therapies, health care providers or settings of care.
- We may communicate with you about our products and services through face-to-face communication. We may also communicate about products or services



## OPERATE OUR ORGANIZATION

- We can use or share your health information to operate our practice, improve your care, and contact you when necessary.
- Example: We use your health information to manage your treatment and services, such as appointment reminders, and to train our staff.
- We can share your health information with “business associates” – individuals or companies that provide services to DuPage Medical Group. This may include a survey vendor, a software vendor, a billing vendor, or a collection agency. We require our business associates to protect your information.



## TO BILL FOR OUR SERVICES

- We can use and share your health information to bill and receive payment from health plans and other entities responsible for the payment of your care.
- Example: we provide information about you to your health insurance plan so it will pay for services provided to you.

In certain instances, we are permitted or required to share your information for public health, research and other legal purposes. We have to meet certain legal conditions before we can share your information for these purposes.



#### HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

- When certain requirements are met, we can share your health information for purposes such as:
  - Preventing disease.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence, if agreed to by you.
  - Preventing or reducing a serious threat to health or safety.



#### DO RESEARCH

- We can use or share your information for health research, or to contact you about research projects you may qualify for.
- We may use or share your information for research only after the project has been approved.



#### COMPLY WITH THE LAW

- We will share information about you if state or federal laws require that we do so, including when the U.S. Department of Health and Human Services requests your information, to confirm that we are in compliance with HIPAA.



#### RESPOND TO ORGAN AND TISSUE DONATION REQUESTS

- We can share your health information to facilitate organ, eye or tissue donations with entities engaged in organ procurement.



#### WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

- We can share health information with a coroner, medical examiner, or funeral director to allow them to carry out their duties when an individual dies.



#### WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

- We can use or share your health information:
  - For workers compensation claims.
  - For law enforcement purposes when certain requirements are met.
  - With health oversight agencies for activities that are authorized by law.
  - To a correctional institution or law enforcement official who has custody of you.
  - For special government functions such as military, national security, and presidential protective services.



#### RESPOND TO LAWSUITS

- We can share your health information in response to a court or administrative order, or in response to a subpoena.



#### MINOR CHILDREN

- We may share health information with a minor's parent or guardian, except:
  - Where prohibited by law.
  - If the minor is emancipated, pregnant, married, or has a child.
  - If the minor is receiving certain kinds of treatment (examples listed below), and they are over 12 years of age and state or federal law does not require or permit us to make disclosures:
    - HIV or STD testing
    - Drug or alcohol abuse treatment
    - Mental health treatment
    - Pregnancy testing

# OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information, and to provide you with this Notice.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice, and we must provide you with a copy of this Notice.
- We will not use or share your information (other than as described here) unless you specify that we can by notifying us in writing. You may change your mind about this at any time; please notify us of this change in writing.

## WHO IS BOUND BY THIS NOTICE

This Notice of Privacy Practices describes the practices of DuPage Medical Group, Ltd., which includes current and future subsidiaries, employees, contracted services, agencies, trainee students and volunteer groups.

## CHANGES TO THIS NOTICE

We can change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available in our clinics, on our website, and upon request.

This notice is effective as of July 31, 2018.

DuPage Medical Group, Ltd. ("DMG"), which includes current and future subsidiaries\*, maintains its patient health record through the use of an electronic health record system ("EHR system") shared with Edward Health Services Corporation ("Edward"). Through the EHR system, PHI (Protected Health Information) of DMG patients is combined with that of Edward, such that each patient has a single, longitudinal health record with respect to health care services provided by DMG and Edward.

Through the EHR system, DMG and Edward have formed an organized system of health care in which DMG and Edward participate in joint utilization management and/or quality assurance activities, and as such, qualify to participate in an Organized Health Care Arrangement ("OHCA") as defined under HIPAA. As OHCA participants, DMG and Edward may use and disclose the PHI contained within the EHR system for treatment, payment and health care operations purposes of the OHCA participants (with limited exceptions).

## ACA SECTION 1557 NOTICE OF NONDISCRIMINATION

DMG complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DMG does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## DUPAGE MEDICAL GROUP, LTD.:

*Provides free aids and services to people with disabilities to communicate effectively with us, such as:*

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

*Provides free language services to people whose primary language is not English, such as:*

- Qualified interpreters
- Information written in other languages

If you believe that DMG has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by using the below contact information.

### IN WRITING:

DuPage Medical Group  
Attn: Patient Experience  
1100 W 31st Street  
Suite 300  
Downers Grove, IL 60515

### BY PHONE:

855-835-5364

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# ENGLISH TRANSLATION

If you speak (insert language), language assistance services are available to you free of charge. This organization complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you feel you need to reach the U.S. Department of Health and Human Services Office for Civil Rights, their phone number is 1-800-368-1019, 1-800-537-7697 (TDD).

## SPANISH

Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo. Esta organización cumple con las leyes federales vigentes de derechos civiles y no discrimina con base en la raza, el color de piel, el país de origen, la edad, discapacidad o el sexo. Si considera que debe comunicarse con la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU., el número de teléfono es 1-800-368-1019, 1-800-537-7697 (TDD).

## POLISH

Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Organizacja ta zapewnia zgodność z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność lub płeć. W przypadku konieczności skontaktowania się z biurem ds. praw obywatelskich amerykańskiego wydziału zdrowia i opieki społecznej należy skorzystać z numeru telefonu, 1-800-368-1019, 1-800-537-7697 (TDD).

## CHINESE

如果您使用繁體中文，您可以免費獲得語言援助服務。該機構遵守相關的聯邦民權法，禁止基於種族、膚色、民族、年齡、殘障狀況或性別的任何歧視。若您認為您需要聯絡美國健康與民眾服務部民權辦公室 (Department of Health and Human Services, Office for Civil Rights)，您可以致電 1-800-368-1019 或 1-800-537-7697 (TDD)。

## KOREAN

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 기관은 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별에 근거하여 차별하지 않습니다. 미국 보건복지부(U.S. Department of Health and Human Services) 민권 사무소(Office for Civil Rights)에 연락하길 원하실 경우, 1-800-368-1019번(TDD: 1-800-537-7697)으로 연락하시기 바랍니다.

## TAGALOG

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyonang tulong sa wika na walang bayad. Ang organisasyon na ito ay sumusunod sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian. Kung sa iyong palagay ay kailangan mong makipag-ugnayan sa Office for Civil Rights ng U.S. Department of Health and Human Services, ang kanilang numero ng telepono ay 1-800-368-1019 at 1-800-537-7697 (TDD).

## ARABIC

**Arabic** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تمثل هذه المنظمة لقوانين الحقوق المدنية الفيدرالية المطبقة ولا تمارس التمييز على أساس العرق أو اللون أو الأصل القومي أو العمر أو الإعاقة أو الجنس. إذا كنت تشعر أنك بحاجة للتواصل مع مكتب الحقوق المدنية التابع لوزارة الصحة والخدمات الإنسانية الأمريكية، فإن رقم الهاتف الخاص بهم هو 1-800-368-1019، 1-800-537-7697 (جهاز الاتصالات للصم).

## RUSSIAN

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Данная организация соблюдает действующее федеральное законодательство в области защиты прав человека и не допускает дискриминации по таким признакам, как раса, цвет кожи, национальность, возраст, ограниченные возможности или пол. Если вы хотите связаться с Управлением защиты гражданских прав (Office for Civil Rights) Министерства здравоохранения и социального обеспечения США (Department of Health and Human Services), обращайтесь по номеру: 1-800-368-1019, 1-800-537-7697 (линия TDD для лиц с нарушениями слуха).

## GUJARATI

**Gujarati:** જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાય સેવાઓ તમારા માટે, વિના મૂલ્યે, ઉપલબ્ધ છે. આ સંસ્થા લાગુ ફેડરલ નાગરિક અધિકાર કાયદાનું અનુપાલન કરે છે અને જાતિ, રંગ, મૂળ રાષ્ટ્ર, ઉંમર, અપંગતા અથવા લિંગના અધારે ભેદભાવ કરતી નથી. જો તમને એમ લાગે કે તમારે નાગરિક અધિકારો માટેના કાર્યાલય, યુ.એસ. ડિપાર્ટમેન્ટ ઓફ હેલ્થ એન્ડ હ્યુમન સર્વિસનો સંપર્ક કરવાની જરૂર છે, તો તેમને ફોન નંબર 1-800-368-1019, 1-800-537-7697 (TDD) છે.

Urdu اگر آپ (اردو) بولتے ہیں تو آپ کے لیے لسانی اعانت کی خدمات بلا معاوضہ دستیاب ہیں۔ یہ تنظیم قابل اطلاق وفاق۔ شہری حقوق کے قوانین کے مطابق ہے اور اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر تفریق نہیں کرتی ہے۔ اگر آپ کو امریکہ کے محکمہ صحت و انسانی خدمات برائے شہری حقوق سے رابطہ کرنے کی ضرورت محسوس ہو تو، ان کے فون نمبرات (TDD) 1-800-368-1019, 1-800-537-7697 ہیں۔

## VIETNAMESE

Nếu quý vị nói Tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn. Tổ chức này tuân thủ các luật về quyền công dân Liên Bang và không phân biệt đối xử trên cơ sở chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, khuyết tật, hoặc giới tính. Nếu quý vị cho rằng mình cần liên lạc Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Văn Phòng Quyền Công Dân, số điện thoại của họ là 1-800-368-1019, 1-800-537-7697 (TDD).

## ITALIAN

Se la tua lingua è l'italiano, avrai a disposizione un servizio di assistenza linguistica gratuita. Questa organizzazione osserva le leggi federali sui diritti civili e non compie discriminazioni sulla base di razza, colore della pelle, nazionalità, età, disabilità o sesso. Se senti la necessità di contattare l'Ufficio per i diritti civili del Dipartimento della sanità e dei servizi sociali degli Stati Uniti (U.S. Department of Health and Human Services, Office for Civil Rights), il numero di telefono è 1-800-368-1019, 1-800-537-7697 (TDD).

## HINDI

अगर आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। यह संगठन लागू होने योग्य संघीय नागरिक अधिकार कानूनों का अनुपालन करता है। और यह जाति, रंग, राष्ट्रीय मूल, आयु, अक्षमता या लिंग के आधार पर भेदभाव नहीं करता है। अगर आपको लगता है कि आपको स्वास्थ्य और मानवीय सेवाएँ, संयुक्त राज्य अमेरिका विभाग, नागरिक अधिकार कार्यालय (यू.एस. डिपार्टमेंट ऑफ़ हेल्थ एंड ह्यूमन सर्विसेज़, ऑफ़िस फॉर सिविल राइट्स) से संपर्क करना चाहिए तो उनका फ़ोन नंबर है 1-800-368-1019, 1-800-537-7697 (TDD)

## FRENCH

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Cette organisation respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. Si vous souhaitez contacter l'Office for Civil Rights (Bureau des Droits Civiques) de l'U.S. Department of Health and Human Services (Département de la Santé et des Services sociaux des États-Unis), composez le numéro suivant : 1 800 368 1019, 1 800 537 7697 (TDD).

## GREEK

Αν μιλάτε ΕΛΛΗΝΙΚΑ, διατίθενται υπηρεσίες μετάφρασης στη γλώσσα σας χωρίς χρέωση. Αυτός ο οργανισμός συμμορφώνεται με την ισχύουσα ομοσπονδιακή νομοθεσία περί δικαιωμάτων του πολίτη και δεν πραγματοποιεί διακρίσεις βάσει φυλής, χρώματος, εθνικής καταγωγής, ηλικίας, αναπηρίας ή φύλου. Αν θεωρείτε ότι πρέπει να επικοινωνήσετε με το Υπουργείο Υγείας και Κοινωνικής Πρόνοιας των ΗΠΑ, καλέστε 1-800-368-1019, 1-800-537-7697 (TDD).

## GERMAN

Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Diese Organisation erfüllt die geltenden US-amerikanischen Bürgerrechtsgesetze und nimmt keinerlei Diskriminierung bezüglich Rasse, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht vor. Wenden Sie sich bei Bedarf bitte an das Amt für Bürgerrechte (Office for Civil Rights) im Ministerium für Gesundheitspflege und Soziale Dienste (US Department of Health and Human Services) unter folgenden Rufnummern: 1-800-368-1019, 1-800-537-7697 (Schreibtelefon TDD).