



## 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 READ IT CAREFULLY.**

**A Bella Baby OB/GYN is committed to keeping your verbal communication and clinical records strictly confidential except to use or disclose health information to carry out treatment, obtain payment, and for health care operations. In addition authorization of the following can be release per HIPAA regulation:**

1) Release (when required) of: Diagnosis, Evaluation and/or treatment for alcohol and/or drug abuse; Records of HTLV-III or HIV testing (AIDS test) result, diagnosis and/or treatment; Psychiatric, psychological records or evaluation and/or treatment for mental, physical and/or emotional illness including narrative summary, tests, social work assessment, medication, psychiatric examination, progress notes, consultations, treatment plans, and/or evaluation.

2) My medical condition and information may be discussed with the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Leave a message on my home phone voicemail or answering machine? YES NO

4) Leave a message with a person who answers my home phone? YES NO

5) Leave a message on my cell phone? YES NO

6) Contact me at work and tell them who is calling if asked? YES NO

7) Leave a message on my work phone voicemail or answering machine? YES NO

**A Bella Baby OBGYN  
Notices of Privacy Practices**

This notice describes how health information about you (as a Patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.

Please Review this Notice Carefully

**A. OUR COMMITMENT TO YOUR PRIVACY**

- a. Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning you IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your IIHI  
Your privacy rights in regard to your IIHI  
Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:**

Grace Reynoso  
3540 Seven Bridges Dr Suite 200  
Woodridge, IL60517  
Effective Date of this notice: 8/14/2017

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI

1. **TREATMENT:** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice-including, but not limited to, our doctors and staff-may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.
2. **PAYMENT:** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclosed your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for service and items.

3. **HEALTH CARE OPERATIONS:** Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **APPOINTMENT REMINDERS:** Our practice may use and disclose your IIMI to contact you and remind you of an appointment.
5. **TREATMENT OPTIONS:** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternative.
6. **HEALTH RELATED BENEFITS AND SERVICES:** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. **RELEASE OF INFORMATION TO FAMILY/FRIENDS:** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

#### **D. DISCLOSURE OF OUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risk:** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths.
  - Reporting child abuse or neglect.
  - Preventing or controlling disease, injury or disability.
  - Notifying a person regarding potential exposure to a communicable disease.
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
  - Reporting reactions to drugs or problems with products or device.
  - Notifying individuals if a product or device they may be using has been recalled.
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence): however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities:** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions: civil, administrative, and criminal procedure or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and health care system in general.
3. **Lawsuits and Similar Proceeding:** Our practice may use and disclose your IIHI in response to court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another part involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has request.

4. **Law Enforcement:** We may release your IIHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe has resulted from criminal conduct.
  - Regarding criminal conduct at our offices.
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person.
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.
5. **Serious Threat to Health or Safety:** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military:** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **National Security:** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

#### **E. YOUR RIGHTS REGARDING YOUR IIHI**

YOU HAVE THE FOLLOWING RIGHTS REGARDING THE IIHI THAT WE MAINTAIN ABOUT YOU.

1. **Confidential Communication:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. You may ask that we contact you at home rather than work. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your IIHI for treatment payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request:** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to the office manager. Your request must describe in a clear and concise fashion:
  - a. the information you want restricted;
  - b. whether you are requesting to limit our practice's use, disclosure or both; and
  - c. to whom you want the limits to apply.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records but not including psychotherapy notes. You must submit your request in writing to the Office Manager in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances, however you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment:** You may ask us to amend your health information you believe is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Office Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion; a.) accurate and complete; b.) not part of the IIHI kept by or for the practice; c.) not a part of the IIHI which you would be permitted to inspect and copy; or d.) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
  
5. **Accounting of Disclosure:** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment of operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Office Manager. All requests for an “accounting of disclosures” must state a time period which may not be longer than (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional request and you may withdraw your request before you incur any costs.
  
6. **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Office Manager.
  
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice with the Secretary of the Department of Health and Human Service. To file a complaint with our practice, contact the Office Manager. All complains must be submitted in writing. You will not be penalized for filing a complaint.
  
8. **Right to provide an Authorization for Other uses and Disclosures:** Our practice will obtain your written authorization for use and disclosures that are not identified by this notice or per missed by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose you IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

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**Signature of Patient (or patient’s representative)**

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**Date**

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**Printed Name of Patient (or patient’s representative)**

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**Relationship to Patient**