

PATIENT PRIVACY NOTICE

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.

Chicagoland Complete Healthcare (CCHC), and its Medical Staff, area Family Practice Group pursuant to the federal Privacy Rule. The purpose is to allow sharing of protected health information within the CCHC and distribution of a joint Notice of Privacy Practices to patients seen in the clinic.

Our Pledge to You

We understand that medical information about you is personal. We are committed to protecting your medical information. We create a record of the care and services you receive in order to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. The information privacy practices in this notice will be followed by:

- Any healthcare professional who treats you at any of our locations.
- All departments and units of our organization.
- All employees, associates, staff, students or volunteers of our organization.
- Any business associate or partner of Chicagoland Complete Healthcare.

We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will post the new notice on our web site (www.chicagolandphysicians.com), where you can receive a copy of the current notice at any time. The effective date is listed on the front page.

How We May Use and Disclose Medical Information About You

We may use and disclose medical information about you for treatment (such as sharing medical information within our facility or sending or allowing access to medical information to another healthcare provider); to obtain payment for treatment (such as sending billing information to your insurance company or other providers participating in your care); and to support our healthcare operations (such as comparing patient data to improve treatment methods).

We may use or disclose medical information about you without other prior authorization for several other reasons. Subject to certain requirements, we may disclose your medical information without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.

Other Uses of Medical Information

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your Rights Regarding Medical Information About You

In most cases, you have the right to view or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. In certain situations, we may deny your request to review or obtain a copy. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if

that information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure, when you submit a written request. You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our office address listed at the end of this notice.

Complaints

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office (listed at the end). Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Under no circumstances will you be penalized or retaliated against for filing a complaint.

HIPAA Privacy Statement - Addendum

This practice participates in a Health Information Exchange program where key clinical information about our patients' care is shared electronically, through a secure web portal, between this practice and other physicians/providers also providing care to our patients. Basic health information is shared with other treating physicians and providers. Sharing of basic health information in a Health Information Exchange is done so to have information available to better care for patients and the information is used for no other purposes.

LATER, if you decide that you no longer wish to participate, any information in The Health Information Exchange cannot be removed, but it will not be viewable because the patient identifying information will be inactivated. If you wish to exclude your basic health information from being included in this program, please inform the practice manager. You will be asked to sign a form documenting your wishes to "Opt-out".

The following information is defined by the State of Illinois as specially protected health information and should ***only*** be shared with the patient's written permission in the Health Information Exchange, eEHX. This specially protected information includes information concerning alcoholism treatment, drug abuse treatment, mental health services, developmental disabilities services, genetic testing and treatment, testing and treatment for HIV/AIDS/Sexually Transmitted Disease, treatment for child abuse/neglect, and treatment of sexual assault or abuse.

We have taken precautions to try and exclude this information from the Health Information Exchange, but there still is a small possibility that this information may be inadvertently sent to the HIE. **Therefore, if you have specially protected health information you should "Opt-out" of participating in the eEHX, or sign a consent that allows release of your specially protected health information.**

This practice also participates with the **Illinois State Immunization Registry and Public Health Disease Surveillance Registry**. Information will be sent electronically to the IL State registries about immunizations and state-required reportable diseases. This information is used by the State of IL to track Public Health needs. If you do not want your immunization information to be reported to the IL State Immunization Registry you may request to "Opt out" of this by signing an Opt-out form. This will not affect your care by your doctor.

Patient Financial Policy

Thank you for choosing Chicagoland Complete Healthcare as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

Patient Information:

A full completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registrations will be updated by the patient yearly and will include a working phone number. A signature by the responsible party is required. Patient information is private and protected. Chicagoland Complete Healthcare is HIPPA compliant. Dependents and children under the age of 18 will require the signature of a responsible adult party on all forms.

Time of Service Payments:

The following are expected at time of service:

- Co-pays
- Self-insured patient payments
- Any balances aged past 30 days
- Payment for services rendered to patients whose insurance is out of network or out of the country
- Payment for services that are non-covered due to policy exclusions or a pre-existing condition
- Payment in full for services rendered to patients whose insurance could not be verified or who refused to provide aforementioned required information

Insurance Claims:

Chicagoland Complete Healthcare will file claims with the patient's insurance upon the patient's submission of proof of insurance (i.e., insurance card indicating coverage, identification number and group number). In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of service. The patient is responsible for supplying information requested by the insurance company (i.e., annual claim forms, accident details). Upon receipt of the insurance card, Chicagoland Complete Healthcare will submit the health insurance claim form indicating patient payment at the time of service.

Patient Financial Responsibility:

If no insurance is to be filed by Chicagoland Complete Healthcare, or if Chicagoland Complete Healthcare is not a participating provider, full payment is due at the time of service. Co-payments, deductibles, co-insurance and non-covered services are due at the time of service. We accept cash, checks, and all major credit cards. Payment arrangements can be made with a signed Payment Agreement and the approval of the office manager.

Missed Appointments:

Chicagoland Complete Healthcare requires a 2-hour notice of appointment cancellation for general appointments, and a 24-hour notice of cancellation for procedures. Appointments missed and those not previously cancelled will be charged a "no-show" fee of \$50.00.

Patient Statements:

Once we receive a reply from the insurance company, patients will receive a statement reflecting any balance(s) owed. Payment is due within 30 days of receiving the statement. If payment is not received in a timely manner, your account may be sent to collections.

Payment Options:

Our office accepts all major credit cards. Our office also accepts check or cash. Please do not send cash by mail. There will be a \$50.00 fee for all returned checks.

Third Party Charges:

In addition to receiving bills from us, patients may also receive bills for services provided by a third party. These charges may be for lab, radiology, hospital, or other services. While your provider orders these services, said third parties provide them and payment should be made directly to the third party. It is advised that patients call the third party directly with any questions.

Accounts Past Due:

Payment from statements are due upon receipt. Non-compliance may result in preparation of account for small claims court, collection agency and/or credit bureau reporting and possible discharge from the practice. In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees of not less than 30% and court costs. A

patient may remit in full for all outstanding charges owed on account. Amounts previously placed with a collection service will need to be paid to the collection service. Under these circumstances, the physician may reserve the right to re-establish the patient to active status in the practice.

Account Consultation:

Physicians do not discuss financial issues. Our practice manager and our billing staff are trained to discuss your account and make payment arrangements.

Payment Plans:

Sometimes, unexpectedly large balances are incurred. If a balance cannot be paid in full, patients may call our billing department to set up a payment plan within 10 days of receiving a statement. Patients will still receive monthly statements to help track balance status.

Understanding Your Benefits

It is the patient's responsibility to understand his/her benefits and to keep us informed. This helps us better accommodate the patient at time of service and helps the patient to better anticipate any out of pocket expenses. Please be familiar with the following:

- Exclusions on the policy, which can include pre-existing conditions
- Dollar or service maximums on any services
- Whether there is a deductible, how high it is, and what services it will be applied to
- Reason for appointment, with regard to whether it is a "Well visit" or a "Sick Visit". A "Well Visit" will be covered by Preventative Benefits and can include, but is not limited to, any preventative tests, physical exams, and immunizations. A "Sick Visit" will be covered by Office Visit Benefits and can include, but is not limited to, any visit you have with a provider that addresses a present complaint or condition. Please note whether your benefits cover these services.
- Whether your plan covers mental health benefits

Explanation of Benefits (EOB)

Explanation of Benefits documents are sent by payors (insurance company) to both patients and providers after a claim is processed. This document illustrates the payment made to the provider, any write-offs, any remaining patient responsibility. However, an EOB is not a bill; it is simply an explanation of how benefits were applied. The patient's bill will come from billing department of Chicagoland Complete Healthcare.