

## NOTICE OF PRIVACY PRACTICES

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Effective Date: *March 4, 2019*

Heartland Women's Healthcare, an Advantia Health practice, located in the State of Illinois, is committed to protecting the privacy of medical information that we create or obtain about you.

**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.**

### **In a Nutshell**

#### **Your Rights**

You have the right to:

- Obtain a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Obtain a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information to:

- Communicate with family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Fundraise

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

### You have the right to:

#### Obtain an electronic or paper copy of your medical record

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
  - *For mental health care only*, your right of access does not include access to certain personal notes written by your therapist and maintained separately from your medical record. In addition, we may refuse to disclose a specific portion of your mental health medical record if your therapist believes it would be injurious to your health. In that case, upon your written request, we will provide you with a summary of the requested portions and permit another healthcare provider to examine and copy this information.

#### Ask us to correct your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You may 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 may ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" 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 payment or our operations.
  - We will say "yes" unless a law requires us to share that information.

#### Obtain a list of those with whom we've shared information

- You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Obtain a copy of this Privacy Notice

- You may ask for a paper copy of this notice at any time, even if you have 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 choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You may complain if you feel we have violated your privacy rights by contacting our Compliance Officer at [compliance@advantiahealth.com](mailto:compliance@advantiahealth.com) or 571-257-1480
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You will not be retaliated against for filing a complaint.

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **You have the right and choice to tell us whether to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Consult you for fundraising efforts

*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.*

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you may request that we not contact you again for this purpose.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 currently described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Our Uses and Disclosures**

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

### **Treat you**

We may use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

We may use and share your health information to run our organization, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for our services**

We may use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Help with public health and safety issues**

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.
  - *For mental health care*, if our therapist is aware of a patient's propensity for violence and the patient communicates to the therapist an intention to inflict imminent physical injury upon a specified victim or victims, that therapist may be required by law to warn law enforcement agencies and specified victim(s), or take certain other steps to provide protection from the patient's violent behavior.

### **Conduct research**

We may use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We may share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We may share health information with a coroner, medical examiner, or funeral director when a patient dies.

### **Address workers' compensation, law enforcement, and other government requests**

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- For certain cases in which we are permitted or required to share your information without your authorization, we are nonetheless required to provide you with advance notice so that you may attempt to legally object or block the disclosure (for example, by filing a motion to quash the subpoena).
  - *For other sensitive health records*, we may also be required to take certain additional precautions.

### **How else can we use or share your health information?**

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Health Information Exchange**

Health Information Exchanges (HIEs) enable us to quickly and securely share your health information electronically among a network of healthcare providers, including physicians, hospitals, laboratories and pharmacies. Only authorized healthcare providers with a valid reason may access your information using a secure network. You have the right to opt-out of disclosure of your medical record to or through the HIE; however, any information sent to or through the HIE prior to processing your opt-out may continue to be maintained by and be accessible through the HIE. Please let your provider know if you wish to opt out.

### **Affiliated Covered Entity**

As an affiliated covered entity, this notice applies to any healthcare entity owned or under common control of Advantia Holdings, LLC, located in the state of Illinois, now or in the future.

### **Illinois Law**

If federal privacy law and Illinois law conflict, and the Illinois law is more protective of your information or provides you with greater access to your information, then we will follow the Illinois law.

### **Changes to the Terms of this Notice**

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

### **Other Particularly Sensitive Conditions**

Certain other types of health information may have additional protection under Illinois law. For example, health information about HIV/AIDS and mental health information is treated differently than other types of health information under Illinois law. These categories of information generally will not be disclosed without your consent.

### **Effective Date**

The effective date of this Notice is March 4, 2019.

### **Contact Us**

For more information, please contact the Advantia Health Chief Compliance Officer at 1525 Wilson Blvd, Suite 540, Arlington, VA, 22209, [compliance@advantiahealth.com](mailto:compliance@advantiahealth.com)

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### **Discrimination is Against the Law!**

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

### Advantia Health:

- 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 need these services, contact Advantia Health's Civil Rights Coordinator

If you believe that your medical practice has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advantia Health Civil Rights Coordinator  
1525 Wilson Blvd, Suite 540  
Rosslyn, VA  
[compliance@advantiahealth.com](mailto:compliance@advantiahealth.com)  
202-552-1335

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Advantia Health's Civil Rights Coordinator is available to help you.

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/smartscreen/main.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>

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-202-552-1335 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-202-552-1335 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-202-552-1335 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-202-552-1335 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-202-552-1335 (TTY: 711).

202-552-1335 رقم 1 ملاحظه: إذا كنت تتحدث اذكري اللغة، فلن خدمت المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 711 رقم هفت (711 والبكم).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-202-552-1335 (телетайп: 1-711).

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خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-202-552-1335 (TTY: 711)۔

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-202-552-1335 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-202-552-1335 (TTY: 711).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-202-552-1335 (ATS : 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-202-552-1335 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-202-552-1335 (TTY: 711).