

# NOTICE OF PRIVACY PRACTICES

## PALOS PULMONARY & INTENSIVE CARE CONSULTANTS

### MICHAEL HENIFF, MD

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This Notice of Privacy Practices describes the privacy practices of Palos Pulmonary & Intensive Care Consultants and Dr. Michael Heniff. This practice wants you to know that nothing is more central to our operations than maintaining the privacy of your health information ('Protected Health Information' or 'PHI'). PHI is information about you, including basic information that may identify you and relates to your past, present or future health or condition. We take this responsibility very seriously.

### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are required by federal and applicable state law to protect the privacy of your health information and to provide you with this Notice. Our staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as facsimile, modem or other electronic device. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI. This Notice also describes your rights and the obligations we have regarding the use and disclosures of your PHI. Under Federal and applicable state law, we are required to follow the terms of the Notice currently in effect since April 14<sup>th</sup>, 2003.

### HOW WE MAY DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION

#### **TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS**

Below are examples of how Federal Law permits use or disclosure of your PHI for the purposes without your permission.

1. **TREATMENT:** PHI obtained by this practice will be used to properly treat your illness. We may also use and disclose your PHI to your other physician(s) or other healthcare provider in order to get you the proper care.
2. **PAYMENT:** We may contact your insurer, payer or other agent and share your PHI with that entity to determine whether it will pay for your care. We may also contact you about a payment or balance due for treatment provided by this practice.
3. **HEALTH CARE OPERATIONS:** Your PHI may be used to monitor the effectiveness of our services.

In addition, we may disclose your PHI to another healthcare provider, health insurance plan or healthcare clearinghouse for purposes of treatment, payment or healthcare operations. However, we will only do so for your health care operations if they have or had a relationship with you if the PHI they request pertains to that relationship, and only for limited purposes.

#### **OTHER SPECIAL CIRCUMSTANCES**

We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise, as described below.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR CARE:** We may disclose your PHI to a friend, personal representative, or family member involved in your medical care or payment for your care. For example, if we can reasonably infer that you agree, we may provide information to your caregiver on your behalf.

**DISCLOSURES TO PARENTS OR LEGAL GUARDIANS:** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

**WORKER'S COMPENSATION:** We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

**LAW ENFORCEMENT:** We may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

**AS REQUIRED BY LAW:** We must disclose your PHI when required to do so by applicable federal or state law.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

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**PUBLIC HEALTH:** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These activities may include the following: disclosures to report reactions or other product to the U.S. Food and Drug Administration, or other authorized entity, disclosures to notify individuals of exposures to a disease, or risk for contracting or spreading a disease or condition.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as programs, and compliance with federal and applicable state laws.

**UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES:** Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** We may release your PHI to assist in identifying a deceased person or determine cause of death.

**ADMINISTRATOR OR EXECUTOR:** Upon your death, we may disclose your PHI to an administrator, executor, or the individual so authorized under applicable state law.

**ORGAN OR TISSUE PROCUREMENT ORGANIZATIONS:** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**NOTIFICATION:** We may use or disclose your PHI to assist in a disaster relief efforts so that your family, personal representative, or friends may be notified about your condition, status and location.

**CORRECTIONAL INSTITUTION:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person or to the public.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose your PHI to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

### HOW WE MAY USE OR DISCLOSE YOUR PHI FOR OTHER PURPOSES ONLY WITH YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). You may revoke this authorization at any time by submitting a written notice to our office. Your revocation will become effective upon our receipt of your written notice.

### YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- **OBTAIN A PAPER COPY UPON REQUEST:** To obtain a copy at any time, please contact the office. The address, telephone and fax number are provided at the end of this document.
- **INSPECT AND OBTAIN A COPY OF YOUR PHI:** You have the right to obtain a copy of your PHI. You will need to submit a written and signed records release form to our office. We will respond to your request within 30 days. **A fee may be charged for the expense of fulfilling your request.** We may deny your request to inspect and copy in certain limited circumstances, such as if we have reasonably determined that providing access to PHI would endanger you or another person. If we deny your request, we will notify you in writing and provide you with the opportunity to request a review of the denial.
- **REQUEST AN AMENDMENT OF PHI:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.
- **RECEIVE AND ACCOUNTING OF DISCLOSURES OF PHI:** You have the right to request an accounting of your PHI disclosures for purposes other than treatment, payment or health care operations. This accounting will also exclude disclosures: made directly to you, made with your authorization, made incidentally, made to care givers, and made for notification purposes, and certain other disclosures. Requests must specify the time period.
- **ALTERNATIVE COMMUNICATIONS:** You have the rights to request that we communicate with you in a certain way or certain location. (You must make your request in writing) Your request must specify how, where or when you would like to be contacted. We will accommodate all reasonable requests.
- **REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF PHI:** You have the right to request a restriction or limitation on our use or disclosure of your PHI by submitting a written request to the Office Manager. You must identify in this request, (i) what particular information you would like to limit, (ii) whether you want to limit use, disclosure, or both and (iii) to whom you want limits to apply. All requests will be considered but we are not required to agree with those restrictions.

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- **ELECTRONIC NOTICE:** If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.
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**QUESTIONS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint with with U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**PALOS PULMONARY & INTENSIVE CARE CONSULTANTS**  
**MICHAEL HENIFF,MD**

**11824 Southwest Highway, Suite 130**

**Palos Heights, IL 60463**

**Phone: (708) 277-6150**

**Fax: (708)277-6110**

**ALL REQUESTS FOR PHI MUST INCLUDE THE PATIENTS FULL NAME, DATE OF BIRTH AND ADDRESS.**