

Right to Complain:

If you have any questions about this Notice or would like to file a complaint about our Privacy Practices, please direct your inquires to John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300.

You may also file a complaint with the Secretary of the Department Of Health and Human Services; **you will not be retaliated against or penalized for filing a complaint.**

Changes to this Notice:

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice Provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the patient waiting area at each facility. Each version of the Notice will have a current effective date listed on the first page.



IGG is a regional medical practice comprised of board certified private practice gastroenterologists and allied professionals. We are dedicated to improving the health of our patients by providing the highest quality gastrointestinal care utilizing evidence-based medicine in a safe, compassionate manner, following clinical standards as determined by available scientific knowledge, best practice and innovative treatment.

Some of our physicians are national experts in GI and are helping to design the GI practice of the future. Accordingly, IGG physicians use performance and outcome measurements to demonstrate quality and improvement in their delivery of care.

Above all though, “we recognize treating our patients and staff with respect and dignity as integral to fulfilling our Mission”.

Illinois Gastroenterology Group

Notice of Privacy Practices

Effective Date: March 1, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

About Us

In this notice we use terms like “we”, “us”, or “our” to refer to Illinois Gastroenterology Group (I.G.G.), its physicians, employees, and other personnel. All of the locations of I.G.G. follow the terms of this Notice and may share health information with each other for treatment, payment, or healthcare operations purposes as described in this Notice.

Purpose of this Notice

This notice describes how we may use and disclose your health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this Notice.

How May We Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information.

For Treatment:

We may use your health information to provide you with medical treatment or services. For example, your health information may be disclosed to the nurses who participate in your care. We may disclose your health information to another gastroenterologist for the purpose of consultation. We may also disclose your health information to your physician or other healthcare providers to ensure those parties have all the information necessary to diagnose and treat you.

For Payment:

We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example a bill may be sent to you, your insurance company or third party payer. The bill may contain certain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

For HealthCare Operations:

We may use or disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment activities, training of staff, necessary credentialing, and other essential activities.

We may ask you to sign your name to a sign-in sheet at the registration desk and we may call your name in the waiting room when calling you into clinic for your appointment.

We may disclose your health information to a third party that performs services, such as billing and collection, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

Appointment Reminders: We may use your health information in order to contact you and remind you of an upcoming appointment for treatment or healthcare services.

Treatment Alternatives and Health-Related Benefits and Services: We may use your health information to inform you of services or programs that we believe would be beneficial to you. For example, we may contact you to make you aware of new products, supply product information, or a new patient assistance program that may be available to you.

Individuals Involved in Your Care or Payment for Your Care: We may release your health information, including information about your condition to a family member or friend who is involved in your medical care or who helps pay for your care. If you would like for us to refrain from releasing your health information to a family member or friend, please notify Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300. We may also disclose your health information to disaster-relief organizations so that your family can be notified about your condition, status and location.

We are allowed by law to use and disclose your health information without your authorization for the following purposes:

As Required By Law: We may use and disclose your health information when required to do so by federal, state, or local law.

Judicial And Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities: We may disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the healthcare system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials for several different purposes:

- To comply with a court order, warrant, subpoena, summons, or other similar process;
- To identify, or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if unable to obtain the victims agreement;
- About a death we suspect may have resulted from criminal conduct;
- To report a crime, the location of a crime, and the identity, description, and location of the individual who committed the crime, in an emergency situation.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability;
- To report births, or deaths;
- To report child abuse or neglect;
- To report adverse events, product defects, or problems;
- To track FDA regulated products;
- To notify people of product recalls; and
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
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Serious Threat to Health and Safety: If there is a serious threat to your health and safety or the health and safety of the public, we may use or disclose your health information to someone to help prevent the threat.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation organizations.

Coroners, Medical Examiners, and Funeral Directors:

We may use and disclose health information to a coroner, or M/E. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also release information to funeral directors, as necessary to assist them in performing their duties.

Workers Compensation: We may disclose information for workers compensation or similar programs that provide benefits for work related injuries or illness.

Victim of Abuse, Neglect, or Domestic Violence: We may disclose information to the appropriate authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure if you agree or if required by law.

Other Uses and Disclosures of Your Health Information: Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on your previous authorization.

Your Rights Regarding Your Health Information

You have the following rights regarding health information maintained for you.

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment, and healthcare operations. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, please make your request in writing and submit it to **John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123**

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to **John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123**

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes or information that is compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. To inspect and copy your health information, you must make your request in writing to by filling out the appropriate form provided by us and submitting it to John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300. If you request a copy of your health information, we reserve the right to charge a fee for the costs related to copying, and mailing the requested documents.

We may deny your request to inspect and copy in very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed healthcare professional chosen by us. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to Amend:

If you feel that your health information is incorrect or incomplete, you may request that we amend your information.

You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment you must make your request in writing by filling out the appropriate form provided by us and submitting it to John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300.

We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us.

Right to an Accounting of Disclosure:

You have the right to request an accounting of certain disclosures we make of your health information. Please note that certain disclosure, such as those made for treatment, payment, or healthcare operation need not be included the accounting provided to you.

To request an accounting of disclosure, you must make your request in writing by filling out the appropriate form provided by us and submitting it to John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300. You must state a time period which may not be longer than six years, and which may not include dates prior to April 14, 2003. The first requested accounting in a 12 month period will be free; you may be charged the costs of providing the accounting for any additional requests. You will be notified of the costs so that you have an opportunity to modify or withdraw your request before any actual costs have been incurred.

Right to a paper copy of this Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy please contact John Haukland, Privacy Official, Illinois Gastroenterology Group, 745 Fletcher Drive, Suite 202, Elgin, IL 60123, 847-888-1300.