

ASSOCIATED GASTROENTEROLOGY CONSULTANTS, INC.

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

This notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice tells you about the ways Associated Gastroenterology Consultants, Inc., may use and disclose protected health information (PHI) about you, describes your rights regarding this information, and our related obligations. Protected health information (PHI) is "individually identifiable health information." This information includes demographic information, such as, age, address, patient account number. It also includes medical information and related financial information that Associated Gastroenterology Consultants, S.C. generates about you.

Associated Gastroenterology Consultants acts to maintain the privacy of protected health information (PHI) and provide individuals with notice of the legal duties and privacy practices with respect to protected health information as described in this Notice and abide by the terms of the Notice currently in effect.

PROVISION OF NOTICE Our practice provides its Notice of Privacy Practices to every patient with whom it has a direct treatment relationship. Our practice makes its Notice available to any member of the public to enable prospective patients to evaluate our practice's privacy practices when making his or her decision regarding whether to seek treatment from our practice.

DOCUMENTATION OF PROVISION OF NOTICE When a direct treatment patient receives the Notice, our practice will ask the patient to sign its "Receipt of Notice of Privacy Practices" form. The form is filed with the patient's medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

EFFECTIVE DATE AND CHANGES TO NOTICE This Notice is effective immediately. Our practice reserves the right to revise this Notice whenever there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice will not be implemented prior to the effective date of the notice in which such material change is reflected.

If the Notice is revised, our practice makes the revised Notice available upon request beginning on the revision's effective date. The revised notice is posted in our practice's reception area and made available to all patients, including those who have received a previous Notice. Upon receipt of a revised Notice, a patient is asked to acknowledge receipt of the Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Our practice reasonably ensures that the protected health information (PHI) it requests, uses, and discloses for any purpose is the minimum amount of PHI necessary for that purpose.

Our practice treats all qualified individuals as personal representatives of patients. Our practice generally allows individuals to act as personal representatives of patients. The two general exceptions to allowing individuals to act as personal representatives relate to unemancipated minors and abuse, neglect, or endangerment situations.

Our practice makes reasonable efforts to ensure that PHI is only used by and disclosed to individuals that have a right to the protected health information. Toward that end, that practice makes reasonable efforts to verify the identity of those using or receiving protected health information.

USES AND DISCLOSURES – TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS Our practice uses and discloses protected health information for payment, treatment, and health care operations. *Treatment* includes those activities related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. *Payment* relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. *Health care operations* includes disclosing your PHI to operate our practice, which includes using PHI in a review of our treatment and services. PHI may be disclosed to an accountant for financial purposes.

***HIPAA Notice B (042503 revision)*

USES AND DISCLOSURES – NOT REQUIRING AUTHORIZATIONS

DISCLOSURE TO THOSE INVOLVED IN INDIVIDUAL'S CARE Our practice discloses PHI to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of our practice.

When the patient is not present, our practice determines whether the disclosure of the patient's PHI is authorized by law and if so, discloses only the information directly relevant to the person's involvement with the patient's health care.

Our practice does not disclose PHI to a suspected abuser, if, in its professional judgment, there is reason to believe that such a disclosure could cause the patient serious harm. Further, the practice uses and discloses information as required by law.

USES AND DISCLOSURES REQUIRED BY LAW Our practice uses and discloses PHI to appropriate individuals as required by law.

As required by law, our practice discloses PHI to public health officials. This includes reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, and mandated reports of injury, medical conditions or procedures, or food-borne illness including, but not limited to, adverse reactions to immunizations, cancer, adverse pregnancy outcomes, death and birth.

Our practice informs the individual of the reporting unless our practice, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm or the practice would be informing a personal representative, and the practice believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the professional judgment of the practice.

USES AND DISCLOSURES FOR HEALTH OVERSIGHT ACTIVITIES Our practice uses and discloses PHI as required by law for health oversight activities. The information may be used and released for audits, investigations, licensure issues and other health oversight activities, including, but not limited to hospital peer review, managed care peer review, or Medicaid or Medicare peer review.

DISCLOSURES FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS In general, our practice discloses information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.

DISCLOSURES FOR LAW ENFORCEMENT PURPOSES Our practice discloses PHI for law enforcement purposes to law enforcement officials.

USES AND DISCLOSURES RELATED TO DECEDENTS Our practice uses and discloses PHI as required to a coroner or medical examiner and funeral directors as required by law. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's PHI.

USES AND DISCLOSURES RELATED TO CADAVERIC ORGAN, EYE OR TISSUE DONATIONS Our practice uses and discloses PHI to facilitate organ, eye or tissue donations.

USES AND DISCLOSURES TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY Our practice uses and discloses PHI to public health and other authorities as required by law to avert a serious threat to health or safety.

USES AND DISCLOSURES FOR SPECIALIZED GOVERNMENT FUNCTIONS Our practice uses and discloses PHI for military and veteran's activities, national security and intelligence activities, and other activities as required by law.

USES AND DISCLOSURES IN EMERGENCY SITUATIONS Our practice uses and discloses PHI as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided its Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, our practice provides the Notice to the individual as soon as practicable following the provision of the emergency treatment.

MARKETING PURPOSES Our practice does not use or disclose any PHI for marketing purposes. The practice does engage in communications about services that encourages recipients of the communication to use our service for treatment, to direct, or recommend alternative treatments or therapies to the individual. These activities are not considered marketing. In addition, the practice will contact the individual with appointment reminders, reminders to schedule a test or procedure or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

USES AND DISCLOSURES THAT DO NOT APPLY TO PRACTICE

RESEARCH Our practice does not engage in any research activities that require it to use or disclose PHI.

***HIPAA Notice B (042503 revision)*

OTHER USES AND DISCLOSURES Our practice does not use or disclose PHI to an employer or health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agents, or for fundraising.

If an individual wants our practice to release his or her PHI to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, then he or she can contact our practice and complete an appropriate written authorization.

INDIVIDUAL RIGHTS

INDIVIDUAL RIGHTS – ACCOUNTING FOR DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Our practice tracks all disclosures of a patient's PHI that occur for other than the purposes of *treatment, payment, and health care operations*, that are not made to the individual or to a person involved in the patient's care, that are not made as a result of a patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

Our practice allows an individual to request one accounting within a 12-month period free of charge. The practice charges a reasonable fee for more frequent accounting requests. An individual can request an accounting of disclosures for a period of up to six years prior to the date of the request. Requests for shorter accounting periods will be accepted. However, patients may only request an accounting of disclosures made on or after April 14, 2003.

A request for an accounting for disclosures must be made in writing and sent to the practice. It should be marked "Attention: Privacy Officer".

INDIVIDUAL RIGHTS – INSPECT AND COPY PROTECTED HEALTH INFORMATION (PHI)

Our practice allows individuals to inspect and copy their PHI, documents all requests, responds to those requests in a timely fashion, informs individuals of their appeal rights when a request is rejected in whole or in part, and charges a reasonable fee for the copying of records.

Our practice charges reasonable fees based on actual cost of fulfilling the request. The practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines that the charge is burdensome to the requestor.

Requests for the inspection and copying of records must be sent to the practice in writing. It should be marked "Attention: Privacy Officer".

INDIVIDUAL RIGHTS – REQUEST AMENDMENT TO PROTECTED HEALTH INFORMATION (PHI)

Our practice allows an individual to request that our practice amend the PHI maintained in the patient's medical record or in the patient's billing record. The practice documents all requests, responds to those requests in a timely fashion, and informs individuals of their appeal rights when a request is denied in whole or in part.

If our practice denies the request, in whole or in part, our practice provides the requestor with a written denial in a timely fashion. Our practice allows a requestor to submit a written statement disagreeing with the denial of all or part of the initial request. The statement must include the basis of the disagreement. The practice limits the length of a statement of disagreement to one page. The practice accepts requests to amend the PHI maintained by the practice. The requests must be in writing and should be marked "Attention: Privacy Officer".

INDIVIDUAL RIGHTS – REQUEST CONFIDENTIAL COMMUNICATIONS

Our practice accommodates all reasonable requests to keep communications confidential. Our practice determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communications must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be addressed to the practice's privacy officer. No reason for the request needs to be stated.

Our practice accommodates all reasonable requests. The reasonableness of a request is determined solely on the basis of the administrative difficulty of complying with request. Our practice will reject a request due to administrative difficulty: if no independently verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing; or if the requestor has not provided information as to how payment will be handled.

Our practice will not refuse a request: if the requestor indicates that the communication will cause endangerment; or based on any perception of the merits of the requestor's request.

***HIPAA Notice B (042503 revision)*

INDIVIDUAL RIGHTS – REQUEST RESTRICTION OF DISCLOSURES

Our practice accepts all requests for restrictions of disclosures of PHI. Our practice does not agree to any restrictions in the use or disclosure of PHI.

All requests for restrictions of disclosures must be submitted in writing. They must be sent to the attention of the practice's privacy officer. The privacy officer notifies the requestor in writing that the practice does not accept restrictions of disclosure.

INDIVIDUAL RIGHTS – AUTHORIZATIONS

Our practice obtains a written authorization from a patient or the patient's representative for the use or disclosure of PHI for other than *treatment, payment, or health care operations*; however, the practice will not get an authorization for the use or disclosure of PHI specifically allowed under the Privacy Rule in the absence of an authorization. The practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to requested by the patient) and signed by the patient.

Our practice does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim (excluding authorization for use or disclosure of psychotherapy notes); or provision of health care solely for the purpose of creating PHI for disclosure to a third party (e.g., pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required for the disclosure or release of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

Our practice allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of the practice's privacy officer; however, in any case our practice will be able to use or disclose the PHI to the extent that our practice has taken action in reliance on the authorization.

INDIVIDUAL RIGHTS – WAIVER OF RIGHTS

Our practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

COMPLAINTS Our practice allows all patients and their agents to file complaints with the practice and with the Secretary of the federal Department of Health and Human Services (DHHS). A patient or his or her agent may file a complaint with the practice whenever he or she believes that the practice has violated their rights.

Complaints to the practice must be in writing, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to the attention of the practice's privacy officer at the practice's address. Our practice investigates each complaint and may, at its discretion, reply to the patient or the patient's agent.

Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name our practice, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to: Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909.

Our practice does not take any adverse action against any patient who files a complaint (either directly or through an agent) against the practice.

CONTACT PERSON Our practice has a Privacy Officer that serves as the contact person for all issues related to the Privacy Rule. If you have any questions about this Notice, please contact our Privacy Officer at:

Associated Gastroenterology Consultants, Inc.
ATTN: Privacy Officer
530 Park Avenue East, Suite 207
Princeton, IL 61356
(815) 875-8666