



**ENDOSCOPY CENTER**  
of the North Shore, LLC

**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.**

**I. HOW ENDOSCOPY CENTER OF THE NORTH SHORE LLC (THE ENDOSCOPY CENTER) MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

Federal law requires THE ENDOSCOPY CENTER to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. THE ENDOSCOPY CENTER must abide by the terms and conditions of this Privacy Notice, as THE ENDOSCOPY CENTER may revise this Privacy Notice from time to time.

**A. USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

THE ENDOSCOPY CENTER may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- “Treatment” could include consulting with or referring your case to another health care provider. The type of health information that THE ENDOSCOPY CENTER could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition, or pregnancy status. THE ENDOSCOPY CENTER may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.
- “Payment” could include THE ENDOSCOPY CENTER’s efforts to obtain reimbursement from you or a responsible third party for services that THE ENDOSCOPY CENTER has provided to you. THE ENDOSCOPY CENTER may use or disclose your individually identifiable information for its own payment or for the payment activities of another health care provider or health plan or health care clearinghouse.
- “Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services THE ENDOSCOPY CENTER provides to you. As part of THE ENDOSCOPY CENTER’s treatment of you and operation of a health care organization, THE ENDOSCOPY CENTER may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. THE ENDOSCOPY CENTER may use or disclose your individually identifiable health information for its own health care operations or for limited health care

operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, training activities, and health care fraud and abuse detection or compliance activities.

**B. USES OR DISCLOSURES THE ENDOSCOPY CENTER MAY MAKE WITHOUT YOUR AUTHORIZATION**

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section C, the law permits or requires THE ENDOSCOPY CENTER to make, use and/or disclose individually identifiable health information without your written authorization: (i) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (ii) to report suspected abuse, neglect or domestic violence, (iii) to submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (iv) in the course of judicial and administrative proceedings, (v) for law enforcement purposes, (vi) to a medical examiner, coroner or funeral director, (vii) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (viii) to further research, provided that THE ENDOSCOPY CENTER complies with federal requirements, (ix) to avert a serious and imminent threat to public health safety, (x) for specialized government functions, including activities related to the military, veterans, or national security, (xi) to comply with workers' compensation or similar laws. THE ENDOSCOPY CENTER will use or disclose the above information in accordance with applicable law.

In addition, THE ENDOSCOPY CENTER may use and/or disclose your individually identifiable health information as follows:

- *Business associates:* There are some services provided in THE ENDOSCOPY CENTER through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of THE ENDOSCOPY CENTER or who otherwise provide services and have access to or use your protected health information. Examples include a third-party billing entity, a practice management company or a laboratory testing facility to which a physician may send blood or urine samples. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with THE ENDOSCOPY CENTER.
- *Notification:* Unless you object, when undergoing procedures at THE ENDOSCOPY CENTER, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care of your general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.
- *Communication with family:* Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend plus any other specific persons you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a

disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

- *Incidental Uses and Disclosures:* We are permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.
- *Limited Data Sets:* We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

### **C. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION**

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, Illinois requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, THE ENDOSCOPY CENTER must follow the state law even though certain federal health information privacy laws may not require permission. State law provides more stringent protection in the following areas:

- *If you are a patient of a physician or other health care provider,* either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you.
- *If you are a patient of a physician,* THE ENDOSCOPY CENTER may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment. However, please note that THE ENDOSCOPY CENTER may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Privacy Notice may otherwise describe. THE ENDOSCOPY CENTER may also provide copies of your medical records in cases involving your death or permanent bodily injury, provided that the law requires THE ENDOSCOPY CENTER to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.
- *If you are a patient of a physician,* the physician may not disclose any information that he or she may have acquired while attending to you in a professional capacity that was necessary to enable him or her to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the physician may disclose such information for certain proceedings.
- *If you are or have been a recipient of an HIV test,* THE ENDOSCOPY CENTER may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except that THE ENDOSCOPY CENTER may disclose your test results to you or your legally authorized representative or to certain person(s) for certain reasons listed under Section I.B of this Notice. Please note that a recipient of your test results may not redisclose this information except as this Privacy Notice may describe.

- *If you are or have been a recipient of genetic testing, THE ENDOSCOPY CENTER may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except that THE ENDOSCOPY CENTER may disclose the results of your genetic test to (i) you or your legally authorized representative; (ii) persons for certain reasons listed under Section I.B of this Notice; and (iii) your parent or legal guardian if you are a minor under 18 years of age if, in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed. Further, a recipient of your test results may not redisclose this information except as the Genetic Information Privacy Act may otherwise allow. This paragraph does not apply to results of genetic testing that indicate that you are, at the time of the test, afflicted with a disease, whether or not currently symptomatic.*
- *If you are a resident of a community living facility, a nursing home facility, a skilled nursing or intermediate care facility, an intermediate care facility for the developmentally disabled, a sheltered care facility, or a veterans' home, THE ENDOSCOPY CENTER may not allow any person who is not directly involved in your care to be present during a discussion of your case or health status, a consultation on your condition, or your examination or treatment, without your permission, which may be oral or written. Please note that we interpret "any person who is not directly involved in your care" to mean those individuals other than facility personnel (or contractors) directly responsible for rendering care to you at the facility. Thus, these individuals would include your family members and significant others who are "not directly involved in your care." These individuals would also include facility personnel not directly involved in the rendering of care, such as the housekeeping staff in most circumstances.*
- *If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay or a more reliable test has confirmed that your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed*

**NOTE:** References in this Privacy Notice to health care professionals include only those professionals that THE ENDOSCOPY CENTER employs.

#### **D. MARKETING**

We will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby THE ENDOSCOPY CENTER discloses your PHI to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does *not* include our describing a health-related product or service (or payment for such product or service) that we provide. Marketing also does *not* include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

**E. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION**

THE ENDOSCOPY CENTER may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to THE ENDOSCOPY CENTER.

**II. YOUR RIGHTS**

Federal and state law protect your right to keep your individually identifiable health information private.

**Your Right to Receive Confidential Communications and to Request Restrictions.** You may request that you receive communications from THE ENDOSCOPY CENTER regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. THE ENDOSCOPY CENTER reserves the right to condition your request on the receipt of information regarding how you desire THE ENDOSCOPY CENTER to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require THE ENDOSCOPY CENTER to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

**Your Right to Inspect and Copy.** You generally have the right to inspect and obtain a copy of any protected health information in your medical record, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts THE ENDOSCOPY CENTER from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, if you are a patient of a physician or if you are a resident of a supportive living facility, you have the right to access your medical data on an unqualified basis upon request.

**Your Right to Amend.** You also have the right to amend your individually identifiable health information, unless THE ENDOSCOPY CENTER did not create such information or unless THE ENDOSCOPY CENTER determines that your medical record is accurate and complete in its existing form.

**Your Right to an Accounting.** You have the right to request and receive an accounting of disclosures of your individually identifiable health information that THE ENDOSCOPY CENTER has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required THE ENDOSCOPY CENTER to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, or to notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

If you would like more information on how to exercise these rights, please contact **THE ENDOSCOPY CENTER's Chief Privacy Officer at (847) 256-1855.**

**III. GRIEVANCES OR FURTHER INQUIRIES**

If you believe that THE ENDOSCOPY CENTER has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with THE ENDOSCOPY CENTER and the Department of Health and Human Services. To file a complaint with THE ENDOSCOPY CENTER, please contact **THE ENDOSCOPY CENTER's Chief Privacy Officer at (847) 256-1855**. THE ENDOSCOPY CENTER will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Privacy Notice or for further information regarding its contents.

#### **IV. AMENDMENTS**

THE ENDOSCOPY CENTER reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually identifiable health information that it maintains. If THE ENDOSCOPY CENTER amends this Privacy Notice, you will be provided with a revised copy at your next visit to THE ENDOSCOPY CENTER, or upon your request.

This Privacy Notice is effective on April 1, 2016