

## NOTICE OF PRIVACY PRACTICES

### Effective April 1, 2017

This notification is provided to you as a commitment to protect the confidentiality of your healthcare information. Please review it carefully.

Due to state and federal laws, we have specific policies and guidelines that ensure your privacy. The following information describes how your medical information may be used and disclosed. You also have the right to access this information.

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, you will receive a revised notice within 60-days of such revision.

If you should have any questions or require further information, please contact us at (312) 888-4091.

### HOW WE MAY DISCLOSE YOUR HEALTH INFORMATION

*Treatment:* The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time. This information helps us coordinate services between our personnel and other ancillary staff such as your physician and medical equipment supplier. We would appreciate specific names of family members you choose to be informed.

*Payment:* This information allows us to obtain payment from your insurance company; occasionally we may also receive payment from you. We will verify all authorizations from your insurance company prior to our delivery-/nursing treatment. Please remember that the insurance companies are closed on the weekends and you will be given a form that states the condition and treatment. Your signature allows us to pursue any such right of recovery regarding payment.

*Health Care Operations:* By using the protected health information we can evaluate and improve the services provided to you.

### YOU ALSO HAVE THE FOLLOWING RIGHTS TO DISCLOSURE

You can request that this agency restrict its disclosure to certain family members. We are not required however, to agree with every restriction if we believe it puts your health in jeopardy. At your request communication between you and our company can be sent to the address of your choosing.

You can inspect and copy your protected health information and can request certain changes. (Example - marriage)

You also may have the right with certain limited exceptions under federal law to receive an accounting of disclosures we have made of your protected health information, other than those used for treatment, payment or operations. However there are some important exceptions to requiring an authorization stated in the federal regulations. We can provide your protected health information to representatives of the following organizations without written authorizations or without obtaining your agreement or objection:

1. To public health authorities
2. To a government representative responsible for responding to concerns about abuse, neglect or domestic violence as permitted by laws
3. For judicial or administrative proceedings or in response to a subpoena or discovery request
4. For law enforcement purposes
5. To local or national health oversight organization that conduct audits or investigations
6. To funeral directors, coroners and medical examiners
7. For purposes of organs transplant or tissue donation
8. For research purposes as approached by a privacy board
9. To avert a serious threat to health or safety
10. For special government functions such as national security
11. For purposes of workers compensation

We may not disclose your health information if you are the subject of investigation unless. Your health information is directly related to your receipt of public benefits.

#### **HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

If you believe that your confidentiality has been violated please submit your complaint in writing to:

Bump Benefits  
303 East Wacker Dr Suite 1030  
Chicago, IL 60601

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filling a complaint.