

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge to You:

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a patient record on you at your first visit to our office to provide quality care and to comply with legal requirements. We are required by law to:

- Keep medical information about you private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that are currently in effect.

Changes to this Notice:

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will post the new notice in our waiting area and on our web site (www.afaspringfieldil.com). You can receive a copy of the current notice at any time. The effective date of the current policy will be listed on the document. You will be asked to acknowledge in writing, that we have made you aware of our privacy practices and where you can view or receive a copy of the document.

How We May Use and Disclose Medical Information About You:

We may use and disclose your medical information to provide, coordinate, or manage your care and any related services. Examples of such uses of your medical information would be for referral to an outside facility, to obtain payment for treatment, or to support the business activities of our office. We may contact you to remind you of your appointment and we may call you by name from our waiting room.

We may use and disclose information about you without your prior authorization for several reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for:

- As required by law, to report abuse of neglect, for public health purposes, health care oversight, worker's compensation, organ donation, or medical expenses.
- We may disclose information about you to a friend or family member who is involved in your medical care.

Other Uses of Medical Information:

In any other situation not covered by this notice, we may disclose your health information, but you will have an opportunity to agree or to object to the use and disclosure of all or part of your health information. If you are not present or able to agree or object, your physician may determine whether disclosure is in your best interest. If you agree to this release of information, you may revoke that decision at any time by notifying us, in writing, of your decision.

Your Rights Regarding Medical Information About You:

You have the right to inspect and copy your health information, however, we may charge a fee to cover the cost of copying, mailing, or other related supplies. You must make this request in writing.

You have the right to request that we amend your medical record by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, business operations or where you specifically authorized a disclosure. You may be charged for this information according to our cost of producing the list.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing to the specific way or location for us to use to communicate with you.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment or business operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You may be held responsible for payment of your charges if the balance is unpaid due to your restriction. You have the right to be notified in the event that we discover a breach of unsecured PHI.

Complaints:

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office by calling (217) 522-3622 or by writing to 1522 South 5th Street, Springfield, IL 62703. In addition, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

Thank you for the opportunity to provide for your health care needs.