

**North Shore Center for Weight Management
NOTICE OF PRIVACY PRACTICES**

**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 GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the North Shore Center for Weight Management to protect the privacy of your personal health information. The North Shore Center for Weight Management receives and maintains your personal health information in the course of providing these health services to you. The North Shore Center for Weight Management may contract with companies or individuals to help provide these services to you. These contactors may receive and maintain your personal health information.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. The North Shore Center for Weight Management is required to follow the terms of this Notice until the Notice is replaced. The North Shore Center for Weight Management reserves the right to change the terms of this Notice at any time. If the North Shore Center for Weight Management makes changes to this Notice, North Shore Center for Weight Management will revise it and send a new Notice to all clients at that time. The North Shore Center for Weight Management reserves the right to make the new changes apply to all your personal behavioral health information maintained by the North Shore Center for Weight Management before and after the date of the new Notice.

Purposes for which the North Shore Center for Weight Management may use or disclose your personal health information without your authorization.

- **Health Care Providers Treatment Purposes.** For example, North Shore Center for Weight Management may disclose your personal health information to your doctor, at the doctor's request, for treatment by your doctor.
- **Payment.** For example, North Shore Center for Weight Management may use or disclose your personal health information to provide eligibility information to your doctor when you receive treatment, to pay for claims for covered health care services, or to recover costs from other medical insurance or probate estates.
- **Health Care Operations.** For example, North Shore Center for Weight Management or its contractors may use or disclose your personal health information (1) to conduct quality assessment and improvement activities; (2) to review applications for services; (3) to engage in care coordination or case management; (4) to manage, plan, or develop North Shore Center for Weight Management's budget; (5) to coordinate services with another public benefit program; or (6) to cooperate with state and federal auditors.
- **Health Services.** North Shore Center for Weight Management or its contractors may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **As Required by Law.** For example, North Shore Center for Weight Management may disclose your personal health information necessary to comply with workers' compensation or other laws. North Shore Center for Weight Management may also be required to disclose personal health information about abuse, neglect, or domestic violence to governmental or social services agencies.
- **For other reasons:**
 - To comply with legal proceedings, such as a court administrative order or subpoena;
 - To law enforcement officials or to correctional institutions for limited law enforcement and health and safety purposes;
 - With your written authorization, to a family member, friend or other person, to help you with your health care or payment for your health care;
 - To your personal representative appointed by you or designated by law;
 - For research purposes in limited circumstances and where the information will be protected by the researchers;
 - To a coroner, medical examiner, or funeral director to identify a deceased person or to arrange payment benefits;

- To an organ procurement organization in limited circumstances;
- To avert a serious threat to your health or safety or the health or safety of others;
- To a governmental agency authorized to oversee government health care programs;
- To federal officials for lawful national security purposes;
- To public health authorities for public health purposes;
- To appropriate military authorities, if you are a member of the armed forces.

Uses and disclosures with your permission. North Shore Center for Weight Management will not use or disclose your personal health information for any other purposes unless you give North Shore Center for Weight Management your written authorization to do so. In most cases, you may revoke your written authorization at any time, unless North Shore Center for Weight Management has relied upon your authorization for a continuing disclosure, for example, for a research study. Your revocation will be effective from the date of the revocation forward, for all your personal health information that North Shore Center for Weight Management maintains. Authorization and revocation forms are available at Illinois Department of Human Services facilities or offices.

Your rights. You may make a written request to North Shore Center for Weight Management to do one or more of the following concerning your personal health information that North Shore Center for Weight Management maintains:

- To put additional restriction of North Shore Center for Weight Management's use and disclosure of your personal health information.
- To have North Shore Center for Weight Management communicate with you in confidence about your personal health information by a different means or at a different location than North Shore Center for Weight Management is currently doing. Your request must be in writing specifying the alternative means or location to communicate with you.
- To see and get copies of your personal health information. You may be charged a nominal fee for the copies.
- To correct your personal health information. In some cases, North Shore Center for Weight Management does not have to agree to your request.
- To receive a list of disclosures of your personal health information that the North Shore Center for Weight Management and its contractors made for certain purposes for the last 6 years, but not for disclosures made before April 14, 2003.
- To have North Shore Center for Weight Management send you another copy of this Notice.

If you want to exercise any of these rights described in this Notice, please contact the North Shore Center for Weight Management Privacy Officer at the address below. North Shore Center for Weight Management will give you the necessary information and forms for you to complete and return to North Shore Center for Weight Management.

Complaints.

If you believe your privacy rights have been violated by North Shore Center for Weight Management, you have the right to complain to North Shore Center for Weight Management or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with North Shore Center for Weight Management at the address below. North Shore Center for Weight Management will not retaliate against you if you choose to file a complaint with North Shore Center for Weight Management or with the U.S. Department of Health and Human Services.

Privacy Officer.

To request additional copies of the Notice or to receive more information about North Shore Center for Weight Management's privacy practices or your rights, or to file a complaint, please contact the Privacy Officer at the following address:

Dr. Brad Saks, serving as Privacy Officer
 707 Skokie Blvd. Suite 600
 Northbrook, Illinois 60062
 847.509-7560

Acknowledgement of Receipt of “Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information”

The federal government mandated that as of April 14, 2003 all health care patients are to receive from their clinicians a notice (hereafter referred to as “Notice”) regarding the protection of their private health care information in compliance with the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule (45 C.F.R. parts 160 and 164).

This acknowledgement documents that the North Shore Center for Weight Management has given you the “Notice” that is required. HIPAA covers what is called “protected health information” (PHI) that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you.

The notice contains basic information about:

1. how your PHI may be used and disclosed for treatment, payment and health care operations (these terms are defined in the Notice)
2. which uses and disclosures require authorization from you and which don’t
3. how you may revoke an authorization you have made
4. certain rights you have to restrict use and disclosure of PHI, to receive confidential communications by alternative means and at alternative locations, to inspect and copy your records, to amend your records, to have an accounting of disclosures
5. a list of our duties to protect the privacy of your PHI, our right to change the privacy policies and practices described in the Notice, and how we will inform you of changes
6. what you can do if you have any complaints about violations of your privacy rights, about decisions about access to your records we may make
7. any restrictions and limitations you or we wish to put on the use and disclosure of your PHI.

I acknowledge that North Shore Center for Weight Management has given me a copy of the Privacy Notice (April 14, 2003) as required by the federal government’s HIPAA legislation.

Date _____

Print Patient’s Name

Signature

Print name of Parent or Legal Guardian
If patient is a minor, Personal Representative

Signature

Describe your role in regard to the patient and/or the authority by which the person is signing for the Patient:
